Professional Doctorate
in Counselling Psychology (DPsych)

A Personal and Professional Journey to
Identifying the Role of Counselling
Psychology for the Japanese

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pp. 37-59:  

# Contents

Declaration of powers of discretion ................................................................. 5  
Acknowledgements ............................................................................................. 6

## Section A: Preface ......................................................................................... 7
  References ............................................................................................................ 12

## Section B: Critical Literature Review ......................................................... 13

What role could counselling psychology play in the treatment of natural disaster survivors in Japan?

1. Introduction ..................................................................................................... 14  
2. Methodology .................................................................................................. 16  
3. The Great Hanshin-Awaji earthquake .......................................................... 16  
4. Development of psychological services in Japan after the 1995 earthquake ... 18  
5. Indian Ocean tsunami ..................................................................................... 19  
6. Great East Japan earthquake ......................................................................... 21  
7. Discussion ....................................................................................................... 23  
   References ........................................................................................................... 30

## Section C: Professional Case Study ............................................................. 37

Cognitive Behavioural Therapy in Japanese - exploring the therapeutic relationship between Japanese client and therapist

Part A ................................................................................................................... 38  
  1. Introduction ................................................................................................. 38  
  2. Theoretical orientation ............................................................................... 38  
  3. Context and referral .................................................................................... 39  
  4. Summary of client’s biographical details ................................................... 40  
  5. Initial impressions ....................................................................................... 40  
  6. Initial assessment and presenting problem ............................................... 41  
  7. Formulation of the Problem ....................................................................... 42  
  8. Negotiating a contract and therapeutic aims ............................................. 43

Part B ................................................................................................................... 44  
  9. Pattern of Therapy ..................................................................................... 44  
 10. Therapeutic relationship .......................................................................... 45  
 11. Main themes and techniques used ............................................................. 46  
    11.1 Activity & sleep monitoring .................................................................. 46  
    11.2 Challenging negative thoughts ............................................................. 48  
    11.3 Positives notebook ................................................................................ 49  
    11.4 Expressing his thoughts and opinions with others ................................ 50  
    11.5 Ending ................................................................................................... 51

Part C ................................................................................................................... 52
Section D: Research

An interview study to explore how Japanese expatriates understand and perceive the notion of seeking psychological help through living in Japan and the United Kingdom.

Abstract

1. Introduction
   1.1 Overview
   1.2 Attitudes towards psychological help-seeking
   1.3 Stigma associated with mental health
   1.4 History of mental health and counselling psychology
   1.5 Japanese cultures and counselling
   1.6 Conclusion from existing research
   1.7 Research aims

2. Methodology
   2.1 Overview
   2.2 Choosing a qualitative approach
   2.3 Epistemological framework
   2.4 Research plan
      2.4.1 Thematic analysis
      2.4.2 Methodological decisions
      2.4.3 Choosing thematic analysis
      2.4.4 Data collection method
      2.4.5 Interview style
   2.5 Sampling and participants
   2.6 Procedure
   2.7 Methodological reflexivity
   2.8 Analytic strategy
   2.9 Evaluation of research
   2.10 Ethical approach

3. Analysis
   3.1 Overview
   3.2 Super-ordinate themes and constituent themes
   3.3 Exposure and consequent reactions
      3.3.1 Perceived lack of exposure
      3.3.2 Exposure in original context – forming negative perceptions
      3.3.3 Exposure in host context – diminishing negative perceptions
   3.4 Creating personal distance from the notion of seeking psychological help
      3.4.1 A sense of out of ordinary and consequent fear
      3.4.2 Not for me but maybe for others
      3.4.3 Discomfort
      3.4.4 Image of mental health sufferers
      3.4.5 Expensive and Posh
   3.5 Societies and self
      3.5.1 Negative perceptions of personal disclosure
      3.5.2 Positive perceptions of personal disclosure
3.5.3 Feelings towards service accessibility ................................................. 131
3.6 Developing current personal perspectives ........................................... 136
  3.6.1 Curiosity ............................................................................................ 136
  3.6.2 Uncertainty ........................................................................................ 139
  3.6.3 Importance of talk ............................................................................ 142
4. Discussion ................................................................................................. 144
   4.1 Overview ............................................................................................... 144
   4.2 Overview of the super-ordinate themes .............................................. 145
   4.3 Discussion of analysis .......................................................................... 147
   4.4 Strengths and limitations of the study and ideas for future studies ...... 159
   4.5 Implications for counselling psychology ............................................ 163
   4.6 Reflective statement ........................................................................... 170
References ...................................................................................................... 174
Appendices ..................................................................................................... 193
Appendix 1: Research information sheet ..................................................... 193
Appendix 2: Recruitment email advertising for participants ....................... 196
Appendix 3: Research ethical approval ......................................................... 197
Appendix 4: Consent form ........................................................................... 205
Appendix 5: Sample transcript ...................................................................... 206
Appendix 6: Master table of themes ............................................................. 207
Appendix 7: Debrief form ............................................................................ 213
Declaration of powers of discretion

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Section A: Preface
I came to the United Kingdom from Japan at the age of sixteen and have now spent over sixteen years studying and working in Gloucestershire and London. My interest in psychological therapies only began developing whilst I was working for a Japanese bank five years ago and struggling to envisage my future within the same profession. I had previously had no personal experience of any psychological therapies, but had long been interested in learning more about them and decided to volunteer as a counselling assistant at a care home for the elderly in Japan. What we called counselling in the home consisted of just a one-off session where I listened to the service users’ complaints, wishes and requests, and I consequently reported them to my superior. However, it was my first experience of conducting a one-to-one session in Japanese, in the hope of creating an environment where the service users were able to talk to me. I immensely enjoyed the experience and wanted to learn more about psychological counselling in order to reach more people who may require psychological support in Japan, the United Kingdom and beyond. This has resulted in my decision to study counselling psychology at a doctorate level. Although I have faced many challenges since I started the process of becoming a counselling psychologist, I believe I have also gained significant experiences through each challenge. I am pleased to have commenced on this journey and would like to share some of my experiences in this doctoral portfolio.

The work that forms the portfolio is all related to counselling psychology for the Japanese. My identity as a Japanese national had perhaps started to become less visible to others as well as to myself following many years of living in the United Kingdom. The decision to have this theme, however, was borne following continuous reflections upon my own various identities through lectures, assignments, clinical practice and my private life. This process made me value the varying aspects of my personality and genuine qualities and wish to utilise them appropriately with clients, as I became increasingly interested in “use of self” in the therapeutic process which should be examined and further developed through clinical practice and supervision (Reinkraut, 2008). Furthermore, as a counselling and practitioner psychologist, we are required to “understand social and cultural contexts and the nature of relationships throughout the lifespan” and to “understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing or behaviour” as parts of the standards of proficiency (Health & Care Professions Council, 2012), whilst identifying “the uniqueness and complexity of each
individual” (Walsh & Frankland, 2009). I felt that presenting the portfolio, which consists of my work with the Japanese in various contexts, would best demonstrate how my understanding of Japanese culture and its impact on therapy has been broadened and how I have developed as a proficient Japanese counselling psychologist.

The doctoral portfolio is divided into three sections. The first component is a literature review exploring what role counselling psychology could play in the treatment of natural disaster survivors in Japan. A professional case study examining how CBT was utilised with a Japanese client is presented in the second component whilst an interview study to explore how Japanese expatriates understand and perceive the notion of seeking psychological help through living in Japan and the United Kingdom concludes the portfolio.

A critical literature review in the first component of this portfolio examines psychological effects and previously documented treatments of the three recent natural disasters in Japan and Asia and aims to identify what role counselling psychology could play in the treatment of a natural disaster in Japan in the future. Whilst I was completing my first year of the doctoral study in March 2011, the Great East Japan Earthquake devastated the country becoming one of the five worst earthquakes in modern history (Japanese National Police Agency, 2011). The consequences have not been only physical and psychological damage caused by the earthquake itself and subsequent tsunami, but also continuous concerns over the ongoing potential radiation effects from the tsunami-stricken nuclear plants. Although my close family and friends were only mildly affected by the earthquake in 2011, watching evacuees hiding under desks and running away, buildings shaking frantically, and familiar-looking places being swept away by the tsunami on TV was a devastating and surreal experience. I had always associated my home country with something almost invincible prior to this catastrophic event, yet it felt like the whole country was falling apart in front of my eyes on that day. It was extremely difficult to witness such a large part of my home country being negatively affected by such powerful forces caused by nature. My immediate reaction to the catastrophic event was shock and despair. Following a period of feeling despair, sadness and anger, I felt the urge to be of help to the suffering nation in any way possible, which led me to conducting a literature review in the field. Memories of the devastating 1995 Great
Hanshin-Awaji earthquake and the 2004 Indian Ocean tsunami were still quite fresh to me, which made me interested in reviewing research literature related to these three natural disasters and identifying what we could learn from the events regarding ways to best care for Japanese natural disaster survivors’ psychological health in the future.

A professional case study has been included in the portfolio next to demonstrate how my own client responded to CBT therapy that I provided in Japanese and what role I, as a Japanese counselling psychologist, and CBT could play for the Japanese at a clinical level. I endeavoured to develop my proficiency as an English-speaking counselling psychologist in both theory and practice throughout the doctorate program, but in my third year I received a native Japanese client who wished to speak Japanese in therapy sessions. A client whose mother tongue is not English may express themselves in a different manner when speaking English depending on their language fluency, upbringing, identities as well as other cultural influences compared to when speaking their native language (Filippopolous, 2009), and this also applies to a bilingual therapist such as myself. I gained significant and valuable experience of providing effective therapy in Japanese, reflecting on the therapeutic relationship formed through the dynamic specific to Japanese culture and language, and exploring and developing my identity and ability as a Japanese-speaking practitioner.

Following the literature review on the natural disasters, I originally planned on exploring the lived experience of the 2011 earthquake survivors for the research study. However, access restrictions in the affected areas and ethics regulations made it extremely difficult to pursue such a proposition and, thus, regretfully I had to part with the plan in the end. Upon exploring possible options in achieving my personal mission of reaching out to the nation within my research project, I continued to be met with a significant amount of interest and desire to explore how Japanese people understand and perceive the notion of seeking psychological help. My pride and passion for the country has not diminished in more than fifteen years of living in the United Kingdom whilst my worries over the future of Japan, where most of my family members still reside and where I may return permanently in the future, has dramatically increased, as varying news on the radiation issues have continued to flow in. I have subsequently developed an even stronger desire to explore potentially effective ways of reaching out to a greater number of people in Japan using what I have experienced and learnt through studying counselling psychology and living in the
United Kingdom. This, combined with the reality that very few publications have documented the related topic to date, led me to focusing on how UK-based Japanese expatriates understand and perceive the notion of seeking psychological help whilst living in both Japan and the United Kingdom. Thematic analysis within a social constructionist epistemological framework was used in the revised research study, as thematic analysis can help the researcher to identify and analyse themes from collected qualitative data whilst interpreting a variety of aspects of the research topic (Boyatzis, 1998). From a social constructionist perspective, it is assumed that meaning is generated through creating narratives about our experiences and such a process affects the way we interpret these experiences.

Following much deliberation, I made a decision to call this portfolio “A Personal and Professional Journey to Identifying the Role of Counselling Psychology for the Japanese”. I feel this title superbly captures the objectives of my work, which was to explore ways of effectively connecting Japanese people with the world of counselling psychology where required. It has been a truly enlightening journey of discovering myself, exploring the potential impact counselling psychology can have on the Japanese and rediscovering Japanese culture and people.
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Section B: Critical Literature Review

What role could counselling psychology play in the treatment of natural disaster survivors in Japan?
1. Introduction

On 11th March 2011, a devastating earthquake of magnitude 9.0 and consequent tsunami hit Japan. The death toll of the Great East Japan earthquake reached over 15,000, resulting in one of the five worst earthquakes in modern history (Japanese National Police Agency, 2011). Shocking media footage of destroyed towns that had been swept away by the tsunami and desperate survivors looking for their lost family and anything that may belong to them was shown all over the world whilst rescue teams searched for human bodies shortly after the disaster. Many civilians, including a large number of elderly people, were forced to sleep side by side with hundreds of others in an evacuation centre in unusually cold weather for the time of year. Over the following few weeks, the whole nation continued to witness shocking and horrifying consequences of the event with fears that yet another big earthquake might strike in another part of the country. Some people lost all they had in a matter of minutes and the amount of distress experienced by those is beyond one’s imagination. Although it has been a few years since the disaster struck, the potential radiation issues from the ruined nuclear energy plants in Fukushima remain a great concern for not only the people living near the plants but also those who reside in the surrounding areas and beyond.

Following this catastrophic event, various media coverage described that in addition to funding and assistance with food and accommodation, there is need for trauma counselling particularly for those who may have lost their homes or relatives (Reuters, 2011). Despite Japan having faced a relatively large number of natural disasters such as typhoons and earthquakes over the centuries and psychological treatments from various perspectives have been found to be effective for PTSD in the West (Bradley, Greene et al., 2005), few studies have been carried out to demonstrate effects of psychological treatment on Japanese natural disaster survivors until recently. Moreover, Japanese people are perceived to have a reluctant attitude towards mental health and use of counselling, as they hold beliefs such as denial of emotions as their primary coping strategy (Jamila, 2008). They are also often considered to be polite and hardworking, and are not used to verbalising feeling and thoughts with others (Noda, 1998). Furthermore, the traditional Eastern culture that includes the Japanese is seen as a collectivist culture and the self is defined as an aspect of a collective. Japanese people may therefore find it easier to follow other people’s opinions or
behaviours instead of exploring their own beliefs or goals in life (Triandis, 1995).

Japan’s slow start to carry out psychological research on trauma and disasters is evident, as only a few studies have been found to show the psychological effects on the survivors of the 1945 atomic bombing, which took away a number of people’s lives and left significant physical as well as psychological damage on the survivors and nation. Whilst the values and beliefs within Japanese cultures may cause a tendency for the Japanese not to seek psychological treatment in general (Hashimoto, Elia & Chambliss, 2002), the need for recognition of mental health and potential requirements as well as benefits of psychological treatments for disaster victims have been increasingly discussed since the Great Hanshin-Awaji Earthquake due to increased international co-operation between Japan and the US to raise awareness of post-traumatic stress disorder (PTSD) and post-disaster mental health needs (Goto, Wilson, Kahana & Slane, 2006).

I feel especially passionate about assisting Japanese people with mental illness as a trainee counselling psychologist originating from Japan and I am particularly interested in reaching out to people who have had to suffer a traumatic event such as a major earthquake that seems to be unpredictable, devastating and have the potential effect to damage individuals in psychological, physical as well as social perspectives. In order to gain further understanding of how natural disaster survivors’ psychological wellbeing may be best cared for in the future, I would like to firstly review available literature detailing the psychological effects and treatments of the Great Hanshin-Awaji earthquake in Japan in 1995. Secondly, the development of psychological services in Japan following the 1995 earthquake will be briefly discussed. I will then review available literature on the psychological effects of the Indian Ocean tsunami survivors that devastated many countries in Asia in 2004, in the hope of identifying what may be learnt from such a tragic event for the field of counselling psychology in Japan. Due to a large number of countries having been attacked by the tsunami, available studies focusing on Indonesia, Thailand and Sri Lanka will only be included in this review. From these and findings from recent studies on the Great East Japan earthquake and its psychological effects to date, this literature review aims to identify potential methods of effective psychological support and its broadening for those who have been affected by a major earthquake in Japan.
2. Methodology

Literature searches were conducted using a range of databases including PsychInfo. The Google Scholar search engine was also used. Search terms included “natural disaster” and the individual name of the three natural disasters individually or combined with the terms “mental health” or “psychological support”. Further literature was found using the bibliographies and citations of articles identified through the searches. This included literature in English as well as Japanese.

3. The Great Hanshin-Awaji earthquake

In 1995, an earthquake of magnitude 6.8 struck the Japanese city of Kobe, killing over 6,400 people (Hyogo Prefectural Government, 2005). The earthquake caused the greatest damage in 20th century Japanese history after the Great Kanto earthquake that claimed 140,000 lives in 1923. Whilst immediate medical assistance was required and was provided for the victims of the Great Hanshin-Awaji earthquake, psychological effects of the earthquake experience amongst the survivors became a major topic for news media. As a result, therapeutic interventions such as visiting primary schools and helping children draw pictures were encouraged by the likes of psychology graduates in the affected areas (Breslau, 2000).

Psychological effects of a natural disaster are said to have come from various factors such as bereavement, fear or anxiety for recurrence, loss of belongings, status or job and stress of rebuilding lives (Phifer & Norris, 1989). A few studies have reported the effects of the Great Hanshin-Awaji earthquake on its victims which have varied from physical symptoms such as headache and insomnia (Joh, 2007 & Kato, 1998) to psychological effects such as neuroticism tendency (Asukai & Miyake, 1998) and anxiety and depressive symptoms (Hyodo & Morino, 1999 & Mita et al., 1997). However, the majority of available literature is related to physical symptoms and their treatment methods. Material-related problems majorly linked to damaged homes were also found to be associated with severity of the physical symptoms (Kusaka, Nakamura, Yamada & Inuhara, 1997).

Focusing on the psychological effects of the earthquake, a set of questionnaires in a study by Kwon, Maruyama & Morimoto (2001) found significant correlations between
post-traumatic stress symptoms and the earthquake-related life events amongst participating victims. However, personal factors including pre-existing mental health conditions are also believed to have a significant impact on the effects of disaster stressors and future research should measure them in addition to the earthquake-related events. Only male sample in this study demonstrated higher post-traumatic stress scores when receiving lower emotional support, whilst women have previously been found to seek social support as a means of coping more often than men (Fleishman, 1984). The subjects in this study were not randomly selected and response rates of the questionnaires were extremely low. Psychological effects of an earthquake, effectiveness of emotional support and psychological help-seeking behaviours amongst earthquake victims in Japan can only be better understood by conducting further research in the field.

Psychological symptoms in different age groups showed different trends. Victims aged 60 or above demonstrated very high levels of PTSD-like symptoms 3 weeks after the earthquake, however they were significantly lower at week 8. The younger group of under 60 years did not show any changes in PTSD-like symptoms at weeks 3 and 8 (Kato et al., 1996). DSM-V states that symptoms of PTSD have to have lasted at least a month, as psychological effects are expected within the first few weeks after a major event and intervention is only required if symptoms persist (American Psychiatric Association, 2013). Whilst the relationship between age and psychological symptoms needs further research with a longer observation period and no firm conclusions can be made from the study by Kato et al. due to its limited observation period, it is tentatively suggested that the younger group may be more likely to develop PTSD symptoms following a major earthquake in Japan. To the best of my knowledge, there have been no other comparative studies in the field.

Whilst many international studies have indicated that natural disasters such as major earthquakes have mental health consequences such as PTSD on victims over a few decades (Rubonis & Bickman, 1991), it is still a relatively new research area in Japan. Following the Great Hanshin-Awaji earthquake, the country was criticised and the assertion made that broad cultural changes were required to address the psychological consequences of the disaster, leading to the government’s introduction of funding on psychological recovery process for the first time (Breslau, 2000). Goto and Wilson (2003) argue that a relatively small number of studies on PTSD in disaster
studies in Japan have been conducted due to the following reasons: 1. Psychological questionnaires, tests and clinical protocols for PTSD were unavailable for disaster victims in Japan prior to 1990s, 2. There was a lack of awareness of the importance of mental health care as well as lack of education in the fields of bereavement, disaster and trauma due to unfamiliarity of the concept prior to the Great Hanshin-Awaji earthquake (Williams et al., 1999) and 3. It was traditionally thought that treating people with disaster-related psychological symptoms would foster dependency therefore support was limited to forms of financial as well as welfare levels. These perhaps also explain the reasons why many victims of the Great Hanshin-Awaji earthquake primarily expressed their struggles in a physical form when they may have been experiencing psychological pains before being referred to mental health professionals (Hayashi & Nishio, 1996) and it is imperative for health care professionals to be aware of such a possibility.

4. Development of psychological services in Japan after the 1995 earthquake

The Great Hanshin-Awaji earthquake resulted in raising awareness that further psychological research and support may be needed in the area. Kato (2006) describes the most effective psychological services developed and provided for the Great Hanshin-Awaji earthquake victims as 1: “Outreach” services immediately following the earthquake to provide support in the affected areas and 2: Community psychological services during the recovery period. In both cases, collaborations with the local health services were utilised and proved effective. Japanese people, in particular more traditional, older generations in suburban areas seem to value the sense of community. It is believed that such importance can be magnified upon facing a terrifying experience such as an earthquake and studies show that the victims primarily sought emotional support from friends, relatives and spouses (Hayashi & Nishio, 1996). The nation’s collectivist culture (Triandis, 1988) may also agree that it may be acceptable to receive treatment from a professional or institution that has been well integrated into the community, in addition to the existing social support.

Kato (2006) also argues that learning from the Great Hanshin-Awaji earthquake should be utilised in earthquakes, other natural disasters of smaller scales and their
sufferers. Whilst major natural disasters receive a large amount of attention and interest as well as consequent psychological assistance, sufferers of all levels of disasters may require an equal amount of psychological treatment. However, there is a very limited amount of available literature, in particular, on effective psychological treatments for the 1995 earthquake victims and further research in the field is required, in order to identify the effectiveness of specific psychological therapy for Japanese earthquake victims.

5. Indian Ocean tsunami

On Boxing Day in 2004, an undersea earthquake of a magnitude 9.3 with an epicentre just off Sumatra, Indonesia caused a tsunami that devastated many countries including Indonesia, Thailand and Sri Lanka. Over 200,000 people are estimated to have died and around one million people were displaced in one of the deadliest natural disasters in history (United Nations, 2014) and horrendous footages we witnessed on the Internet and TV still seem vivid even though it has been approximately ten years since the natural disaster took place.

Not only was PTSD a relatively new field within mental health studies in Japan at the time of the Great Hanshin-Awaji earthquake until the Indian Ocean tsunami, many people in Asia believed that PTSD as a psychological disorder did not exist outside America (Udomratn, 2008). With an increased awareness of PTSD following a major natural disaster such as an earthquake and a tsunami, it was reported that symptoms of PTSD, anxiety and depression were promptly observed and measured amongst adults in Thailand (van Griensven, Somchai Chakkraband, Thienkrua, Pengjuntr, Lopez Cardozo et al., 2006). Other symptoms included chronic stress in addition to financial and material-related problems and more physical symptoms (Tang, 2007).

Some researchers travelled to various affected areas to conduct a study, in order to evaluate and interpret the effects of the disaster on survivors’ mental health and provide support. Frankenberg, Friedman, Gillespie, Ingwersen, Pynoos et al. (2008) conducted a study after 5 – 17 months of the tsunami assessing their posttraumatic stress reactivity (PTSR) in Sumatra, Indonesia where there was particularly catastrophic damage. It was found that the PTSR scores measured by using 7 symptom items from the Post Traumatic Stress Disorder (PTSD) Checklist – Civilian
Version were highest in the heavily damaged areas but significantly decreased over time. Moreover, gender and age were found to be significant predictors of PTSD where women’s scores were significantly higher than men’s and people aged between 15 and 29 years scored higher than the other age groups. Another study was carried out by Hollifield, Hewage, Gunawardena, Kodituwakku et al. (2008) 20 – 21 months after the tsunami in Sri Lanka and it was found that there was no correlation between PTSD and gender, age or education. The same results were obtained for depression. However, women were found to score higher on the anxiety and somatic scores. Here, PTSD was measured by using the Posttraumatic Stress Symptom Scale – Self Report (PSS-SR) whilst the New Mexico Refugee Symptom Checklist -121 (NMRSC1-121) was used to rate somatic scores measuring the “persistent and bothersome” nature of the symptom (Hollifield & Warner, 2000). Van Griensven et al. (2006) assessed the prevalence of symptoms of PTSD, anxiety and depression amongst individuals in southern Thailand as part of a public health emergency response and found that symptoms of anxiety and depression were more common than symptoms of PTSD amongst both the displaced and non-displaced. The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) was utilised to measure PTSD symptoms. Symptoms of PTSD, anxiety and depression, however, were found to be significantly higher amongst those aged 35 to 45 years and those with lower education, whilst symptoms of depression and anxiety were more prevalent amongst women than men. Consistent with the findings of the study by Frankenberg et al., prevalence of all three symptoms had significantly decreased over the time when measured in the 9-month follow-up assessment. The Hopkins Checklist – 25 (HSCL–25) (Derogatis et al., 1974) was used to assess mental health conditions in the two latter studies.

In all three studies, prevalence rates for the measured symptoms were higher amongst the displaced than the non-displaced, as the former group appears to have experienced more traumatic events including loss of livelihood and home as well as lower income as a consequence of the tsunami. However, factors such as gender, sex and education appear to have had varied effects on the tsunami survivors in different countries and further research will be required to determine what may have affected such outcomes. Factors such as cultural and religious backgrounds as well as the scale of damage are also suggested to have influenced the scores (Van Griensven, 2006), in addition to pre-existing psychopathology and prior events
It should also be noted that the use of a number of assessment instruments were developed in the West. Each region’s cultural factors must also be considered in developing an effective psychological support program. Furthermore, the sample in each study was from one small area of a selected country. A larger study in multiple areas would be necessary in order to obtain a further understanding of the field.

To my knowledge, there is hardly any literature available in international journals detailing how the tsunami survivors coped following the devastating event. However, the study by Hollifield et al. (2008) found that more than half of their respondents reported that it was very or extremely helpful to utilise their own strength, family and friends, a Western-style hospital and their own religious practice. Although out-migration of psychiatrists is known to be greater in Sri Lanka than most other countries of middle and low income, it has been reported that only 25 psychiatrists were working in Sri Lanka for a population of 20 million, whereas 142 Sri Lankan-trained psychiatrists were working in the United Kingdom, the USA, Australia, and New Zealand in 2007 (Jenkins, Kydd, Mullen, Thomson, Sculley et al., 2010). However, a major natural disaster such as the 2004 tsunami resulted in urgent assistance programs initiated by each country’s Ministry of Health and World Health Organization (WHO) which appear to have helped some survivors. We are however reminded that immediate support is required when such a major natural disaster strikes and it would be imperative to develop mental health services in a primary care setting prior to another episode of a natural disaster (Davidson & McFarlane, 2006).

6. Great East Japan earthquake

Few empirical studies on psychological effects and treatments of the 2011 earthquake are available to date. Not only did the 2011 tsunami destroy so many people’s lives, the nuclear plant issues in Fukushima are still being investigated and the level of potential damage is still unknown. As a review of the Chernobyl accident has concluded that the most serious public health problem was mental health-related (Bennet et al., 2006), the importance of mental health care can only be reiterated in exploring the most effective ways of assisting those who may be affected.

Niitsu et al. (2014) conducted a study assessing the prevalence of psychological...
distress 11 – 12 months after the 2011 earthquake using the K6 scale (Kessler, Andrew, Colpe, Hiripi et al., 2002; Furukawa, Kawakami, Saitoh, Ono, Nakane et al., 2008). It was found that there was a significant correlation between house damage and psychological distress. They also reported that anxiety about radioactive contamination was a significant predictor of psychological distress. Consistent with the 2004 tsunami studies, scores on psychological distress amongst women were higher compared to men. Moreover, the middle-to-low educational status group also scored higher than other groups. In their epidemiological survey of mental health with a large sample of residents in the affected coastal areas of the Great East Japan earthquake, Yokoyama, Otsuka, Kawakami, Kobayashi, Ogawa et al. (2014) identified variables which were linked to mental health problems measured by K6, 6 – 11 months after the disaster where being female or a younger male, having severe financial damage, relocations and lack of social networks were all significantly associated with moderate to serious mental health problems. Whilst it is suggested that the prevalence of psychological distress following a dual disaster is more likely to be higher than that of a single disaster, we are reminded of the importance of educational opportunities about potential risks as well as available treatments whilst taking extra care of the vulnerable groups of the survivors. In a similar manner to the 1995 earthquake studies, response rates in the above 2011 earthquake studies were low and a response bias cannot be excluded. Moreover, these studies also focused on the sample of a small area due to the large scale of the earthquake. The results may therefore not be representative of a wider community. Information such as previous mental health conditions, material damage and previous earthquake experience of the subjects were not considered in the studies although such factors have most likely affected the scores.

Studies on the 2011 earthquake also include those looking at psychological effects on the people who have worked in the affected areas including self-defence force personnel, public servants and rescue workers (Dobashi, Nagamine, Shigemura, Tsunoda, Shimizu et al., 2014; Suzuki Fukasawa, Obara & Kim, 2014; Matsuoka, Nishi, Nakaya, Sone, Noguchi, Hamazaki, Hamazaki, & Koido, 2012). This is an important addition to the research field and should be explored further in the future, as psychological wellbeing of those who support the integral rescue and restoration work is extremely important in delivering efficient and effective support.
7. Discussion

Internationally, Cognitive-Behavioural Therapy (CBT) is regarded as the most highly recommended treatment for PTSD whilst many psychological interventions are reported to have a significant effect on PTSD symptoms in general (Ballenger, Davidson et al., 2000). More specifically, studies have found that psychological interventions such as behaviour therapy have a significant effect on the improvement rate of those who demonstrate PTSD symptoms following an earthquake (Başoğlu et al., 2005). On reviewing the literature for the three big natural disasters of the past 20 years following the witnessing of the overwhelming effects of the 2011 earthquake, it is evident that mental health care has gained more attention as an imperative part of post-natural disaster health in Japan and Asia. However, it is still a relatively new research field in Japan as demonstrated in the limited published literature identified in the systematic searches of the current review, and further research identifying effective psychological treatments is urgently required.

There is a fair amount of available literature on the Great Hanshin-Awaji earthquake and its psychological effects, as the disaster raised researchers’ awareness of the demand as well as need of psychological interventions. Whilst those papers may show individual symptoms of victims of the Great Hanshin-Awaji earthquake, systematic statistical analyses and empirical studies are less available (Kato et al., 1996). Lack of comparative studies as well as analyses of treatment outcomes make it extremely difficult for us to ascertain what types of treatments and interventions may be effective for the earthquake victims and should consequently be further examined for future. Future research particularly requires analyses of the victims’ journeys to receiving psychological treatment, perceptions of the received psychological treatment as well as outcomes. It is also evident from this literature review, where a comprehensive list of identified literature was included, that there are not many internationally-published reports on the Indian Ocean Tsunami and its psychological effects, as PTSD is still a relatively new field in Asia as a whole. Moreover, due to the large scale of the natural disaster, the available studies assessed survivors in different areas and countries with potentially very different cultural backgrounds. This may have contributed to some of the inconsistent findings across the studies and further research focusing on specific areas would be helpful in identifying how best to support victims of a major natural disaster in the future.
“Outreach” support that involves some types of psychological first aid in the affected areas has been increasingly discussed and considered for future treatment of natural disaster victims. However, it is also argued that encouraging victims to discuss feelings and experiences shortly after facing a natural disaster could be harmful and can almost prescribe symptoms (Lilienfeld, 2007) so further research using a controlled trial is required. Whilst financial and material support such as food and essential daily items following a natural disaster may have seen a positive effect in the victims’ psychological well-being, immediate psychological support should only be provided with extra care and extensive further research is required to ascertain what forms of psychological support or treatment may be effective in doing so.

It has also been found that based on a number of literature in the West, educational interventions can decrease stigmatising attitudes towards individuals with mental illness (Essler et al., 2003). This suggests that educating Japanese people on mental illness and providing them with information on psychological services and counselling may also play a role in decreasing stigma associated with mental health and increasing positive attitudes towards counselling consequently so further research should explore its potential effects. Education can also help with the increase of institutions where people with mental illness can be treated. The Great Hanshin-Awaji earthquake and its terrifying consequences increased awareness and funding of mental health in the country (Kato, 2006). It can only be hoped that the devastating outcome of the Great East Japan earthquake will also raise further awareness of the relevant government bodies. In addition, awareness of what counselling means and what is involved in it should also be raised within the Japanese society, in order for counselling to be more familiarised as one of the treatment options upon experiencing psychological symptoms and distress following a natural disaster.

The sensitivity of the area must be considered and acknowledged as a potential difficulty in pursuing future research. One of the reasons why disaster or PTSD studies may not have seen as much progress as other areas of psychology is due to the sensitivity around those who have been affected, as it can be extremely difficult to obtain victims’ experiences in difficult times, especially in Japanese culture where talking about one’s pains and struggles may be associated with shame or inability (Munakata, 1986). This is an on-going issue in mental health studies in Japan and
requires extra attention in order for counselling psychology to further develop in the future. Corrigan and Penn (1999) suggest that making a contact with people with mental illness to challenge stereotypes about the mentally ill can diminish stigma associated with mental health, along with education to provide accurate information and protest to suppress stigmatising attitude. Individual communities should therefore see a greater amount of opportunities to inform what PTSD is and its effect by relevant professionals and previous PTSD sufferers, particularly following a natural disaster. In addition, media coverage may be of significant help in raising further awareness on mental health in general. However, it should also be noted that normalising can create confusions whilst it may be important for the nation to familiarise themselves with mental illness in order for the attached stigma to be slowly removed. For example, the media’s assumptions that all victims will hold mental illness after experiencing a major earthquake may make certain victims feel weaker and 'normal' not to be feeling well.

Lack of established protocols or screening measures prior to the Great Hanshin-Awaji earthquake also suggests that the area requires further research. In Britain, the need for “evidence-based” treatment is often talked about and valued, in part particularly within the National Health Services (NHS) (Brooker, 2001). Whilst this may limit researchers and clinicians to overly focus on obtaining improved scores upon providing treatment, this may also have advantages of being able to monitor what forms of interventions may work more effectively as well as what types of symptoms are seen more in the aftermath of such a major natural disaster uniformly. Furthermore, this will provide statistical data that can be potentially used to compare different types of natural disaster victims. I am aware that as a counselling psychologist, my primary interest is to help people have more satisfying and balanced lives and this often cannot be fully measured in scales. However, obtaining outcome measures and individual client data can also potentially assist counselling psychologists with enhancing our understanding of specific mental illnesses. The introduction of Revised Impact of Event Scale (IES-R) as well as PTSD Scale (CAPS) that have been translated into Japanese should be welcomed and increased usage should be encouraged (Kato, 2006). Since the Great Hanshin-Awaji earthquake, there have been various studies demonstrating that there is no evidence that debriefing reduces the risk of developing PTSD following a traumatic event (e.g. Rose, Bisson, Churchill & Wessely, 2002). Instead of debriefing, Kim, Abe, Araki et al. (2004) recommended providing information on mental health
care to both carers and survivors immediately after a natural disaster and developed guidelines accordingly. Whilst further research is required to continuously assess the most effective psychological interventions for natural disaster-related PTSD in Japan, with further understanding of psychological effects of a major natural disaster, more guidelines and provisions should be created in an attempt to help the affected recover well.

There is not a great deal of literature on the significant predictors of psychological symptoms such as PTSD, depression and anxiety amongst the Great Hanshin-Awaji earthquake survivors. Studies on the Indian Ocean tsunami assessed the prevalence of psychological symptoms that are not widely available in the literature on the 1995 earthquake. However, despite the systemic literature searches conducted recently, there are much fewer studies on the 2004 tsunami published in international journals compared to the 1995 earthquake to date and available studies on the 2004 disaster, which were conducted in three different countries in Asia, do not demonstrate many consistent findings. This suggests that cultural backgrounds have a significant impact on how they cope with a traumatic event and further research for the population is urgently required. Kato, Uchida and Mimura (2012) reported their effort in studying and treating survivors in one of the worst affected areas in Fukushima, highlighting the difficulty in gaining clients’ trust, engaging them in therapy and securing a treatment sequence. However, they suggest that such reactions may have been heavily influenced by the city’s sensitive history with mental history that has become part of the residents’ culture. Counselling psychologists endeavour to help individuals explore and become more aware of their own ‘being’ in order to lead more fulfilling lives and cultures have been recognised to play a big role in all aspects of counselling. It is argued that the cultures of both the providers as well as the users of counselling services influence the counselling process greatly (Ponterotto, Casas, Suzuki & Alexander, 1995). Counsellors’ willingness to be open and try to understand the client’s cultural background and consequently take fitting action seems to be the key to effective counselling and its role to be played in the future. Furthermore, any potential factors that may affect the process of psychological interventions must be carefully considered prior to and during the engagement.

Studies on the 2004 tsunami found that psychological distress and anxiety symptoms were more prevalent amongst women than men in all reviewed studies of three
natural disasters, which should be remembered in attempting to provide psychological interventions to natural disaster survivors in the future. Findings from both the 1995 and 2004 disaster studies seem to suggest that younger adults demonstrate more severe and persistent PTSD symptoms therefore perhaps require more long-term psychological support compared to older adults. However, due to inconsistent findings of variables significantly affecting mental health problems amongst survivors of all three natural disasters, it is difficult to draw other conclusions on which demographic groups of natural disaster survivors may be more vulnerable to psychological effects and further research in the field is required. According to Shinfuku (2002), each phase following survival of the 1995 earthquake had different observed mental health problems – from emotional numbness and the loss of the sense of reality as a first reaction, anxiety and fear of aftershock to stress-related somatic symptoms. Manifestation of anxiety and sleep disturbances arose within a week of the earthquake followed by depressive symptoms continuously maintained by loss of family members, housing and financial issues developing more social issues, for example. Such a whirlwind of psychological effects may add further complexity to measuring the prevalence of mental health problems amongst natural disaster survivors. It may therefore be particularly imperative for a counselling psychologist to assess each individual case and determine which type of psychological treatment, if any, might be most suitable for the assessed individual.

Current research studies do not seem to show the impact of a major natural disaster on Japanese people’s attitude towards counselling and this field requires further research. Whether they were referred to psychological services by medical professionals or decided to seek help themselves, survivors’ perceptions of psychological services or counselling prior to and after treatment may provide significant information in order to further understand how counselling psychology could be integrated better within Japanese society.

A strong need for mental health support amongst children following a major natural disaster has been indicated (Neuner, Shauer, Catani, Ruf & Elbert, 2006) whilst difficulty in evaluating effects of trauma in small children, due to their inability to fully understand the nature of a natural disaster such as an earthquake and to express their feelings, has been documented (Takada, 2013). However, the current literature review was unable to identify a significant number of studies focussed on children and
psychological support specifically for them. High prevalence of PTSD symptoms amongst children following a natural disaster has been discussed in various studies (e.g. Goenjian, Pynoos, Steinberg et al., 1995) and there has been a high level of interest in pursuing research on PTSD in general amongst children due to its understood severe psychological effects in the West for a long time (Shaw, Applegate & Schorr, 1996). Further research should also be conducted in Japan and Asia, in order to gain a deeper understanding of psychological effects of a natural disaster on children and to aid their recovery process appropriately whilst minimising long-term effects as a result.

Following recent devastating natural disasters in Asia however, an increase in the amount of research, funding and institutions that recognise the importance of psychological assistance for natural disaster or catastrophic event victims was observed. There also appears to have been a consequent rise in the number of available data which perhaps suggests that there is greater, recognised need for such studies. This may give counselling a further opportunity to be considered as a form of intervention for PTSD-related symptoms that may not have been previously acknowledged even after major historical events such as atomic bombings in 1945 and other earthquakes and volcanic eruptions that had taken away a large number of people’s lives. It is also encouraging to witness a relatively new research interest in psychological health of those who provide support in such circumstances. However, we are again reminded of the complexity of the dual disaster of the 2011 earthquake, as Matsuoka et al. (2012) found that concern over radiation exposure also has a significant correlation with the level of psychological distress amongst the assessed members of the disaster medical assistance team working in the affected areas. This finding emphasises the important and urgent need for identifying the actual risks of radiation exposure from the damaged Fukushima Daiichi nuclear power plant further and additional research should be subsequently conducted to assess psychological and physical effects of both actual and perceived risks of the radiation exposure.

It is evident that counselling can fulfil additional psychological assistance for survivors in the wake of the Great East Japan earthquake whose consequences have been truly and utterly overwhelming. Its survivors have had to deal with not only the direct consequences of the earthquake and tsunami, but also with fears of nuclear radiation whose risks are yet to be fully determined. Issues such as living with constant
questions and doubts that there may be fatally negative effects from the radiation, in addition to having just lost family members or homes may not only cause PTSD but other symptoms such as panic disorders. The current review proposes that further integration of counselling into the Japanese society as a psychological treatment option for PTSD can be achieved by using the ideas described above. In doing so, valuing and appreciating each client’s individuality and assessing the most appropriate interventions are argued to be the most important and essential aspects of providing the most effective treatment in the form of counselling psychology.
References


Section D: Research

An interview study to explore how Japanese expatriates understand and perceive the notion of seeking psychological help through living in Japan and the United Kingdom
Abstract

There have been a few quantitative studies examining various people’s attitudes toward seeking psychological help and making comparisons with other nationalities and origins, as they are understood to influence people’s decisions to utilise professional psychological help services (e.g. Masuda, Suzumura, Beauchamp, Howells & Clay, 2005). However, there does not appear to be any similar studies on the subject with Japanese participants based outside the United States or qualitative studies exploring Japanese people’s unique experiences with the notion of seeking psychological help to date. This thesis seeks to explore how Japanese expatriates perceive the notion of seeking psychological help through the experience of living in both Japan and the United Kingdom, where counselling as a form of psychological treatments appear to be perceived differently, and how they feel their perspectives may have been affected by the experience. Six UK-based Japanese female expatriates were interviewed. Participants’ narratives were analysed qualitatively, using thematic analysis within a social constructionist epistemological framework. Four major super-ordinate themes emerged in analysis: “Exposure and consequent reactions”, “Creating personal distance from the notion of seeking psychological help”, “Societies and self” and “Developing current personal perspectives”. The thesis highlights a wide range of cultures participants have been exposed to and have consequently been influenced by. The roles counselling psychology could play amongst Japanese people are demonstrated, whilst other implications for the field of counselling psychology and mental health in general are also underlined. These findings, together with implications, strengths and limitations of the research, are discussed.
1. Introduction

1.1 Overview

It is often said that counselling has not yet made a significant impact on mental health sufferers in Japan as in some other Western countries to date (Deshapriya & Iwase, 2003). Although it is argued that the field of mental health, psychology and counselling has gone through a considerable development, many say that it is still quite uncommon for the majority of Japanese people to seek psychological help themselves (Iwakabe, 2008). In writing this thesis, I hope to provide an insight into how UK-based Japanese expatriates understand and perceive the notion of seeking psychological help through living in both Japan and the United Kingdom, which may not be talked about frequently.

I will introduce this study by presenting literature on research examining psychological help-seeking attitudes, in order to gain an understanding of what seeking psychological help means to people in general and determine what appears to be significant predictors of their attitudes towards it. Discussion of mechanisms of stigma, in particular those associated with general mental health, as the most cited factor affecting people’s attitudes towards seeking psychological help (Corrigan et al., 2004) will follow. To identify how support for the mentally ill has developed over the years in both Japan and the United Kingdom, a brief history of mental health care in the two countries will be described next. Two phenomena karoshi and hikikomori, which appear to be unique to mental health in Japan, and history of counselling psychology in Japan will also be introduced. I will then observe literature investigating how Japanese cultures may have affected and influenced the ways Japanese people perceive psychological help-seeking and its notion, utilise psychological services and react in therapies. Following presentation of the conclusion drawn from the reviewed existing literature and rationale for conducting the thesis, its research aims will be outlined.

Literature searches were conducted using a range of databases including PsychInfo. The Google Scholar search engine was also used. Search terms included “mental health”, “counselling” and “psychological help-seeking / psychological help” both individually and combined with “Japan” or “Japanese”. Further literature was found
using the bibliographies and citations of articles identified through the searches and I endeavoured to include as much available literature that is related to mental health and counselling in Japan and any other literature that would provide a comprehensive overview of general people’s psychological help-seeking attitude and behaviours. The majority of literature was in English but a small amount of Japanese literature was also located and included. Empirical studies were only included if a valid and reliable instrument is clearly stated to have been used and if a study included the use of rigorous and appropriate methods with a description of the sampling strategy and data collection procedures. The type of data-analysis, the clarity and coherence of reporting and the research ethicality were also considered.

Personal pronouns are used throughout, as I believe that using the first person, in particular, helps me to be reflective about my contribution to the existing knowledge whilst it still allows me to remain objective as a researcher.

1.2 Attitudes towards psychological help-seeking

Prior to reviewing literature on how psychological therapies have been developed and perceived in Japan specifically, previous research studies examining people’s attitudes towards seeking psychological help will be explored.

Although there has been a significant number of research studies demonstrating that psychological treatments are effective for various symptoms of mental health issues, it has been found that less than 40% of individuals with a mental health concern seek professional help (Kessler, Berglund, Bruce, Koch, Laska & Leaf, 2001). Many researchers have therefore attempted to understand how people perceive their attitudes toward psychological help-seeking and find out what seems to help people feel comfortable to seek professional psychological help. There has been a number of research studies on the subject with the predictor of attitudes varying from individualism-collectivism (Tata & Leong, 1994), emotional openness (Komiya, Good & Sherrod, 2000), gender (Johnson, 1988) and sex role orientation (Ang, Lim, Tan & Yau, 2004). Strong belief in individualism, lesser emotional openness, males and those who are more masculine have respectively been found to be significantly less tolerant of the stigma associated with seeking professional psychological help. Moreover, Social class (Fischer, Winer, & Abramowitz, 1983), education (Brody 1994),
past experience with seeking professional help (Cash, Kehr & Salzbach, 1978) and knowing someone who has had an experience of seeking professional psychological help (Rickwood & Braithwaite, 1994) have all been found to correlate with attitudes towards seeking psychological help. Furthermore, ten Have, de Graaf, Ormel, Vilagut, Kovess, Alonso et al. (2010) found a significant correlation between attitudes toward psychological help-seeking and the utilisation of psychological services following their large scale survey.

A vast majority of studies measuring such correlations have been quantitative research utilising the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH) (Fischer & Turner, 1970). The ATSPPH scale contains 29 items concerning psychology and mental health on which respondents rate their level of agreement or disagreement on a 4-point scale, ranging from strongly agree to strongly disagree. The ATSPPH scale was developed based on the four factors representing attitudes toward seeking professional psychological help: tolerance of stigma, recognition of a personal need of professional help, interpersonal openness regarding one’s problems, and confidence in the ability of the psychological professional to be of assistance. The psychometric properties of the ATSPPH scale were examined and found that internal reliability for the standardisation sample of n=212 was with .86. With a later sample of n=406, a reliability estimate was computed at .83. Both results suggest a moderately good consistency of response for the ATSPPH scale. In addition, a test-retest study was conducted with 5 groups of students and it was found that the ATSPPH scale had good test-retest reliability (Fischer & Turner, 1970). However, the scale has limitations, as its cultural validity within a specific subject group has not been examined directly and the results of the related research studies should be examined with caution. Furthermore, some terms of the scale may require modifications, in order to make the scale more relevant to the group (Tata & Leong, 1994).

Researchers have also found that non-Caucasian ethnic groups underuse professional psychological help services (Yamamoto, 1978). There have also been various research studies focussing on ethnic minority participants and their attitudes toward psychological help-seeking as an indicator of the utilisation of the services and factors such as racial similarity and difference between a counsellor and a client are also understood to significantly affect the client’s enthusiasm to seek professional
psychological help (Nickerson, Helms & Terrell, 1994). Despite an increase in mental health research on ethnic minority groups in the US in the 90s, Asian Americans are said to have appeared to have been initially ignored, and data on the population did not emerge until later compared to that of other ethnic minority groups (Tata & Leong, 1994). This may reflect the perceived lack of problems that they once appeared to face (Crystal, 1989), even though psychological and social problems are believed to have existed prior to the research development examining the population (Leong, 1986).

Kim and Omizo (2003) found an inverse relationship between adherence to Asian cultural values and both attitudes toward seeking professional psychological help and willingness to see a counsellor amongst Asian Americans. The results demonstrated the Asian culture values to have more significant effects on these two factors in comparison with that of age, gender and generation status. However, the study has various limitations including its lack of generalisability due to its exclusive sample of college students in specific locations. A very similar result was also found in the study with African Americans (Wallace & Constantine, 2005). These quantitative studies measured the participants’ cultural values and attitudes utilising relevant scales - the Asian Values Scale (AVS) (Kim, Atkinson & Yang, 1999) and Africentric Scale (Grills & Longshore, 1996) against the ATSPPH. Although the beta weight in the study by Kim and Omizo was significantly greater than 0, the amount of explained various accounted for by the relevant scores was only 1%. This indicates that a vast majority of the variance remains unaccounted for and the clinical significance of the correlations must be examined cautiously.

There has also been a number of research studies exploring acculturation and enculturation, described as the process that can occur when two or more cultures interact (Suinn, Khoo & Ahuna, 1995) and an individual’s adherence to his or her culture of origin (Kim & Abreu, 2001) respectively, and how they affect the lives of people who have emigrated to another country including Asian Americans (Kim, 2009). Using the ATSPPH and Suinn-Lew Asian Self-Identity Acculturation (AS-ASIA) Scale (Suinn, Rikard-Figueroa, Lew & Vigil, 1987) on Asian-American students, Atkinson & Gim (1989) found that more acculturated students were more likely to recognise a personal need for professional psychological help. On the other hand, the study by Kim (2007) suggested that it is enculturation to Asian cultural values that is
significantly and inversely related to the Asian American’s attitude towards seeking professional psychological help, and not acculturation to European American cultural values. However, both studies used exclusive samples of college students and the latter looked at psychology students, in particular. Whilst these limitations suggest that the results may not be applied to the general Asian population and cannot provide us with definitive conclusions, it is evident that Asian students’ attitudes towards professional psychological help are likely to be affected by living in the US due to its impact on the relationship they have with their original or newly acquired cultures.

There are few available comparative research studies examining how different nationalities, and ethnic and cultural backgrounds may affect people’s attitudes toward seeking psychological help. In the US national survey analysis by Gonzalez, Alegría, Prihoda, Copeland and Zeber (2011), it was found that there is a significantly higher level of embarrassment with the use of medical care for mental health issues amongst African Americans compared to non-Latino whites and Latinos although the study suffered from the usual limitations of survey research including instrumentation weakness and self-report method. Sheikh and Furnham (2000) identified causal beliefs of mental distress to be significant predictors of attitudes toward professional psychological help-seeking amongst British Asians and Pakistanis but not Westerners. In this study, culture was not found to be a significant predictor for any of these groups contrary to previous research findings (Bal, 1987) although the authors suspect this may have been due to the sample not being representative of the general population.

It is evident that there has been a great amount of interest in people’s attitude towards psychological help-seeking and many quantitative studies have been completed, as researchers endeavoured to better understand people’s reluctance of seeking professional psychological help. Various factors, ranging from culture, gender to socio-economic status, have been found to have a significant effect on people’s perceptions of help-seeking along with numerous other factors (Tessler & Schwarts, 1972). However, there has been a limited amount of qualitative research in the area and future research should explore people’s attitude towards psychological help-seeking qualitatively.
1.3 Stigma associated with mental health

Stigma is the most cited factor that seems to inhibit individuals from seeking psychological help (Corrigan, 2004) and it can be understood to be a social process, drawing on existing forms of social representation that are rooted in social power relations, emerging from an individual psychological blaming and othering response, a cognitive justification for an emotional reaction of fear (Joffe, 1999). In this chapter, relevant literature on stigma associated with mental health will be discussed, as its relevance to the current study is evident.

Since Goffman (1963) published his seminal essay introducing the concept of stigma, there have been numerous studies looking at stigma in a variety of circumstances ranging from cancer and HIV / AIDS (Fife & Wright, 2000) to mental illness (Corrigan & Penn, 1999). However, researchers appear to have found it difficult to develop a common theoretical perspective on stigma (Link & Phelan, 2001) and there seems to be a number of differing definitions.

As part of his insightful exposition of the stigma concept, Goffman (1963) described stigma as the relationship between an “attribute and a stereotype” (p. 4) and the stigmatised individual as somebody who “is reduced in our minds from a whole or usual person to a tainted, discounted one” (p. 3). Following on Goffman's ideas, Jones, Farina, Hastorf et al. (1984) proposed six dimensions of stigma, which contain concealability, course, disruptiveness, aesthetic qualities, origin and peril, as a second framework whilst describing stigmatising as a process that “involves engulfing categorizations accompanied by negative affect that is typically alloyed into ambivalence or rationalized through some version of a just-world hypothesis” (p. 296). Link and Phelan (2001), on the other hand, developed a conceptualisation with a focus on the discrimination and exclusion a stigmatised individual experiences instead of cognitive processing of information identified as the problem of the individual. According to Link and Phelan, stigma is existent when the following interrelated components converge: Labelling, stereotyping, cognitive separation into categories of “us” and “them”, emotional reactions, status loss and discrimination, and it is dependent on social, cultural, economic and political power. Corrigan (2002) proposed a model of stigma as a relevant factor affecting mental health sufferers’ failure to engage in treatment. He describes a frame of four social-cognitive
processes forming stigma: 1. Cues: psychiatric symptoms, social-skills deficits, physical appearance and labels that appear to make the public detect mental illness, 2. Stereotypes: efficient means of categorising information about mentally ill such as violence and incompetence, elicited by cues, 3. Prejudice: endorsement of negative stereotypes to generate negative emotional reactions as a result, and 4. Discrimination: manifestation of negative action such as avoidance against mentally ill as the out-group. According to Angermeyer and Dietrich (2006), on the other hand, three key characteristics of stigma displayed for the mentally ill by the public are: avoiding interactions with them, forming feelings of fear and uncertainty and developing stereotypical thoughts about them.

These types of stigma described above are regarded as public stigma where the public endorses the prejudice about the stigmatised group and reacts negatively toward them (Corrigan, 2004). It is argued that people hide psychological concerns and avoid treatment, in order to limit the harmful consequences associated with such public stigma (Corrigan & Matthews, 2003), and public stigma associated with mental health issues has been found to have a significant correlation with negative attitudes toward psychological help-seeking in some studies (Komiya et al, 2000), and those who endorse such public stigma are less likely to seek professional psychological help for themselves (Cooper, Corrigan & Watson, 2003). However, no significant correlation was found between stigmatising attitude towards depression and help-seeking attitude (Jorm, Medway, Christensen, Korten, Jacomb & Rodgers, 2000). Indeed, studies focusing on effects of perceived public stigma have found mixed results varying from a significant relationship with treatment adherence (Sirey, Bruce, Alexopoulos, Perlick, Friedman & Meyers, 2001) and early treatment termination (Sirey, Bruce, Alexopoulos, Perlick, Raue, Friedman & Meyers, 2001) and further research is required to examine stigma associated with specific mental illnesses and its effects on attitudes toward seeking psychological help.

The term self-stigma, on the other hand, is used to describe what members of a stigmatised group may do to themselves due to internalisation of public stigma, which often leads to a decrease in self-esteem (Corrigan, 2004). Self-stigma is also believed to be an important factor affecting attitudes toward psychological help-seeking. For example, it has been found that people are less likely to seek help when fearing embarrassment or believing that seeking help will lead to feelings of inferiority and
inadequacy (Nadler, 1991) and a significant negative correlation was found between the Self-Stigma of Seeking Help (SSOSH) scale and the tendency to disclose distressing emotions as well as intent to seek counselling (Vogel, Wade & Haake, 2006). Negative perceptions of mental illnesses may lower the self-esteem of an individual with a mental disorder. This could in turn lower their self-efficacy when planning on seeking treatment. (Holmes & River, 1998). Alternatively, the notion of seeking psychological help may make the individual feel less adequate about themselves and decide not to seek help, as it would be an acknowledgement of failure (Fisher, Nadler & Whitcher-Alagna, 1982).

1.4 History of mental health and counselling psychology

Prior to looking into relevant findings in studies of relationships between Japanese people and counselling in the next chapter, a history of mental health in both Japan and the United Kingdom should also be considered, in order to obtain a bigger picture of the field. How counselling psychology has played a role in Japan to date will also be detailed in the hope of gaining an understanding of the profession within the country.

The Law of Confinement and Protection of the Mentally Ill, the first legislation covering the mentally ill in Japan, was introduced in 1900s followed by the Mental Hygiene Law of 1950 that required medical treatment in hospitals for those with mental disorders (Kumasaka & Yoshioka, 1968). Almost half a century later, the 1995 Mental Health Act acknowledged mental illness as a disability. On the other hand, the earliest legislation documented to control the governance of the mentally ill in the United Kingdom is from early Victorian times in 1800s, followed by an introduction of the 1845 Lunacy Act and County Asylums Act. However, admission of mental health patients is said to have become more operative when the 1890 Lunacy Act was legislated. Further developments were made a few decades later when the Royal Commission Report (Royal Commission, 1926) was issued stating that “mental and physical illnesses should now be seen as overlapping and not as distinct”. This was followed by the 1959 Mental Health Act which abolished the distinction between psychiatric and other hospitals whilst encouraging the development of community care.
According to the latest Mental Health Atlas (World Health Organization, 2011), an official mental health policy, which was approved in 2004, exists in Japan and it was most recently revised in 2009. Moreover, mental health is specifically mentioned in the general health policy and dedicated mental health legislation exists, which went through a recent revision in 2005. A mental health plan exists too and it was last revised in 2009. The United Kingdom also has an officially approved mental health policy and the existing mental health plan was approved and most recently revised in 2011. Mental health is also specifically mentioned in the general health policy in the United Kingdom and the latest dedicated mental health legislation was published in 2007. The global summary of the Mental Health Atlas 2011 states that 62% of the countries in the world in 2011 reported having a mental health policy, whilst 71% reported a mental health plan. 93% of the world reported a law pertaining to mental health. Governance for mental health in both Japan and the United Kingdom appears to be well established today and their policies and legislations have undergone recent revisions, in line with the first objective of the Mental Health Action Plan 2013 – 2020 (World Health Organization, 2013).

In relation to financing of mental health care, the Mental Health Atlas details that mental health expenditures by the government health department/ministry in the United Kingdom were 10.82% of the total health budget whilst mental hospital expenditures were 30.92% of the total mental health budget in 2011. Japan’s mental health expenditures by the government health department/ministry, on the other hand, were 4.94% of the total health budget. Mental hospital expenditures were 76.12% of the total mental health budget. The global median percentage of government health budget expenditures dedicated to mental health was reported to be 2.8% whilst the median percentage of health expenditures dedicated to mental health was 0.5% in low income countries and 5.1% in high income countries.

The two countries also seem to have quite different mental health care delivery methods in place. Japan’s mental health still heavily relies upon hospitalisation despite mental health care reforms in the West as well as the on-going recommendations to replace large custodial mental hospitals by community-care facilities with the support of general hospital psychiatric beds and home care (World Health Organization, 2001). The median number of mental health beds across services per 100,000 populations in the world was 3.2 whilst Japan had access to
almost 300 beds per 100,000 people (World Health Organization, 2011). Excessive length of stay in psychiatric hospitals in Japan has been pointed out and there has been a clear effort by both the government and health professionals to decrease the average length of stay (Tsuchiya & Takei, 2004). It is difficult to compare the mental health status of the two nations. However, the latest Mental Health Atlas reports that in Japan neuropsychiatric disorders were estimated to contribute to 24.6% of the global burden of disease whilst it was 31.4% in the United Kingdom (World Health Organization, 2008). On the other hand, the number of suicide per 100,000 people was most recently reported as approximately 18.5 in Japan whilst the number was significantly less at 6.2 in the United Kingdom (World Health Organization, 2012). In the latest international Mental Health Action Plan 2013 – 2020, its global objectives included reducing the rate of suicide death per year and increasing service coverage for severe mental disorders and Japanese is one of the three non-English languages and the only Asian language the report has been translated into. This suggests that the use of mental health services to treat people with mental illness as well as to attempt to prevent people from ending their lives are promoted internationally – including in both Japan and the United Kingdom - today.

Suicide is internationally viewed as a significant social and public health problem and almost one million people die by suicide around the world every year (World Health Organization, 2012). It is one of the leading causes of death amongst young adults and adults (Patton, Coffey, Sawyer, Viner et al., 2009), whilst the elderly are also at high risk in many countries including Japan where the suicide rate amongst the elderly has been known to be significantly higher than other age groups within the country as well as the average of Western countries (Cheng & Lee, 2000). In Japan, health-related issues have been reported to be the most common reasons to commit suicide and depression is one of the most frequently mentioned health-related issues (National Police Agency, 2010). The government has been active in attempting to reduce suicide rates whilst looking at effective ways to treat a growing number of people with depression (Ministry of Health, Labour & Welfare, 2010). Moreover, therapeutic interventions such as cognitive behavioural therapy have been argued to be effective in treating those who suffer from depression and suggested to be utilised more widely by trained psychologists in Japan more recently (Sato & Tanno, 2012).

There are also mental health-related phenomena that appear to be unique to Japan
with their own internationally recognised terms in Japanese. First of all, the term *karoshi* or “death from overwork” is said to have been initially witnessed in Japan in the 1980s and describes “a condition of being permanently unable to work or dead due to acutely attacking ischemic heart disease caused by cerebral vascular diseases due to inherent health problems being deteriorated by excessive workload” (Hosokawa, Tajiri & Uehata, 1982). On the other hand, the term *karo-jisatsu* or “suicide caused by overwork” started to appear more frequently, as cases related to it were heard in the court and civil suits against employers were won in the 90s during an economical recession and subsequent major organisational changes in the workplace (Amagasa, Nakayama & Takahashi, 2005). Although the Ministry of Health, Labour and Welfare demonstrated reluctance initially, *karoshi* was approved as a cerebral/cardio disease and *karo-jisatsu* as a mental disorder following an increase in the number of recognised sufferers in 1995 and 1998 respectively. Both *karoshi* and *karo-jisatsu* have been found to be predominantly prevalent amongst male workers who have been commonly exposed to long working hours, heavy workload and high pressure to achieve demanding goals (Kawanishi, 2008)

Another well-known term *hikikomori* is said to have been initially used in 1980s to describe a process of acute withdrawal, particularly amongst school students (Kitao, 1986). In the 90s it became a reported prominent mental health concern amongst youths and adults in Japan who would not leave their room for a long period of time, and has since attracted great international research and media interest (Watts, 2002). In response to the growing number of reported cases, the Ministry of Health, Labour and Welfare (2003) published criteria for *hikikomori*: 1. A lifestyle centred at home, 2. No interest or willingness to attend school or work, 3. Persistence of symptoms beyond six months, 4. Schizophrenia, mental retardation or other mental disorders have been excluded and 5. Among those with no interest or willingness to attend school or work, those who maintain personal relationships (e.g. friendships) have been excluded. Although data on the prevalence of *hikikomori* is very limited and varied due to its socially isolative and concealed nature, it was reported that 1.2% of community residents aged 20-49 years and 0.5% of households had experienced *hikikomori*, and it was estimated that there were over 230,000 cases of *hikikomori* in 2006 (Koyama, Miyake, Kawakami et al., 2010). Furthermore, many studies have demonstrated a heavy male dominance of *hikikomori*, up to a 4:1 male-to-female ratio (Kondo, Iwazaki, Kobayashi & Miyazawa, 2007). Although there are varied
estimates of the *hikikomori* population, the existence of *hikikomori* youths and adults is evident and the phenomenon has attracted a number of commentators providing their interpretations (Tanaka, 1996). The popular accounts include socially struggling, dysfunctional families overprotecting their offspring (Hattori, 2005) and modern youths becoming self-centred and postponing important life decisions as a result (Okonogi, 1977).

Looking at the field of counselling psychology more specifically, counselling psychology is said to have been introduced originally to Japanese academics by American counselling psychologists in 1950s (Watanabe-Muraoka, 2007). Whilst the words such as counselling or counsellor gradually became more familiar with the nation, more confusion as to what exactly counselling means has remained since. With the assistance of American Psychological Association (1984), Japanese Association of Counselling Science characterised the term counselling psychology as a scientific function conducted through a human relationship in which the client is fully respected by the counsellor. Furthermore, major goals of counselling have been identified as 1: Promoting human development based on the approaches of lifespan development and career development, 2: preventing problems and 3: helping to solve practical problems (Tagami & Ozawa, 2005). In spite of efforts by the association to promote counselling psychology in Japanese societies and perhaps also due to its definition set, counselling is often viewed as different professions by many. They can vary from correcting bad behaviour, befriending, listening, advice or answers given to their problems or even career choices to curing mental illness. The Japanese person who thinks counselling is listening or befriending may hesitate to pay for counselling but may be more than happy to be charged for medical services. Those who assume it is about curing mental illness may have stigma and shame associated with it (Sue & Sue, 1990). In the United Kingdom, the section of counselling psychology within the British Psychological Society was established in 1982, followed by an inauguration of its divisional status in 1996, which indicates that progress of counselling psychology has been more advanced in the United Kingdom compared to Japan.

Influences from the West are evident in Japanese mental health system that has gradually developed over the past century. As the system develops further in the future, cultural differences between Western countries and Japan should be carefully taken into consideration whilst ensuring a high standard of quality of care in the
progress. In the next chapter, I would like to take a look at how Japanese people have responded to the notion of psychological therapies to date.

### 1.5 Japanese cultures and counselling

Tylor (1871) first used the word “culture” as the full range of learned human behaviour patterns and the complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by man as a member of society. Bodley (1994) argues that culture is comprised of 3 components: what people think, what they do and what they produce, and 6 properties: it is shared and symbolic, learned and passed between generations, it is adaptive and integrated. Markus & Hamedani (2007) suggest that culture is not just a matter of which part of the world a person comes from and that many aspects of their lives, such as professional groups they belong to, can also be regarded as having cultural significance. Individuals are often viewed as members of multiple cultures relating to many areas of their lives such as nationality, religion, occupation, sexual orientation, and physical ability from this perspective.

In the history of the study of culture in psychology, there has been substantial interest in exploring context as an important influence on the way an individual behaves, whilst another focus has been on the importance of the internal workings of the individual (Markus & Hamedani, 2007). More recently, there has been increased interest in the relationship between the individual and their contexts, acknowledging that the two are inseparable (Kitayama & Uskul 2011). Markus and Kitayama (1991) described two aspects of the “self” in exploring how the individuals construe themselves within contexts. The first of these aspects is the “universal aspects of the self” which tend to relate to the external reality of the self, including the idea that people are likely to develop a sense of themselves physically distinct and separate from other people anchored in time. The second is “divergent aspects of the self” which tend to relate to the inner self. This may be specific to particular cultures and give rise to the public self that relates to others. Whilst many components of the “divergent aspects of self” have been discussed to date (e.g. Nisbett, Peng, Choi & Norenzayan, 2001), one of the most cited components of the self in the literature appears to be the self in relation to others. Triandis (1988) argued that the traditional Japanese culture is seen as a collectivist culture where the self is defined as an aspect
of a collective, as opposed to an individual culture where individuals are viewed as primarily responsible only for themselves and the ties between individuals are loose. A number of studies have since explored effects of cultural differences on cognitive, motivational and emotional aspects of the self such as self-other similarity (Markus & Kitayama, 1991) and the duration of emotional experiences (Scherer, Matsumoto, Wallbott, & Kudoh, 1988). However, it is also important to remember that cultures are argued to be dynamic, adaptive and constantly changing over time (Markus & Hamedani, 2007) and literature about Japanese culture that was published many years ago should therefore be read with care whilst recognising its transferability and relevance in other Western countries. With continuously developing technologies and increasing accessibility of travel and immigration, cultural exchanges have become more prominent and the world is also becoming rapidly "multi-cultural", too. One’s individual cultures and the societies they have been exposed to, and how the self has subsequently been affected have to be examined rigorously and thoroughly, in order to understand the relationship between the individual and their contexts.

As noted in one of the previous chapters, aspects of cultures such as individualism/collectivism may have been identified to have an impact on people’s attitudes toward psychological help-seeking and the effect of counselling itself, and it can be argued that cultures are what could cause lack of interest, popularity and familiarity of counselling in the Japanese. For example, Narikyo and Kameoka (1992) evidenced a preference in Japanese people for resolving mental illness-related problems on their own without consulting anybody whilst Hashimoto, Elia and Chambliss (2002) found that Japanese students are more likely to see mental health as a sign of weakness and genetically caused than American students, hence they may avoid seeing a specialist for psychological treatments. These research findings also suggest that there may be a significantly greater stigma around mental health in Japan compared to Western countries. In Japanese society, the loss of mental self-control is traditionally associated with one’s inability to exercise will power. Lack of this will power is likely to result in a sense of shame and social rejection (Munakata, 1986). Furthermore, mental illness and emotional difficulties are also viewed as deviant and do not belong to the collective group in Japan. Asking someone for help with regards to emotional pain can therefore be regarded as unacceptable socially and culturally. These factors seem to contribute greatly to the reality that two-thirds of Japanese mental-health disorder sufferers never seek help from health
professionals (Deshapriya & Iwase, 2003).

Whilst the majority of Japanese people seem to have never sought psychological treatments, there appears to be a greater number of past research on the attitudes towards counselling of Japanese people residing in the United States due to its more advanced nature and availability of counselling services in the country. Japanese people started immigrating in significant numbers to the United States in the 1900’s and they are called Japanese Americans today due to the settlement of Japanese communities there, becoming the fourth largest Asian American group in the country (U.S. Bureau of the Census, 2000). Whilst Japanese Americans have spent a considerable amount of time in the States, it is believed that research with this sample, particularly the first and second generation who tend to maintain the traditional Japanese culture, is a good indication of the Japanese people that remain in the country (Itai & McRae, 1994).

A number of research projects have been undertaken in an attempt to measure cross-cultural differences in attitudes towards counselling between the Japanese Americans and other Americans and consequent implications that counsellors should consider upon treating the former group. In her article, Jamila (2008) reviewed various implications for conducting therapy with Japanese Americans and they can also be seen as factors that have prevented the Japanese from familiarising themselves with psychological treatment traditionally. The author firstly stated that the Japanese Americans tend to hold attitudes and beliefs such as denial of emotions as their primary coping strategy thus are not able to regard counselling as a method of mental health treatments naturally. Secondly, it was also noted that the Japanese, who are often viewed as polite and hardworking, are also not used to verbalising their feelings, emotions and thoughts directly therefore avoid doing so with others (Noda, 1998). Thirdly, the traditional Eastern culture that includes the Japanese is also seen as a collectivist culture where the self is defined as an aspect of a collective (Triandis, 1988). Triandis (1995) suggested that the four attributes, that represent the meaning of the self, the structure of goals, behaviours and life focus, are all interdependent with other members of groups in collectivism. Japanese people may therefore traditionally find it easier to follow other people’s opinions or behaviours instead of exploring their own beliefs or goals in life. They may, therefore, also find it difficult to subscribe to psychological treatment that may still be a new, unknown and mysterious
Whilst some of the traditional Japanese cultures and beliefs may have played a big part in counselling not being accepted to the society as smoothly as other Western countries, there are also those that may affect therapy itself should one decide to experience it. Gender roles should be highly considered as Japan has seen men holding higher status compared to women for a very long time. The history may lead to male clients often feeling uncomfortable with female counsellors and female clients with male counsellors (Itai & McRae, 1994). Jamila (2008) also argues that maintaining family honour and cohesiveness has been emphasised in the traditional Japanese culture and having a family member with a mental illness or retardation may have been kept private and never discussed within the society. This has perhaps created reluctance to seek professional assistance upon encountering mental illness.

A client’s cultural background may also have an effect on the relationship formed between the client and therapist in a counselling setting. For example, Nippoda (2002) found that Japanese clients often attempt to form a hierarchical relationship with the counsellor instead of a therapeutic alliance that Rogers (1959) identified to play the central role in effective counselling. This is assumed to be due to the importance of a hierarchy system and respect that has been emphasised and practised for a number of years within the Japanese culture. This is also believed to be demonstrated in their tendency to seek medical advice when experiencing psychological issues and, if they decide to accept or seek psychological treatment, attempt to form a doctor-patient relationship within therapy. The established therapy called Morita therapy that uses techniques modified to adapt to the Japanese culture often has a therapist that is authoritarian who acts as a respected and respectful guide within therapy (Reynolds, 1976) and the client acts as an apprentice (Ishiyama, 1987). Many Japanese people have an image of a counsellor that just listens to them and this particular aspect of Japanese culture may be one of the reasons why counselling has not been integrated in Japan as much as other countries.

It should also be noted that major theories and approaches of counselling are often based on Western psychology and clients from other cultures may have different views and stances on certain aspects. Each client must therefore be observed thoroughly and must be understood by learning about their history and being aware
of all potential cultural differences in order to provide effective counselling service (Sue & Sue, 1999). It is however important for a counsellor not to make assumptions without looking at the entire context. In addition, it should be noted that treatment that matches client’s cultural expectations and norms does not necessarily mean successful therapy. Sue and Zane (1987) argue that providing clients with new learning experiences is the primary purpose of therapy whilst acknowledging that cultural incongruities are often unavoidable and quite often necessary. This emphasises yet again the importance of assessing each individual to use the most appropriate interventions instead of generalising the major cultural groups.

1.6 Conclusion from existing research

In order to understand mental health sufferers’ reluctance to seek professional psychological help, various quantitative studies have been conducted and identified factors such as gender, acquired education and individualism-collectivism to be significant predictors of people’s attitudes towards psychological help-seeking. Stigma appears to be the most cited predictor of negative attitudes towards psychological help-seeking and consequently a likely reason for individuals not to seek professional help. More recently, cultural factors have attracted researchers’ interest and further quantitative studies have been conducted to identify significant differences between various cultures including those of Japan. If there is indeed a significant relationship between an individual and the context they have been in (Kitayama & Uskul 2011), and culture is adaptive, dynamic and changes over time (Markus & Hamedani, 2007), Japanese expatriates’ perspectives on psychological help-seeking following their experience of living in both Japan and the UK should be explored in order to further understand the possible impact living in the two countries, where general perceptions of mental health appear to be very different, may have had on them. Subsequently, the role of counselling psychology for the Japanese should be identified.

On reviewing available literature related to Japan where psychological help does not appear to be as widely utilised as Western countries such as the US and UK, it can be summarised that the following main categories of Japanese cultures, beliefs and consequent behaviours have played a key role in establishing the nation’s reluctant attitude towards mental health and use of counselling: 1. The view that mental illness is a sign of weakness or lack of willpower hence wanting to help themselves rather
than seeking professional assistance, 2. The lack of knowledge and awareness of mental illness hence creating a sense of shame upon experiencing one (i.e. stigma), 3. The collectivist nature that may enable them to follow other people’s opinions easily but not exploring their own and 4. Use of denial of emotion as a primary coping strategy and general tendency to be quiet and polite and not used to talking.

The above points seem to be the traditional beliefs and cultures that have their origin deep within Japanese culture. Whilst they may hold significant values in understanding how mental health and counselling have not been widely accepted so far, due to a very limited amount of available literature in the field identified through systematic searches, further research would be required in order to ascertain how these beliefs may have changed over time, as culture and beliefs are argued to be adaptive and integrated. For example, the first generation of Japanese Americans called Issei may have significantly different cultural mindsets from the second generation, Nisei or their successors as they have been more exposed to the Western culture with increased time spent in non-Japanese environments (Jamila, 2008). The Japanese people, who have been living in a country such as Britain where their immigration history is not as extensive and their own community is not as widely spread compared to the Japanese Americans, may also have had significantly different experiences with counselling and mental health and the current research should be of high importance to the field. Experiences in such samples should be explored, in order to understand how the Japanese expatriates appear to feel their perspectives on the notion of seeking psychological help may have been affected by living in both Japan and the United Kingdom. This in turn, it is hoped, can provide further ideas of integrating counselling with the Japanese society more effectively as one of the treatment options for mental health difficulties where appropriate.

There are also factors that must be considered upon interacting with the Japanese in therapy. Literature has suggested that clients often attempt to form a hierarchical relationship that may resemble a doctor-client relationship with psychological professionals, as the importance of maintaining such a relationship extends to all relationship patterns (Marsella, 1993). Aforementioned denial of emotion as a primary coping strategy may result in initial inability to understand or express their own thoughts and emotions. Other traditional Japanese behaviours such as Honne to Tattemae (a divide between one’s expressions in public & one’s honest thoughts &
feelings in private) may cause difficulty in opening up within a therapy room and a
counsellor may struggle to find ways to reach out to the client. However, it should be
noted that these behaviours can also be seen in non-Japanese clients. For example, 
UK-based clients may view the counselling psychologist as a part of the system such
as the National Health Service and it may take them a while to start communicating
openly and honestly in therapy if at all. Regardless of the client's cultures and
background, it is extremely important for the counsellor to be mindful and to sense
such struggles or strains within therapy.

There are also various other cultural issues to be considered that may not necessarily
be specific to Japanese clients. Firstly, the language used in the therapy with a multi-
lingual client may have significant effects on the outcome (Ng, 2006). For example, if
English is not the client's first language, the counsellor and client may misunderstand
or misinterpret each other more compared to therapy conducted in the native
language of the client and therapist, therefore extra care should be taken in order to
ensure mutual understanding. In addition, the client may express themselves
differently when speaking English depending on their language fluency, upbringing,
identities as well as other cultural influences compared to when speaking their native
language (Filippopolous, 2009).

The medical system in which the counselling service is provided must also be taken
into consideration. In Britain, it is possible for residents to receive psychological
treatments free of charge when considered required through the National Health
Service. On the other hand, countries such as Japan do not offer free psychological
treatments therefore they may not be as accessible or affordable for the majority of
the general public. Openness to the counselling service could potentially be increased
if Japanese people could have free access to such service and become more
acclimated to it. In addition, 40% of Japanese patient sufferers of the Great
Hanshin-Awaji earthquake visiting the clinic of Mita et al. (1997) were primarily
diagnosed with mental health symptoms by medical professionals then referred whilst
many reported physical symptoms as their primary concerns (Ozaki & Fukunishi,
1995). This reiterates the importance of close links and integrations between
psychological and medical services that have long-standing respect, reputations and
familiarity amongst those who seek professional help in facing health-related
difficulties.
It is evident that there has been a growing governmental interest in mental health in Japan and various initiatives such as “General Principles of Suicide Prevention Policy” are now in place in an attempt to reduce the suicide rate which has been high amongst the Japanese (Cabinet Office, 2012). Additionally, a national fund has also been allocated to implement suicide-prevention programs which include face-to-face counselling as their first category. Although Japanese people’s attitude towards counselling and some of their behaviours in therapy have been documented in some research articles, a limited amount of available literature shown in the current review demonstrates that it is still an under researched area despite the more recent developments related to mental health. Moreover, qualitative research exploring how living in a country where counselling and mental health seem to be more available and accepted may affect their experiences with and perceptions of seeking psychological help, is currently limited.

1.7 Research aims

Overall research question was chosen as:

“An interview study to explore how Japanese expatriates understand and perceive the notion of seeking psychological help through living in Japan and the United Kingdom”

As a counselling psychologist originating from Japan, I am always encouraged to find ways of assisting Japanese people with mental health illness regardless of where they reside. It was my sincere hope that by successfully conducting the project I would be able to illustrate the unique characteristics of each individual participant in relation to the notion of seeking psychological help through living in Japan and the United Kingdom. More specifically, I wished to explore how Japanese expatriates felt their understanding of and perspectives on the notion of seeking psychological help had been affected by the experience of living in the two countries, where counselling as a form of psychological treatments appears to be perceived differently. Through findings of this project I aimed to identify potential ways that psychological help could become more accessible amongst the Japanese people and hopefully make a contribution to mental health sufferers as well as professionals in the field and the community. Finally, I wished to make every effort to convey individual participant’s
experiences whilst managing to analyse collective opinions and information rigorously at the same time.

2. Methodology

2.1 Overview

Following the introduction and specification of the research question in the Introduction chapter, the chosen methodological approach of the current study will be set out in this chapter. First of all, the rationale for choosing a qualitative approach over a quantitative approach will be discussed, along with brief descriptions of each approach’s characteristics. The epistemological parameters, which frame my study, will then be outlined. This will lead to an introduction of the chosen method of my study, which will be followed by thematic analysis and description of how I had come to choosing the method over other qualitative methods. I will continue by detailing how the study was carried out, how its methodology was reflected, and how its data was analysed. The chapter will close with an evaluation of the research followed by a discussion of the ethical considerations which informed the work.

2.2 Choosing a qualitative approach

Quantitative research focuses on testing theories and establishing facts whilst qualitative research aims to understand experience as individuals feel or live it (Sherman & Webb, 1988) and explore meaning created whilst going through such experience (Willig, 2012). I chose a qualitative approach, as I believed that it would provide more in-depth, rich answers to my research question which derived from a field where there is a limited amount of available qualitative research.

In this study, participants had an opportunity to discuss their understanding of and perspectives on the notion of seeking psychological help through living in Japan and the United Kingdom whilst exploring and sharing their related experiences. I felt that this approach was coherent with the philosophy of counselling psychology, where an individual’s subjective experiences are often explored thoroughly without predefinitions or assumptions.
Another major difference between qualitative and quantitative research is that the researcher’s presence has a significant effect on participants’ response and subsequent research outcomes in qualitative research. This resembles the therapeutic relationship between a client and therapist, and I felt that my experience on the doctorate program and in various clinical placements and supervisions would be best utilised in obtaining and analysing rigorous data from interviews instead of quantitative research that would involve a data collection method such as questionnaires with scales.

2.3 Epistemological framework

Sleeter (2001) describes epistemology as referring to how people know what we know, including assumptions about the nature of knowledge and reality. Upon considering this issue, I believe that social structures, cultures, language and their interactions, in which an individual has been immersed throughout their life, are shaping our experience and consequent knowledge, and feel that this positions me within a social constructionist perspective. Social constructionist epistemology suggests that we generate meaning through creating narratives about our experiences, which in turn influence the way in which we interpret these experiences and how they impact upon us (Gergen, 1999). In this principle, the self is not an independent entity that can be commented in isolation but should be considered within certain social structures. Social constructionist inquiry is primarily concerned with elucidating the processes by which individuals come to describe their experience within the world in which they live (Gergen, 1985). Language, which is promoted as a medium by which social reality is constructed from a social constructionist’s perspective, and the self, as socially constructed personality, are argued to be the most significant factors in the social constructionist epistemology and they are also relied upon in counselling psychology practices (Neimeyer, 1998). One of the core values disciplined by counselling psychologists is to recognise social contexts and to always work in ways that empower (Division of Counselling Psychology, 2005). I am, therefore, intrigued by how one’s knowledge is created and by which cultural and social factors from the past and present may have been the resources of that knowledge. I hope to understand these processes and consequently identify the role of counselling psychology for the Japanese.
Harper and Thompson (2011) argue that “social constructionism is relativist in a number of ways with its scepticism about its direct relationship between accounts and reality, and its assumption that we do not make direct contact with the world but, rather, our experience of it is mediated through culturally shared concepts” (p. 91). This also appears to resonate with my belief that experience is a product of interpretation and negotiation, and construed with on-going shifts and changes. Furthermore, Willig (2012) argues that a researcher must warrant the status of the data as well as the status of the analysis of the data. Whilst participants’ perspectives as the research data are shaped by constructions drawn from their own historical, social, cultural and linguistic experiences, the research is also affected by the researcher’s characteristics upon data collection, analysis and write-up. Only with rigorous explorations and reflections of these characteristics and research processes, the data can communicate knowledge of the participants’ world to the world of counselling psychology and beyond. A number of qualitative research studies in the field of counselling psychology, which seek to understand the meanings that people make of their experiences, often facilitate a post-psychological approach characterised by social constructionist orientations (McLeod, 1999).

The importance of social constructionism lies in gaining an understanding of how people perceive their experiences. A social constructionist framework allows the researcher to be flexible and open whilst encouraging participants to initiate dialogue. Social constructionists are fundamentally interested in personal stories whilst being aware of multiple realities and their varying impacts on people’s perceptions, and such views form the epistemological stance of the current study.

I will take these considerations further in the next section exploring my chosen research method and the kinds of knowledge it can facilitate.

### 2.4 Research plan

#### 2.4.1 Thematic analysis

Thematic analysis is used with qualitative information and aids researchers in identifying and analysing themes across collected data whilst also enabling them to interpret a variety of aspects of the research topic (Boyatzis, 1998). It is argued to be one of the most common qualitative approaches used to analyse data in the social
sciences (Holstein & Gubrium, 1997) whilst it has been described as a tool to use across different research methods (Boyatzis, 1998). Specific processes and skills of thematic analysis, such as thematic coding, are indeed utilised in many other qualitative research methods (Ryan & Bernard, 2003) and researchers such as Braun and Clarke (2006) believe that thematic analysis should be seen as a foundational method for qualitative analysis, as they argue that a lot of qualitative analysis is thematic although it may be labelled or described differently.

Main characteristics of thematic analysis appear to lie in its flexibility as thematic analysis is independent of theory and epistemology and a range of theoretical and epistemological approaches can be applied whilst it is able to provide a rich yet complex account of data (Braun & Clarke, 2006). The flexibility of thematic analysis makes it particularly important for the utilised theoretical and epistemological framework and methodology to match the research question, in order to ensure the coherence and rigor of the research. Braun and Clarke (2006) detail various points and decisions which should be explicitly considered and made whilst acknowledging the analysis’ flexibility and emphasising the importance of ensuring the consistency throughout the research. The first point to be considered is related to what counts as a theme which should be considered prior to proceeding with the analysis. Secondly, whether to provide a rich description of the data set or a detailed account of one particular aspect should also be considered. All research involves processes of induction and deduction where themes are created and authenticated respectively (Robson, 1993). Whether themes within data are identified in an inductive way, where the data is coded without the researcher’s analytic preconceptions, or in a deductive way, where the analysis is explicitly analyst-driven, also have to be decided. The level at which themes are identified is another important decision to be made upon conducting a thematic analysis. At a semantic level, themes are identified within surface meanings of the collected data whilst underlying ideas and conceptualisations are examined at a latent level. Finally, epistemology of the research, which informs how you theorise meaning, should also be taken into consideration. The methodological decisions made for the current research will be discussed in the next section.

2.4.2 Methodological decisions
Following the guidelines described by Braun and Clarke (2006), I made the following methodological decisions prior to proceeding with the data collection of the current research. First of all, as detailed in an earlier section, my epistemological position is that sociocultural and historical processes are believed to be central to how we experience and understand our lives and how these are reflected in the narratives. Furthermore, it was noted that language would play an extremely significant role in the current research, as it is the means by which participants would attempt to interpret and communicate their experiences to the researcher. Reflecting on this epistemological stance, I hoped to have participants explore and communicate their experiences in an open and detailed manner, and in turn, I wanted to explore what could constitute as themes by analysing the collected data whilst having as few preconceptions as possible, namely in an inductive way. It was also in my interest to recognise relationships between the emergent themes whilst understanding and conveying individual participant’s experiences and insider perspectives about the world as well as analysing collective opinions from the obtained information. In order to maintain the credibility of findings, I decided to take higher order qualities into account in identifying themes, whilst acknowledging that significance is not wholly determined by frequency alone. I hoped to provide a rich description of the data set and examine underlying ideas and conceptualisations behind the obtained data.

The thematic analysis within a social constructionist epistemological framework is concerned with the detailed examination of human lived experience with the emphasis on how the experience is made sense, particularly when there is a significant impact made by the experience. It is also phenomenological as it attempts to explore experience and perspectives developed by the experience. Husserl proposed the notion of consciousness where carefully examining human experience leads to identifying essential qualities of the experience (Husserl, 1931). It is understood that when one manages to achieve this, the experience could be illuminated and understood for others and ourselves.

2.4.3 Choosing thematic analysis

The reasons why I chose to use thematic analysis within a social constructionist epistemological framework from a range of many other qualitative research methods
will be discussed next. First of all, I felt that thematic analysis would provide a systemic element to data analysis and enable me to interpret the data appropriately. Secondly, my research aim of understanding and conveying individual participant’s experiences and insider perspectives about the world whilst analysing collective opinions from the obtained information, appeared to match with the analysis with the chosen epistemological framework. Finally, I was also drawn to the creative and flexible nature of thematic analysis, which is demonstrated in various areas of its methodology including type of data, interviewing style and sample size.

Whilst acknowledging thematic analysis’ strengths and suitability to my research study, it is also important to be aware of its limitations. First of all, thematic analysis has been criticised due to an absence of clear and concise guidelines (Antaki, Billig, Edwards & Porter, 2002). However, a use of thematic analysis within an existing theoretical framework and subsequent clear analytic strategies was thought to ensure the research complexity, validity and rigor.

Along with other interpretative qualitative methods, thematic analysis is suggested to be influenced by the participant’s ability and ways to articulate their experiences and its analysis relies on the validity of language. Acknowledging the significant role language plays in some qualitative analyses, Willig (2001) argues that language is what allows them to construct a particular version of the experience and the same event can be described in different ways at a given time therefore it does not constitute the means by which we express something we think. However, what occurs between the use of explicit language should also be considered in exploring participants’ experiences. What is not being said and how the participant is physically reacting in that particular moment, in addition to what is actually being said, are equally important in a thematic analysis study and can significantly enrich the collected data.

There is a variety of qualitative research methods which was also considered for the current study. In grounded theory, a research study is designed to focus upon a particular phenomenon’s process that a researcher wishes to investigate, and to create new, contextualised theories as a result (Strauss & Corbin, 1990). In doing so, theoretical sampling is used with new data being collected until no new themes are emerging. In discourse analysis, on the other hand, the function of what is being said
is analysed on a micro level where attention is paid to the words used and not the content itself (Willig, 2001). In narrative analysis, how participants construct a past event in the stories they tell is analysed, assuming that all human experience and behaviour are meaningful (Polkinghorne, 1988). Finally, Interpretative Phenomenological Analysis (IPA) is informed by existing theoretical constructs and attempts to illuminate a particular research as well as to develop an interesting interpretation of the data with a relatively small sample size (Smith, Flowers & Larkin, 2009). I was originally considering the use of IPA for the current research. However, IPA carries a more significant phenomenological emphasis on the experiential claims of the participants (Smith, 2004) and it is primarily concerned with participants’ lived experience. I therefore felt it was not appropriate, as the key focus of the current research from the outset was on Japanese expatriates’ understanding of and perspectives on the notion of seeking psychological help through living in both Japan and the United Kingdom, regardless of their direct, lived experience of counselling or psychotherapy.

2.4.4 Data collection method

I decided to conduct in-depth interviews in obtaining a rich, first person account of participants’ experiences for the following two reasons. First of all, I wanted to play an active role in the data collection process in an attempt to ensure that I provided an environment where participants felt safe and consequently encouraged to share their honest, open and broad stories with me. I also thought that interviews would provide me with an opportunity to ask the participants to clarify and elaborate what might appear ambiguous or unclear to me. Secondly, it was important for me to have verbal communications with the participants as I wanted to explore their understanding of and perspectives on the notion of seeking psychological help and I was aware that direct experience of seeking psychological help would naturally involve an interaction with another human being, namely a therapist. Thirdly and finally, other types of data such diaries would have been difficult to access, particularly as I wished to understand their experiences over a number of years that they had spent in Japan and the United Kingdom.

2.4.5 Interview style
My original intention was to conduct unstructured interviews following obtaining their demographical information in an interview format to help them feel comfortable with me. Rose (1994) states that in unstructured interviews, the participants are encouraged to explore their experiences in the ways and orders they wish to, and the researcher does not influence the scope or depth of a participant’s responses, providing the participant with maximum control. As a consequence, it helps the researcher to obtain rich and unanticipated data, with which the inductive epistemology can be implemented. For these reasons, I felt that an unstructured interview would be most suitable for the current research. In achieving such a style of interviews, I, as an interviewer, should have perhaps had only a single question at the beginning of each interview and continued with the interview. However, I asked a more directive question - “What is your earliest memory of psychological therapy or counselling?” as an opening question for the pilot interview. Upon review of the pilot transcript, the opening question was changed to “What are your perspectives on and understanding of the notion of seeking psychological help?” which was more non-directive, open and appropriate for unstructured interviews exploring their perspectives on and understanding of the notion of seeking psychological help through the experience of living in the two countries. There was no interview schedule except for the opening question, in order to encourage participants to explore their experiences in their own way whilst the methodology allowed unexpected findings to potentially emerge. It was still expected that participants would talk about their experiences both in Japan and the UK and their perceived understanding of psychological help-seeking would have been significantly influenced by living in the UK. Typically, how participants became exposed to the notion of psychological help-seeking both in Japan and in the UK was discussed at an early stage of the interview and their previous and current views of psychological help-seeking from personal as well as social perspectives were also discussed in detail. In doing so, they frequently included stories and opinions of their family, relatives and acquaintances. More recent views tend to lean to towards positive experiences whilst earlier memories and stories often included negative experiences, which suggested changes in their perspectives of the notion of psychological help-seeking over time. I was surprised by some of the overall similarities of each participant’s perspectives although the details of their experiences were individual and unique.
It is also important to note that, following careful considerations, all interviews were conducted in English instead of the first language of the researcher and participants. Whilst multi-cultural counselling has been promoted and culture of all races and ethnicities has been increasingly considered in counselling psychology, use of a non-English language in both therapy and research has also gained attention (Padilla, Lindholm, Chen, Duran, Hakuta, Lambert & Tucker, 1991). It is argued that the delivery of psychological, educational, psychometric and health services for linguistic minorities could be negatively affected if the use of English was insisted in those services and bilingualism should be promoted in mental health services (Sue, Arredondo & McDavis, 1992). However, it is also argued that certain words and topics such as taboo words elicit more anxiety when expressed in one’s first language than the second language (Gonzalez-Reigosa, 1976) and some may find it easier to express themselves in their second language in certain circumstances. Encoding and storage of emotion words in bilingual memory and how emotions are expressed in two different languages are still to be further explored yet the importance of the ability to select the language in which one can express ideas most accurately in therapy cannot be emphasised more (Santiago-Rivera & Altarriba, 2002). In the current study, English proficiency of all participants was at a fluent or native level. However, it is most probable that there would have been a difference in their narratives if the interviews were conducted in Japanese. As the majority of their experiences in Japan and some of the experiences in the United Kingdom are presumed to have involved cognitive and linguistic processes in Japanese as their native language, interviews in Japanese may have resulted in obtaining more authentic, “true-to-experience” narratives in the original transcripts. However, conducting interviews in Japanese would have led to an additional process of translation prior to the analysis or writing process, as this research study is required to be presented in English. Not only would this have resulted in a more lengthy and potentially costly process, I believe that such an additional process would have involved the translator’s own interpretation of the original narratives prior to the actual interpretative work in the analysis process and would have consequently resulted in potentially reducing the validity of the research, regardless of whether I or an external translator completed the process. Reflecting on the points mentioned above and the aim of the current research, I felt that the current study would benefit most from conducting interviews in English and its original recorded data subsequently transcribed and analysed in the same language.
2.5 Sampling and participants

Purposive sampling, where homogeneous participants are selected, is often used in qualitative research for the identification and selection of information-rich cases whilst making an effective use of limited resources (Patton, 2002). In this research, participants were limited to adults of 21 years or older who identified their nationality as Japanese and had originally resided in Japan. They were also required to have lived in the United Kingdom for a minimum of three years at the time of recruitment. Studies have found that length of residence in a foreign country is a significant factor of acculturation (e.g. Kuo and Roysircar, 2004). However, as various factors such as English proficiency and socio-economic status also affect acculturation, it is not possible to measure minimum length of residence that an individual would require before witnessing effects of acculturation. Following deliberation, I felt a minimum of three years would be sufficient even though it was found that all participants had lived in the United Kingdom for over five years at the time of their interview. Due to the required minimum length of UK residence, the minimum age of participants was set to 21 years. However, all participants who agreed to take part in the research were over 30 years old.

Participants’ direct experience (i.e. actual attendance) of counselling or psychological therapies was not a criterion, as I was primarily interested in each participant’s unique experience of living in both Japan and the United Kingdom and how they perceived and understood the notion of seeking psychological help regardless of its sources.

I initially attempted to recruit participants through a Japanese banking organisation in London where I used to be employed prior to enrolling in the current doctorate program and was aware that there were many people who would qualify as a participant of the current study. A few current employees received an information sheet (Appendix 1) as an attachment to an electronic mail (Appendix 2). The information sheet contained the details of the study, participants’ requirements as well as my contact details with which potential participants were able to contact me to indicate their interest or ask any questions they may have had. These employees were asked to kindly pass the information sheet onto their current colleagues, former colleagues, family and friends who met the criteria and might be interested in the
study. I also distributed the information sheet to people who demonstrated interest in participating in the study after hearing about it from other people such as my Japanese friends and colleagues, in order to continue with the recruitment process. Six participants who fulfilled the requirements were found relatively swiftly. Three participants were from the bank whilst the other three participants were acquaintances of those who worked at the bank or had distributed the information sheet. I felt that a sample size of six participants, each being interviewed once, would be sufficient in exploring each individual’s perspectives on the research topic and overarching themes in detail, amongst such homogenous participants.

Whilst both male and female bank employees as well as their colleagues and friends were contacted, all the participants who agreed to be interviewed were female. Most men who were contacted said that they were too busy or did not respond to my correspondence at all. Males have been found to have more negative attitudes towards seeking psychological help compared to females (Leong & Zachar, 1999) and that is perhaps reflected in such an outcome. However, those who received the research information may have felt particularly reluctant to participate in the study due to my association with the bank or their colleagues and friends despite the information sheet emphasising the importance of confidentiality. On reflection, I believe that it may also have been helpful to contact other organisations such as another Japanese bank or a Japanese company in London as part of the recruitment process.

2.6 Procedure

Once research ethical approval (Appendix 3) was obtained from City University London, I conducted a pilot interview with one of my former colleagues, who fulfilled the research participant requirements and demonstrated interest in helping me with the study, in order to evaluate the prepared forms, and perhaps more importantly, to observe how I might be able to fulfil the role of a thematic analysis research interviewer for the first time. I chose an acquaintance of mine to take part in the pilot, as I hoped to receive explicit and frank feedback on her experience of the interview. Her feedback was that she felt comfortable enough to say all the things that were on her mind in a very laidback environment where the conversation flew smoothly, and she was surprised to be able to talk about insightful thoughts on the
subject even though she had not prepared for the interview. She told me that she had not been certain if her English would be proficient enough for the interview and perhaps some “warm-up” time prior to proceeding to talking about her perspectives on the notion of seeking psychological help might have been helpful whilst expressing that she did not understand all the English words utilised by me but felt comfortable enough to ask me to repeat a sentence or explain the meaning in Japanese. However, she also told me that she felt too self-conscious to use Japanese words herself. These points were noted and extra care was taken to ensure that all participants knew that they were able to utilise Japanese words as and when required. Following the pilot, the interview recording was transcribed. The transcript was then checked and evaluated by both myself and my research colleague. Feedback such as my slightly mechanical interview style potentially due to my first-time nerve and use of directive questions was noted whilst how the participant’s experience was explored overall was praised and I was encouraged to continue with the process. As a result, the information sheet was sent to the potential participants and was passed onto their current and former colleagues and friends. Any questions and concerns potential participants had were responded to via email or telephone.

Those who met inclusion criteria and expressed an interest in participating also contacted me via email or telephone, and scheduled a date for a face-to-face interview. Interviews took place at a convenient location for each participant such as their work place or home. In order to ensure my own safety, I had agreed to send a brief text to my colleague when I arrived at a designated interview location with a participant I had never met before and another text was sent to him when I finished the interview. We agreed that my colleague would alert the police with the address of the interview location, which had previously been provided to him, if he did not hear from me 1 1/2 hours after the initial text. However, there were no issues with any participants. Before conducing an interview with each participant, a consent form (Appendix 4) was signed to demonstrate that they understood the purpose of the research and what was required of them. Consent to audio-tape the interview and to the publication of interview material, subject to confidentiality requirements, was also included in this form. Each unstructured interview lasted between forty and sixty minutes and was completed as participants were found. Although it was relatively easy to find six participants who agreed to be interviewed, arranging a suitable time with some proved difficult due to their busy schedule. Verbatim transcription was
completed after each interview was concluded. Due to various personal reasons, there was a long delay in commencing and completing the analysis and write-up following completion of the interview and transcription process. However, this will be further discussed in the next section and the Discussion chapter.

2.7 Methodological reflexivity

Reflexivity can be described as an awareness of influences on one’s ideas and actions. In this section, the process of research and method used are reflected upon whilst how it may have affected the outcome is explored (Hardy, Phillips & Clegg, 2001). In doing so, I would like to endeavour to be as open and honest as possible about my experience, in order to best reflect on the close relationship I have formed with the research process.

My original research was going to focus on the role of counselling psychology for natural disaster sufferers such as earthquake sufferers in Japan. As it was realised that this research would prove to be extremely difficult to conduct due to organisational and access issues, I made a decision to work with Japanese expatriates in the United Kingdom to understand their perspectives on the notion of seeking psychological help through living in both Japan and the United Kingdom. It also proved difficult to give up on the original idea that had felt very important to pursue. However, the new research subject also started to feel very personal to me, as a new proposal was drafted. I had spent a few years working as a Japanese expatriate prior to realising my desire to become a therapist and enrolling on the counselling psychology course, and not only did working on a research study focusing on Japanese expatriates in completing the doctoral studies appear to be appropriate, but it also felt like a significant step of becoming a Japanese counselling psychologist who has spent a number of years in the United Kingdom.

As previously noted, all interviews were conducted in English, in order to make the transcription and analysis process as effective and efficient as possible. Whilst participants were explicitly asked how they found speaking to another Japanese individual in English at the end of their interviews, it was clear that the interview process also had an impact on myself as an interviewer. I am a Japanese national whose native language is Japanese. However, I believe that I am able to express my
personal feelings and issues in a more direct and honest manner when speaking English. Consistent with findings of previous research (e.g. Harris, 2006), I felt I was able to express myself better in English in interviews, which dealt with topics that may be perceived to be uncomfortable, and ask participants more questions than I would have been able to in Japanese. In addition, I often feel more free to be what is thought to be myself in front of my non-Japanese friends or colleagues that I have met since leaving Japan, as I was not open about my sexuality when I was in my home country. I often find myself being more introverted, formal and conservative when speaking Japanese to my Japanese friends in both Japan and the United Kingdom and thus people may perceive me as a very different person from how I am perceived by my non-Japanese friends. I therefore felt quite comfortable interviewing participants in English. Just like myself, each participant who agreed to participate in the current study came with different history and required thorough understanding, in order for them to explore and share their experiences in a manageable yet effective manner. Regardless of their individual history, however, I believe that my being a fellow Japanese expatriate helped the participants to explore their perspectives on the notion of seeking psychological help in a manner they may not have been able to with a non-Japanese interviewer.

Although there was a slight sense of embarrassment in conducting an interview in English with those who were already vaguely familiar to me through my previous career path at the beginning, such a sense faded quickly. I initially chose to include these familiar participants, as it helped me to find participants who fulfilled requirements promptly. Prior to conducting interviews, I was slightly worried if those who knew about me would be able to speak freely in the interview. However, I believe that these participants were able to speak openly and honestly after I emphasised the importance of confidentiality and once we overcame the initial sense of embarrassment of speaking English, as there appeared to be no strong sense of formality between us. On the other hand, it perhaps took participants, who were not familiar with me, a longer time to become able to talk about their perspectives more openly perhaps due to such a sense of formality. However, I endeavoured to remain warm and inviting with all participants with the use of close eye contact, friendly verbal communication as well as open body language and feel they all felt at ease shortly after the commencement of the interview. I also became very mindful of the different identities and personalities I project in speaking a specific language. For
example, I am particularly aware of the importance of age and a consequent formation of a hierarchical relationship within Japanese culture (Marsella, 1993). Due to this hierarchical relationship that is expected to form between two Japanese individuals, a different form of the Japanese language tends to be used if a Japanese person is speaking to another Japanese person who is significantly older or younger. With the changes in the language form, one’s questions, answers and other communication means can also be altered significantly. I therefore feel it is important to be aware that conducting interviews in Japanese instead of English may have resulted in obtaining a slightly different set of data and consequent results.

The process to complete transcription, analysis and write-up ended up taking me an extremely long time altogether. My reluctance to engage in the process for such a long time was originally developed through my family circumstances, which forced me to travel internationally and extensively over a year. However, perhaps more importantly, I became uncomfortable with the notion of seeking psychological help and doubtful of my future career as a counselling psychologist, as I interviewed my fellow Japanese expatriates, some of who displayed uncertainty and discomfort in dealing with the notion of seeking psychological help and mental health. I consequently felt detached from the whole research process and perhaps looked out for any other engagements to be made instead. In addition, I was met with further obstacles when a decision was made to change my chosen analysis for the current research. However, I was finally able to make sense of the change and clarify the consequent processes both in my mind and in writing thanks to my supervisor’s guidance, further reading and my family’s emotional support.

Further thoughts on the process of feeling discomfort and uncertainty by both participants and myself and how that may have impacted on the research will be discussed in the Analysis and Discussion chapters.

2.8 Analytic strategy

In the majority of qualitative research, the analytic focus is considered to be of particular importance. In thematic analysis within a social constructionist epistemological framework, its analytic focus is directed towards participants’ attempts to make sense of their social and cultural experiences. Whilst describing
that principles of thematic analysis can be applied flexibly, Braun and Clarke (2006) outline six phases of analysis in an attempt to guide novice thematic analysis researchers. An account of how the researcher thinks the participant may be thinking can be utilised as interpretations of how the participant makes of a lived experience in thematic analysis, and I decided to utilise the following strategies. They were modelled on Braun and Clarke’s six phases and hoped to allow me to be as reflective as I could be.

Step 1: Familiarising yourself with your data

Following an interview with a participant and completion of its transcription by myself, I listened to the audio-recording of the interview whilst reading the transcript in an attempt to have the participant become the focus of analysis. Notes were made when ideas arose in doing so. I repeated reading and made further notes where applicable. This process allowed me to revisit the interview and how it was experienced by the participant, whilst becoming more aware of the development of narrative within the interview.

Step 2: Generating initial codes

In this step, I made notes and comments for anything that came to my attention in reading the transcript and consequently becoming familiar with it. The way the participant conveyed their experience and world in the interview was explored and interpreted by observing their descriptive, linguistic as well conceptual comments. Descriptive comments captured the content of what the participant actually said whilst linguistic comments focused on the use of language used, and conceptual comments assessed the participant at a more interrogative and conceptual level. All the exploratory comments were written in the right hand margin of the transcript and sample transcript can be seen in Appendix 5.

Step 3: Searching for themes

Analysis of the exploratory comments to identify themes took place in this step. This was achieved by producing a concise statement of what is important in the comments, which was affected by both participant’s words and the researcher’s
psychological interpretation. All the emergent themes were written in the left hand margin of the transcript. I started to think about the relationship between codes, between themes and between different levels of themes in this phase, too.

Step 4: Reviewing themes and identifying connections across them

The next step was to organise the emergent themes and develop a list displaying the relationship between them. Various techniques were utilised in an attempt to make the analytic process as effective as possible. Patterns were identified between emergent themes, and over-arching themes were grouped and a new name was developed for the group. Several emergent themes were put together to acquire a super-ordinate theme whilst differences between emergent themes were examined in order to highlight related themes and analyse them at a higher level. Contextual or narrative elements were also identified and a connection with themes was made. The frequency a particular theme was recognised was also looked at. Finally, emergent themes were reviewed and what type of function they fulfilled within the transcript was identified. All the techniques were not only utilised mutually exclusively but at times interactively in order to develop a new “sub-ordinate” theme.

Step 5: Defining and naming themes

This step involved looking for patterns across the whole data and I provided each group of themes with a relabelled “sub-ordinate theme” that I felt ultimately summarised the group. Whilst it is said that a number of instances of the theme across the data set should ideally be present, a higher frequency of the theme does not necessarily mean that the theme is more important or crucial (Braun & Clarke, 2006). However, some qualitative researchers argue that recurrence across cases is important when considering the credibility of findings and high frequency themes are often explored in depth (Joffe, 2011). Following careful consideration of the above points and subsequent analysis, a master table of themes (see Appendix 6) was created where all the recurrent themes happened to appear in at least half of the cases although this was not an inclusion criterion.

Step 6: Producing the report
The final step of the analytical strategies was to present the analysed data in the write-up. It was required to be a concise, coherent and interesting account of the story the analysis provided.

### 2.9 Evaluation of research

Validity of research indicates how well the research has been carried out and whether the findings can be regarded as useful and trustworthy, and measuring validity of qualitative research can be particularly challenging whilst its importance cannot be ignored (Yardley, 2008). In this section, I will describe the four categories of essential qualities in good qualitative research proposed by Yardley (2000) and use them as guidelines to evaluate validity of the current research whilst reflecting on these qualities may be demonstrated within the research.

The first quality is “sensitivity to context” where awareness of the relevant literature and previous empirical studies is required, first of all. Awareness of socio-cultural setting is also important, as language, social interaction and culture are understood to play a pivotal role in all phenomena. Furthermore, awareness of the relationship between researcher and participant must also be considered, as the researcher’s interpretation of information given by the participant forms a significant part of the research. In considering these issues, a number of actions were taken. Relevant literature was carefully searched and linked in the Introduction section whilst the theoretical principles, which formed the basis of this research, were detailed in the Methodology chapter. Socio-cultural setting and its influences were considered throughout the research and detailed in the write up of all the chapters whilst considering the social constructionist perspective underlying the research. The relationship between the researcher and participant was also considered throughout the research and its effects were explored in the Methodology, Analysis and Discussion chapters including the reflectivity section where they were more evident.

Sensitivity to participants’ perspectives was also highly considered. For example, participants were given a choice of interview location that suited them maximising privacy, security and accessibility, as the perspectives and position of participants were believed to influence whether they felt able to take part and express themselves.
The second quality proposed by Yardley (2000) is “commitment and rigour”. Commitment is displayed in prolonged engagement with a topic and the development of competence and skill in the method. On the other hand, rigour is witnessed when the data collection and analysis are wholly completed to a high standard. In the current study, I aimed to address these issues in various ways. I attended the qualitative research group meetings where I was able to improve my understanding and skills in qualitative research work, practise the work of analysis and exchange ideas whilst reading about its theory and studies. During a 3-month stay in Japan to attend family matters, I talked to various Japanese people about the notion of seeking psychological help informally to gain an understanding of how they perceive psychological help-seeking today, whilst reading about Japanese culture and counselling psychology in a variety of publications in Japan. In addition, I sought further opportunities to see Japanese clients in clinical placements. I made every effort in ensuring that my data was complete and interviews provided rich personal accounts of a sufficient number of participants. Extra care was taken in the analysis process to address the variation and complexity of each participant’s narratives and to ensure completeness of interpretation. This was followed by a research colleague’s independent check of themes to ensure that the analysis was not confined to one perspective.

“Transparency and coherence” is the third essential quality suggested by Yardley (2000). I aimed to present the research as clearly and cogently as possible throughout and to provide a strong fit between the research question and the epistemological perspective, and the method implemented and analysis undertaken in the study. In presenting the analysis and empirical data, all aspects of data collection were detailed in the Methodology chapter, many excerpts from the interviews were presented and comprehensive access to data was provided through samples in Appendices. I also endeavoured to disclose all relevant aspects of the research process, in addition to the concrete aspects of the procedure such as the recruitment process. This is discussed in the Reflexivity section of both the Methodology and Discussion chapters where how my intentions, actions and motivations for the research may have affected the product of the research investigation was detailed.

Yardley (2000) proposes “impact and importance” as the fourth and final essential quality demonstrating valid qualitative research, and the usefulness of research can
be assessed in relation to the objectives of the analysis, the intended applications and the community the findings are relevant for. She also suggests research should make a significant impact socio-culturally. As detailed in the Discussion chapter, the current study proposes a new potential way of making psychological help become more accessible amongst Japanese people through the analysed data of the participants’ perspectives on and understanding of the notion of seeking psychological help through the experience of living in both Japan and the United Kingdom. The study findings are believed to be useful for both practitioners and policy makers who work with the Japanese and to be of benefit for Japanese people in general. At the same time, the current study recognises its limitations and suggests questions for further research and ways of reaching specific populations such as Japanese males who may find it extremely difficult to seek psychological help even though they may be more susceptible to certain mental health disorders. I hope to utilise this study as a platform to present further challenging perspectives of counselling psychology with the Japanese and develop new approaches in the future.

High quality qualitative research can be evaluated using the above four qualities demonstrating research with good validity and I endeavoured to evaluate the current research accordingly in this section. In the next section, how I approached ethical issues raised by the current study will be detailed.

2.10 Ethical approach

Ethical research with a great deal of care for the participants must be conducted and the British Psychological Society has outlined ethical principles as well as guidelines for research in helping us to ensure this (British Psychological Society, 2009). Whilst we tend to just focus on the actual interviews upon thinking about ethical issues, it is suggested that potential ethical concerns can arise throughout the entire research process (Kvale & Brinkmann, 2009). Although my research was unlikely to cover overly sensitive topics, I was particularly aware of my role as a researcher and interviewer as well as a representative of Japanese trainee counselling psychologists and psychological therapists. This resulted in my increased sense of responsibilities to deliver a meaningful piece of research for not only the field of counselling psychology but also for the Japanese community in general, in addition to the more practical
application of ethical standards that was ensured within the design and implementation of the research.

Firstly, it was imperative to keep the anonymity of participants throughout the whole process. After conducting and transcribing interviews, transcripts were labelled using pseudonyms and it was ensured that participants’ full names and any other information that would reveal participants’ identities were not present. The electronic files were then locked under a password on my computer. Recording files and signed consent forms were kept in a secure cupboard at my house. Participants were briefed on the importance of confidentiality and anonymity prior to signing the consent form and proceeding with the interview.

Secondly, participants were also made aware that they could terminate the recorded interview at anytime if they felt that they did not want to continue. In addition, we held a short debrief session following the interview where I asked them how they found the interview and whether they had any questions or concerns prior to presenting a debrief form (see Appendix 7) to them. No participants expressed any wishes to terminate the interview or demonstrated any overwhelming or low feelings during the debrief session. As a qualitative researcher and psychological therapist, I attempted to be observant of non-verbal communication and utilise my skills to examine mental health status, but there appeared to be no sign of strongly distressed feelings or obvious abnormalities in any participants. During the debrief session participants were reminded of the purpose of the research study and how their interview would be transcribed, analysed and explored in the process. They were also reminded that they might wish to contact their GP or Samaritans, or check the British Psychological Society website for directory of chartered psychologists if they experienced any distress as a result of taking part in the research study and wished to seek psychological support. Finally, they were informed that they could contact myself or my supervisors for any questions, concerns or complaints at anytime, using the contact details on the debrief form.

Ethical issues remained an important part of the study in completing the write-up. Further to the aforementioned anonymity issues, I made every effort to interpret each participant’s data as authentically, comprehensively and reflectively as possible, in order to conduct ethical research.
3. Analysis

3.1 Overview

In this chapter, I will firstly outline the super-ordinate themes which have emerged from participants’ narratives. Constituent themes of these super-ordinate themes will then be exemplified with the use of participants’ quotes but without theoretical literature, in order to illustrate the participants’ perspectives as authentically and organically as possible. Whilst doing this, I endeavoured to make interpretations of participants’ account and make connections between themes, in order to best present the perceptual content of the narratives.

3.2 Super-ordinate themes and constituent themes

Four super-ordinate themes emerged following completion of the analysis on the interviews as follows:

A. Exposure and consequent reactions  
B. Creating personal distance from the notion of seeking psychological help  
C. Societies and self  
D. Developing current personal perspectives

The constituent themes emerging from the super-ordinate themes were:

A. Exposure and consequent reactions

   I. Perceived lack of exposure  
   II. Exposure in original context – forming negative perceptions  
   III. Exposure in host context – diminishing negative perceptions

B. Creating personal distance from the notion of seeking psychological help

   I. A sense of out of ordinary and consequent fear
II. Not for me but maybe for others
III. Discomfort and embarrassment
IV. Formed image of mental health sufferers
V. Expensive and Posh

C. Societies and self
I. Negative perceptions of personal disclosure
II. Positive perceptions of personal disclosure
III. Feelings for service accessibility

D. Developing current personal perspectives
I. Curiosity
II. Uncertainty
III. Importance of talk

3.3 Exposure and consequent reactions

How participants presented their exposure to the notion of seeking psychological help in their interviews was firstly noted and examined in the analysis, and in turn became a super-ordinate theme itself. This super-ordinate theme shows participants’ perspectives of how they became familiar with the notion of seeking psychological help in the two different places of residence - Japan and the United Kingdom, and their subsequent reactions. There are three different constituent subthemes within this super-ordinate theme: 1. Perceived lack of exposure, 2. Exposure in original context – formation of stigma and 3. Exposure in host context – diminishment of stigma. The first theme explores the participants’ reactions demonstrating their lack of familiarity with the notion of seeking psychological help and related thoughts whilst they lived in Japan. The second theme, on the other hand, considers participants’ exposure to the notion of seeking psychological help and consequent experiences in Japan and how they may have affected their largely negative perceptions. Finally, the third theme addresses how the participants have become familiarised with the notion of seeking psychological help in the United Kingdom, how mental health
services are understood to be placed and how they feel that may have affected the ways they perceive psychological help-seeking in a more positive manner.

3.3.1 Perceived lack of exposure

An initial question, which asked participants what their perspectives on the notion of seeking psychological help through the experience of living in Japan and the United Kingdom were, prompted them to respond in various ways. Wakako, along with two other participants, wanted to talk about their early perspectives and experiences first and expressed that it was not something she readily thought about whilst in Japan.

Mmmm…. Maybe I only became aware (of counselling) since I came over here. I didn't really [...] [long pause]

(Wakako: 1, 4 - 6)

Wakako’s first reaction to my question was made in a very hesitant, almost embarrassed manner, followed by a very strong and seemingly apologetic reaction, which had been made in response to my comment stating that she did not really know anything about counselling, demonstrating her disbelief of not having known about counselling.

[Interrupts animatedly] Erm, it’s really shocking. I didn’t really think about it [appears to be very apologetic].

(Wakako: 1, 10 - 11)

When I attempted to reassure her by saying that was not a problem at all, she appeared even more apologetic and reiterated her lack of knowledge with a long pause at the end.

I don’t think I did know about counselling [long pause]...

(Wakako: 1, 13 - 14)

Her apologetic manner perhaps reflected how much she felt she wanted to make a valid contribution as a participant. Such desire of hers was demonstrated throughout the interview where she kept apologising for not knowing about psychological counselling as much as she believed she should. This may also have been due to her
lack of direct experience with professional psychological help-seeking, as she appeared to feel more at ease when I reiterated that the interview was about her perspectives on the notion of seeking psychological help through living in the two different countries and she could talk about anything that was related to seeking psychological help as a concept. Furthermore, she asked me whether she had been “an okay participant” (Wakako: 29, 9) right at the end the interview displaying her further wish to have been a participant with significant input.

A total of three participants initially expressed their lack of knowledge on psychological help-seeking (e.g. “I guess when I was in Japan I didn’t really know much about it” (Keiko: 3, 18 - 20)) and admitted that it was not something that had crossed their mind often (e.g. “Never really thought about this (counselling), about it to be honest” (Namie: 8, 16 - 17)) when they used to reside in Japan. They all seemed quite reserved, uncertain and somewhat embarrassed and spoke with a quiet voice when making these comments. However, it also turned out that they were able to tell me a lot about the notion of seeking psychological help and mental health in Japan at a later stage of the interview. It seems that these participants appeared less knowledgeable and experienced about psychological help-seeking and its notion for the following possible reasons. First of all, these comments were made at an early stage of the interviews therefore it can be said that the participants were still very nervous and not as expressive or confident as they became at a later stage. Secondly, it can be understood that their reactions perhaps originated from their awareness about psychological therapies that they now hold and their consequent embarrassed feelings towards their lack of awareness in the past. Thirdly, they may have wished to appear less experienced and knowledgeable due to negative perceptions of psychological help-seeking they had whilst they lived in Japan. Finally, they may have felt pressure to say positive things about counselling because they knew I was a psychologist, and may have chosen to say few negative things instead.

In the next section, participants’ exposure to the notion of seeking psychological help and their consequent perceptions developed in Japan will be explored.

3.3.2 Exposure in original context – forming negative perceptions
Although three out of six participants stated that they had hardly been exposed to and barely interested in the notion of seeking psychological help whilst in Japan as detailed in the previous section, the majority of participants, including these three participants, eventually talked about their exposure to the notion of seeking psychological help in their home country, Japan.

Three participants made a reference to a counsellor in a school or university setting as their initial exposure. Keiko, one of these three participants, appeared to perceive her secondary school counsellor as someone uninteresting that was to be avoided.

There was a counsellor at my school, where... [pause]
I used to go to this girls’ school; junior high and high school was all girls, the same school and there was this in-house counsellor, but I never went to see her.

(Keiko: 4, 7 – 4, 18)

She then went on to describe her understanding of the counsellor’s role nervously.

[Laughs] If you had something... I don't know. There was a group of girls who were very close to the counsellor. They went to her room to hang out with her quite a lot, but I was never one of them!

(Keiko: 4, 23 - 5, 2)

Keiko’s lack of interest in the school counsellor and her desire not to be associated with her are evident in the above excerpts. Her laugh, which was produced upon being asked what her understanding of the counsellor’s role was, and subsequent response can be interpreted on two different levels. Firstly, it perhaps suggests that there was a sense of embarrassment in not having a clear answer to my question. That may explain why she began providing an answer followed by her statement that she did not know. It also seems that it was very important for her to let me know that not only was she not associated with the counsellor herself, but she was also never linked to those who were close to the counsellor in a social setting.

On the other hand, Hitomi recalled that her initial exposure to counselling occurred in higher education, as there was a course that offered training in counselling for children as a brand new module then.

I first heard about counselling at university.
However, she also commented that she did not remember the details of training or how she felt about it, as she was not enrolled on such a course.

To be honest, I don't really remember. I wasn't, I wasn't in that, in that course. [laughs]

Hitomi’s laugh at the end of this comment perhaps indicates that she was embarrassed about not remembering much about her initial exposure. At the same time, her initial exposure appears to have been an uninterested and disengaged experience similar to Keiko’s. There was also a sense that she was not keen on continuously discussing this experience, as she harshly and brazenly made the following comment.

I'm not trained for that...!

Yuki appears to have become familiar with counselling much earlier when she was offered the service at school when she recalls to have been 10 or 11. However, her fear of something unknown, as she was being offered directly to attend counselling which she was not at all familiar with the concept of, appears to have resulted in her not wanting to engage in it, then declining the offer.

At the time I wasn't really aware of what counselling was about and also meeting someone that I didn't know was quite scary.

The notion of a stranger coming to see her and talk to her was seemingly intimidating enough for a relatively small child to react in such a way.

All three participants above were introduced to the notion of psychological therapies and counselling in very different ways in a school or university setting. However, their initial reactions appear to have been similarly not at all welcoming or enthusiastic, as they seemingly had negative perceptions that psychological therapies were to not be associated with, uninteresting or even scary.
Other two participants’ initial exposure to the notion of seeking psychological help was made through another individual in their private life. Wakako said that she first became familiar with psychological therapies when she learnt that her neighbour was receiving psychological therapies.

When I was little, a person who lived behind us went “mad” after he’d gone to live in Africa for work. After he came back, he was totally, totally mad. He shouted from the window to us and he threw things away from the window. He couldn’t go out of his house, but we could tell how mad he was. And he went to hospital and he had medication, I think.

(Wakako: 2, 13 - 25)

In her use of the word “mad” upon being asked to talk about her perspectives on the notion of seeking psychological help, Wakako seems to indicate that she felt counselling was only for extreme mental health difficulties. Moreover, the strength of her perception seems to be emphasised by her use of the words “totally” and “completely” prior to “mad”. Both extreme adjectives were also repeated to even further emphasise her perception that appears to have been formed from an astonishing experience of witnessing her neighbour apparently “going mad”. Moreover, she looked extremely animated with widely open eyes, big hand and arm gestures upon telling this narrative to me. It almost felt as though she was revisiting the strong, shocked feelings she experienced the first time.

Namie, on the other hand, talked about becoming aware of counselling through her friend who wanted to become a counsellor in the future and repeatedly talked about her dream as well as her future career. Upon being asked how she felt upon hearing about her friend’s desire, she nervously indicated that she took it as a matter of fact.

Erm... Mmm... I, I just thought, "Ok, she wants to be a counsellor", but also why...?

(Namie: 2, 16 - 20)

The first part of this comment suggests a very neutral reaction, perhaps also a little uninterested and disengaged. However, it seems that Namie actually questioned her friend’s career choice, as she appeared to emphasise on the word “why”, looking uncertain yet almost amazed and shrugging her shoulders. It appears that there were slightly negative feelings towards her friend’s career choice or the notion of
seeking psychological help itself, or even perhaps she was unable to understand the reasons why her friend wished to become a counsellor.

In summary, five categories to show how participants were exposed to the notion of seeking psychological help in the original context in Japan were identified as follows: 1. Becoming aware of a school counsellor and her students, 2. Being offered therapy, 3. Witnessing someone with serious mental illness, 4. Having a friend who wanted to become a counsellor and 5. Becoming aware of a counselling course at university. Whilst the circumstance in which participants encountered the notion of seeking psychological help was different for each participant, all narratives detailing such an experience were found to be either negative or neutral. Three participants talked about reacting to their initial exposure to the notion of seeking psychological help in a negative manner whilst two recalled a disengaged, unresponsive reaction with a less explicit sense of negativity to their first contact.

### 3.3.3 Exposure in host context – diminishing negative perceptions

Participants also talked about their initial exposure to the notion of seeking psychological help in the United Kingdom in various ways. For three participants, more prominent presence of psychological help-seeking in the United Kingdom became evident through media. Wakako explained her shock upon reading a Japanese newspaper published in the United Kingdom.

> It caught my eye because I had never seen such an advertisement (for professional psychological help) in Japan before. So I was really shocked... If it’s there, that means that there are a lot of people who need that kind of service. So, it was quite shocking to see it there, in Japanese newspaper!

(Wakako: 5,11 - 18)

Wakako’s perception of counselling whilst she still resided in Japan was that it was for extreme medical cases, as per the excerpt from her interview detailed in the previous section. It therefore appears to have been extremely surprising for her to come across an advertisement for psychological therapies in a Japanese newspaper published and read by many Japanese expatriates here in the United Kingdom. It also seems that the existence of such an advertisement made her assume that there was a surprisingly great demand for such a service in the host context. For her, even
to see the word “psychological help” in a regular, public domain such as a newspaper was seemingly a shock, perhaps largely due to the negative, extreme image that she had previously associated psychological therapies with. She explained her reaction in an animated manner emphasising the words “Japanese newspaper”. This suggests that her shocked feeling was perhaps increased by the newly perceived normalisation and demand of counselling services by none other than the Japanese community in the United Kingdom that she now belonged to.

Namie, on the other hand, talked about celebrities who discussed attending psychological therapies and demonstrated her curiosity in such a trend here in the United Kingdom.

Celebrities are always talking about it (seeing a therapist).

(Namie: 20, 8 - 9)

Hitomi described her perception that the majority of American people in TV dramas were in therapy, as an example upon describing her exposure to the notion of seeking psychological help in the host context.

...in my image it's more like an American thing like on TV dramas... ...Yeah, everybody has it (shrink) and then that's sort of your standard, you know...

(Hitomi: 2, 4 – 8)

They both sounded extremely fascinated by such perceived trends although they had previously demonstrated very little interest in a friend and courses which were related to counselling and psychological help-seeking in the original context. Not only did the ways they spoke become more dynamic and engaging, their body language appeared to become more animated and excited.

All three participants above appear to have been particularly struck by the wide use and talk of psychological therapies in the UK media, as they claimed they had never experienced such a phenomenon when they were in Japan. Although the participants’ reactions to the exposure varied from shocked to curious, it is evident that there became a significant shift and difference in the overall perceptions of psychological therapies amongst these participants, as they began to recognise the greater presence of psychological therapies through various media outlets. They seem to
have moved from “negative” and “extreme” to “more talked about” and therefore perhaps more “acceptable”.

Three participants discussed their friends who have engaged with counselling or psychological therapies either as a client or a student studying the subject. Keiko expressed her understanding of the process where she began to “lose her prejudice” in the host context.

[…] it seemed like it was normal for people to go see counsellors; it was something quite normal, and also one of my good friends I studied with, she told me she did have some counselling. Maybe that also helped me lose my prejudice.

(Keiko: 13, 26 – 14, 4)

It appears that her good friend telling her that she had received counselling helped her to “lose prejudice” where she had previously thought that.

[…] people regarded it as something for sick people.

(Keiko: 13, 14 - 16)

For Keiko, it seemed to feel it was normal for people to go see counsellors through such exposure in the host context and she seemed pleased and relieved in conveying the process she had gone through to me, whilst other participants also talked about their friends’ experiences with a certain degree of curiosity and fascination.

I have friends that studied, you know, counselling and things, so people, my friends told me things. Generally what happens in therapy and, or what kind of therapy that was offered. […] I think it’s very interesting.

(Yuki: 16, 6 – 22)

The majority of participants appear to have described their exposure to the notion of seeking psychological help in the United Kingdom in a very different manner that was less extreme, more common, in the public eye and interesting. As a consequence, many participants also seem to think that they have developed altered perceptions towards the notion of seeking psychological help and those who require professional psychological help in the United Kingdom. Exposure through media and friends seems to have had a significant influence on this.
In summary of the first super-ordinate theme and its subthemes, it can be said that in the first instance, many participants appeared that their previous knowledge of and experience with the notion of seeking psychological help in Japan were minimum. However, they soon seemingly became able to reconnect with the actual experiences from Japan and subsequently described their perspectives on them to me. It can be argued that some participants may not have wished to appear that they had been greatly exposed to or associated with the notion of seeking psychological help due to their own negative perceptions towards it or perspectives that it was seen adversely in the original context. The participants’ initial reactions following their exposure to psychological help-seeking in Japan appear to have been unenthusiastic, disengaged or even scared, as the notion of it did not seem to feel close or personable to them. On the other hand, the participants appear to have reacted to their exposure to the notion of psychological therapies and counselling in the United Kingdom in different ways. As the participants were exposed to the notion of seeking psychological help through the media, and friends and celebrities that had experienced them directly, they seem to have begun perceiving them as more common and normal, and seemed to become more interested in and curious about the concept overall.

3.4 Creating personal distance from the notion of seeking psychological help

The second super-ordinate theme captures participants’ sense of disconnection with and personal distance from the notion of seeking psychological help. Five different subthemes within this super-ordinate theme have been developed, in order to demonstrate various ways participants conveyed their perspectives on the matter: 1. Out of ordinary, 2. Not for me but maybe for others 3. Discomfort and embarrassment, 4. Image of mental health sufferers, and finally 5. Expensive and posh. The first subtheme explores participants’ perspectives on the notion of seeking psychological help that felt not so ordinary and rather alien, which appear to have been developed through living in Japan. The second subtheme considers factors that seem to fail to connect participants to the notion of mental health and psychological help-seeking on a more personal level. The third subtheme explores participants’ sense of discomfort and embarrassment that was transmitted during the interview in various forms. Images of mental health sufferers participants have developed and how they may have affected the way they perceive the notion of seeking
psychological help are then discussed as the fourth subtheme. Finally, the fifth subtheme addresses participants’ formed perception of psychological therapies as expensive and posh, which in turn appears to alienate some.

3.4.1 A sense of out of ordinary and consequent fear

Four out of six participants described psychological help-seeking as something that may only be utilised for not so usual situations in the original context. Keiko made the following statement.

When I was there I think it wasn't so common for people to go see therapists, so, it was something out of the ordinary.

(Keiko: 3, 22 - 4, 2)

She appeared to emphasise the words “out of ordinary” with a subtle facial expression and hand gesture which appeared to seek my agreement.

A strong sense of “out of ordinary” was perhaps best expressed in Wakako’s use of the words “totally, totally mad” (Wakako: 2, 15) in describing her neighbour when she was first asked about her perspectives with the notion of seeking psychological help through living in Japan and the United Kingdom. Whilst there was a strong sense of empathy as well as sympathy that was evident in the tone of her voice and her facial expressions, the comment below was made seemingly questioning the neighbour’s lack of strength as well as the circumstances he had been in for becoming mentally ill.

[…] a person who lived behind us went mad after he’d gone to live in Africa for work. After he came back, he was totally, totally mad. I don’t know what happened to him there, as he used to be an intelligent, strong boy.

(Wakako: 2, 13 – 19)

Wakako also stated the following in a seemingly terrified manner.

My understanding of counselling or that kind of thing for me was just places for mad people, completely, completely mad.

(Wakako: 2, 22 -25)
Her use of the word “mad” for the second time within the interview appears to have explained that her idea of psychological help-seeking was strongly associated with those who had extremely serious mental health issues. This was accentuated with her repeated use of the word “completely”. The way she expressed the above line was very animated and her strong feelings, including fear and disbelief, which were associated with the notion of psychological therapy at the time, were perhaps projected here. On the other hand, Keiko appeared to be quite withdrawn and uncertain upon providing me with her descriptions that seemed to portray how uncommon and foreign she felt towards the notion of seeking psychological help at the time and this was perhaps reflected in her apparent wish to seek agreement.

Although she was offered to attend a therapy session in the past, Yuki felt very uncertain about it and did not take up the offer.

I was offered the service when I was quite young, when I moved to Japan, but I wasn’t, I didn’t know what it was about, I felt scared. I said no. So I never received the services.

(Reina: 3, 14 – 4, 6)

For Yuki, it appears that the notion of talking to a stranger felt too unknown and unfamiliar, and consequently very scary at such an early age. This seemingly resulted in declining her school’s offer for her to attend therapy. Although she calmly said that there was no strong memory associated with this episode, it appears that this process felt too “out of ordinary” for her to consider engaging in.

Reina, on the other hand, talked about how she witnessed her clients feeling worried about having to go and see a psychiatrist when she was working as a health care professional in Japan.

I think that time it was only available, it’s not psychologist, but just psychiatrist, yeah? So, I think patient-wise, they were kind of scared of seeing them because they feel like “I’m going mental” - that’s why they want me to see that doctor?“.

(Reina: 18, 2 – 8)

Reina appears to have only described her former patients’ perceptions that seeing a psychiatrist, who was the only health care professional at the hospital patients were referred to see when they had psychological issues, was out of ordinary and therefore
scary. Her empathic and concerning manner in describing the environment in which her patients used to be in, however, appears to have brought a sense that she also felt very similarly about the matter personally.

In summary, three participants described psychological therapy in Japan as something to be utilised only in out of ordinary situations. One participant explained that her patients also had such perspectives whilst she appeared to be in agreement. The majority of these participants also expressed a sense of fear that was associated with the notion of seeking psychological help which appears to have stemmed from the feeling of “out of ordinary”.

### 3.4.2 Not for me but maybe for others

Not only did some participants feel that psychological therapy was utilised only in out of ordinary scenarios in the original context, more participants seemed to feel that psychological therapy was not required by themselves, but perhaps by other people.

First of all, Namie talked about her experience with the psychiatric assessment she had to undertake prior to being sent to the United Kingdom as an exchange student and what it was like for her.

> I did not expect it, I mean, I had to answer those questions. But, when I saw I thought it was understandable. They should probably do it. But I personally never thought about it and I wasn't expecting I would be facing an sorts of difficulties abroad so I personally thought I didn't need it but I thought some people might need it and had to do it. That's fine.  
> (Namie: 5, 1 – 10)

She continued to talk about her experience of working in a mental health clinic where she worked as a part-time receptionist.

> I was just thinking [laughs] people might be quite sensitive. Yeah [pause]... Or [pause]... Yeah, I thought they might be a quite sensitive soul. Erm... It, maybe things they are worrying about or, you know, having anxiety might be something that I don't really feel anything... I wouldn't take that sort of situation as stressful. I won't take that situation as stressful as they do, obviously. I don't know... Maybe they hear it in a different way....  
> (Namie: 11, 20 – 12, 2)
Namie appeared to talk very assuredly about professional psychological help-seeking being something she will not require although she also said that she felt that it was beneficial for those who might be facing a difficult challenge ahead of them or might be very sensitive and struggle with stressful situations generally. However, this comment was made with what appeared to be a nervous laugh. Together with her strong reaction in agreement (“Yes! Yeah, yeah!”), following my comment stating that her experience at the clinic may have felt quite alien, it can be suggested that she herself struggled to relate herself to the circumstances in which she was surrounded by mental health sufferers. Her need to make sure that she appeared to be someone that should not require psychological help may have been a result of her rather uncomfortable relationship with its notion.

Hitomi gave a similar statement to Namie’s upon being asked what made her want to go to a psychological therapy session, as she had previously discussed her interest in seeing a therapist.

So... Well, I'm not very kind of depressing... Getting easily depressed type of person, so I never thought I'm gonna be seeing any counsellors like other people [laughs], yeah.

(Hitomi: 4, 26–30)

Despite her earlier explicit wish to see a therapist in the future, she seemed to believe that a “non-depressive” person like herself did not require therapy, unlike some others. However, her laugh upon making this statement perhaps implied that she may not have been too certain about or comfortable with what she was verbalising about herself or others. Nonetheless, it can be said that Hitomi would also like to think that psychological therapy was something that might be perhaps more significantly required by others compared to herself, in a similar manner to Namie.

For Reina, help and support within health care organisations and charities appeared to be widely available in the United Kingdom and she felt this has resulted in a better understanding of mental health amongst the general public over here. However, when she was asked how that had impacted the way she felt about mental health and psychological help-seeking, she quietly made the following statement.

I can't really think if it's helping or not.... Not sure [long pause]...

(Reina: 20, 11–13)
Reina appeared to be able to observe, envision and appreciate the growing relationship psychological help-seeking and other people might have had very well even though it seemed far more challenging for her to describe the dynamic she had experienced with the notion of seeking psychological help and her subsequent perspectives on it.

Wakako’s comments on what she thought about counselling today perhaps signified the difference in how her perception of the notion of seeking psychological help had changed since when she used to reside in Japan and associated it with words such as “mad”.

> It is very helpful for people who are struggling, but [long pause] ...

(Wakako: 7, 19 – 20)

She then stopped for a long while. In response to my question asking how she might have come to this opinion, she made the following comments.

> Because I took it for granted. I had my sister, mother, I had everything I needed in Japan. I didn't really think about it... I didn't need it. But since I came here, lack of friends to talk about my feelings to... I have a husband but it's a totally different thing. When I got married to him, I thought, "If I have a husband, I won't need anything and I can get by." But since I came here, I became unhappy... I didn't call Samaritan or did not go to someone to talk about my feelings. It was not depression, I was not happy like I was in Japan. So, maybe people who live in this country, who came from different countries, maybe they have something they want to get from the sort of treatment when they arrive here. Because telling someone or talking to someone about what you think or how you feel... You don't even know how big these things are.... I don't know....

(Wakako: 7, 23 – 8, 19)

Wakako appears to have experienced personal struggles since she left her family and friends in Japan and came to the United Kingdom to live with her new British husband. Upon facing such difficulties and unhappiness without her family and friends' direct and immediate presence and support, it seems that she came to recognising the presence of emotional support services such as Samaritans and now acknowledges how other people may benefit from using them. Her struggle to contextualise her own feelings in terms of if they are “worthy” of professional
intervention or if they are just “normal” perhaps indicated her reluctance to associate herself with the notion of seeking psychological help. Alternatively, it can be argued that describing other people’s requirements and benefits of psychological help may have been far more accessible due to the more “out-of-ordinary” perception she used to hold of professional psychological help-seeking.

In summary, all four participants talked about how professional psychological therapies could be helpful and beneficial for others whilst stating that they do not require them and not being able to contextualise and describe their own therapeutic needs. However, it appears that each participant perhaps did so, in order to attempt to mask uncomfortable or uncertain feelings developed from dealing with their own thoughts and emotions towards the subject. A sense of discomfort was evident in many participants’ interviews and its details will be further discussed in the next section.

### 3.4.3 Discomfort

In this section, a strong sense of discomfort in being with the notion of mental health and seeking psychological help, which was demonstrated by five participants during their interviews both verbally and non-verbally, will be detailed.

First of all, Keiko talked about her experience with her school in-house counsellor and a group of female students who were close to her in a very distant manner.

I used to go to this girls’ school; junior high and high school was all girls, the same school, and there was this in-house counsellor, but I never went to see her.

(Keiko: 4, 12 – 4, 18)

Her below comments, which were made nervously when I asked her what her understanding of the counsellor’s role within the school was, also appear to have demonstrate her sense of discomfort.

[Laughs] If you had something... I don’t know. There was a group of girls who were very close to the counsellor. They went to her room to hang out with her quite a lot, but I was never one of them!

(Keiko: 4, 23 – 5, 2)
It seemed very important for Keiko to explicitly state that she never attended in-house counselling at school and was not involved with any of the girls who did. She then went onto describing the girls as “not popular” (Keiko: 9, 21) and “not really looking after themselves” (Keiko: 10, 1 – 2) whilst appearing to be visibly uncomfortable. These comments, combined with the findings from one of the previous chapters, led me to understanding that there was a more extreme, out-of-ordinary image of counselling and those who engaged with it at the time. A visible sense of discomfort started to appear, as Keiko revisited and shared her own experiences with both of them.

Reina also displayed a sense of discomfort and tension upon being asked about her perspectives on the notion of seeking psychological help through living in Japan and the United Kingdom. She began telling me about the stressful times at work with many repeated pauses and “erm”s between each sentence and some words. It was apparent that she was not feeling comfortable to talk about what she was deciding whether to tell me, and appeared to be avoidant of conveying the actual story. I, as an interviewer, was aware of her reservations at the time and minimised my responses to “ok”, “mmm” nods and a warm smile, in order to help her feel empathically listened and consequently encouraged to talk more openly. She eventually managed to talk about her own experience with the psychological service within the National Health Service. Whilst this experience itself will be extensively discussed in a later section, it is evident that Reina felt uncomfortable to share her personal experience with psychological help-seeking, as she probably felt a sense of discomfort with the notion of seeking psychological help itself.

On the other hand, Namie expressed her own discomfort and uncertainty in asking her friend about mental health issues she seemingly had. She felt that it was not easily identified when one seemingly had mental health problems such as depression unlike the majority of physical symptoms.

I’m not sure it’s the sort of thing she wants to talk about. If she started talking about it, I can ask but... I’m not really s, s, sure, when somebody’s having d, depression, you should talk about or.... Even physical kind of illness, you can’t really talk about it unless the person wants to talk to you. It’s a quite p, p, private issue.

(Namie: 15, 21 – 29)
Namie’s sense of nervousness and discomfort associated with the notion of mental health was perhaps magnified by her strong belief that both mental and physical health issues are very private to her therefore are not often discussed with others. Whilst Namie displayed a clear sense of frustration and sadness when telling me about not being able to talk to her friend about her mental illness, her stammers, which were never witnessed in other parts of her interview, perhaps suggest that discussing this topic made her feel very uncomfortable.

It appeared that Hitomi was using her laugh in an unexpected context to camouflage her embarrassment, awkwardness and discomfort during her interview. She talked about her friend’s experience with a counsellor and her own experience with a midwife and health visitor following the birth of her child.

Well it, I thought, well it helps, it’s really, well, it helps both way. It’s easy for the counsellor, she actually got really stressed, so that’s one of the reasons, you know, it’s good to go there [nervously laughs].

(Hitomi: 9, 5 – 9)

Well, midwife or health visitor come to your home and they talk to you about you, what about, not only about my baby but what about you? How’s your, you know, how do you feel recently... Then, at the time I really, you know, sort of, it it helped, you know. You can just say anything like ”I’m just confused” or... Erm, it’s not about the baby, are you happy? Or are you fulfilled? Is there anything you are worried? You just say how your mood or feelings [nervously laughs].

(Hitomi: 9, 29 – 10, 11)

In both excerpts, Hitomi apprehensively laughed upon talking positively about the psychological help she and her friend received, which seemed out of context. In fact, she laughed frequently throughout the interview and it often felt as though she was attempting to appear more certain whilst feeling more uncertain, uncomfortable and perhaps somewhat embarrassed internally. In the first example, Hitomi stating that it was good to go to counselling does not appear to have been as authentic or assured due to the laugh that followed. In the second example, her laugh appears to have made the preceding sentence, which described her behaviour of explicitly expressing her mood and feelings, marginally less direct and forthcoming, in my opinion.
Wakako described why she may never have seen or heard about people requiring psychological help with mental disorders in the original context.

Maybe they were hiding...

(Wakako: 4, 1)

The above comment was made whilst she looked down and uneasy with a closed body language indicating that she was most likely feeling uncomfortable to discuss the matter, perhaps fuelled by her perception that those who required psychological help in Japan were perhaps hiding from others those days.

Overall, a sense of discomfort that appears to have been stemmed from characteristics such as uncertainty and embarrassment was observed in various parts of many participants’ interviews. It can be argued that mental health and psychological help-seeking are the types of topics that seem to provoke such a reaction even when people are expecting to talk about them and being exposed to their relatives. Furthermore, it is suggested that many people seem to feel that these topics are very sensitive and tend to avoid talking about them. These topics therefore do not seem to appear in the majority of regular conversations they hold, and many seemingly demonstrate their sense of discomfort in their verbal and physical mannerisms when the related topics are brought up.

### 3.4.4 Image of mental health sufferers

It has been noted that some participants described their image of mental health sufferers in a very similar manner. Three of them used the word "serious" to describe those who may require professional psychological help due to their mental health issues (e.g. “... they definitely weren’t the popular girls... More serious”, Keiko: 9, 20 – 25). Namie, in fact, used the Japanese word “majime” which can be translated as serious or earnest (Alc Web Dictionary, 2014), in addition to the word "sensitive".

One commonality amongst what these three participants expressed is that they all appeared to view themselves as individuals who were not at all like those who suffered from mental health issues.
Hitomi and Namie described themselves as not serious and optimistic respectively suggesting that they believe those personality traits of theirs would help them not to become depressed. This is somewhat a contradictory comment, especially as Namie had previously said that mental illnesses were not very visible therefore were very difficult to identify in a daily life. Nonetheless, it can be said that many people have a very strong yet rigid image of what mental illnesses and their sufferers look like, and they do not necessarily appear to relate themselves to the possibility of ever becoming mentally ill themselves. It is also evident that these participants wished to be perceived in a very different, light manner to the mentally ill.

### 3.4.5 Expensive and Posh

The fifth and final theme of the sub-ordinate theme “creating personal distance from the notion of seeking psychological help” is based on the participants’ perception of psychological therapy and those who are in therapy in relation to financials.

Three participants talked about a financial aspect of psychological help-seeking in the interview. First of all, it became apparent that Wakako saw those who were in psychological therapy as posh and believed that people talked about therapy in such a manner.

…it feels quite posh to go to therapy. People talk about it that way, don't they?

(Wakako: 23, 7 – 9)

Although she appeared to be curious about therapy and talked about it being an option in the future, it also became apparent that the idea of therapy felt quite foreign and uncertain to her as she continued to talk about her thoughts on the local people who were in therapy in a very distant manner. It may also be suggested that she perhaps felt foreign to and distant from those who were based in the United Kingdom.
Namie, on the other hand, talked about being “surprised by how expensive counselling was” (Namie:10, 7) upon working at a mental health clinic in Japan.

It seemed like the progress was so slow and they... it is private as well. I did not know you cannot really use the Japanese version of the NHS for that.

(Namie: 10, 12 – 15)

It seems that Namie perceived counselling as not cost effective, as the treatment progress appeared to be slow whilst clients had to pay the full fees themselves as the counselling service has not been covered by the Japanese equivalent of the British National Health Service to date and you are normally expected to pay a certain percentage of your treatment and prescription fees depending on your social status. It also appears that such perceptions were influenced by the invisibility of mental health disorders (e.g. “Because you can’t see what it is, it’s very difficult” (Namie: 17, 8 – 9)) as well as her lack of confidence in the relevant mental health professionals. Not only did she verbally express her surprise in addition to looking surprised, she also seemed discontent and frustrated with the general cost of counselling services.

Finally, Yuki talked about her “image that going to get your own therapy is quite expensive” (Yuki: 13, 9-11). She discussed this in a very disappointing manner.

...would love to go to therapy if it was offered cheaply, if it wasn’t like a financial burden

(Yuki: 13, 20 -23)

It appears that the image that counselling is expensive and posh has resulted in these participants feeling that psychological therapy is not an easy option for them even though some are curious about and interested in going to therapy, leaving them feeling frustrated, disappointed or even disconnected.

3.5 Societies and self

Participants’ sense of disconnection from the notion of seeking psychological help in various forms was discussed in the previous theme. In this theme, how participants feel the way psychological helping-seeking is perceived within different societies in both Japan and the United Kingdom will be discussed. Three themes within this
super-ordinate theme have emerged displaying: 1. Negative perceptions of personal disclosure, 2. Positive perceptions of personal disclosure, and 3. Feelings towards service accessibility. The first theme explores how the participants experience and feel that their original society and culture may have made it difficult for some people to discuss psychological help-seeking and mental health and there are negative perceptions of disclosure. Participants’ perception of how people in the host context are able to talk about their experiences with and perspectives on the notion of seeking psychological help openly, and how being in such an environment may have affected participants’ experiences are discussed next within the second theme. The third theme addresses the participants’ understanding of the related services’ accessibility in the two countries and their experiences and perspectives associated with it.

3.5.1 Negative perceptions of personal disclosure

With one exception, all participants talked about their perception that psychological issues were hardly ever discussed in Japan and suggested that there were associated negative perceptions. Keiko described the reasons why she felt so below.

I think in Japan people are very private and I think people don't really like to discuss psychological problems with others.

(Keiko: 21, 8 – 12)

Following this, upon being asked what people with psychological issues in Japan might resort to in an attempt to try to get better and maintain their psychological well-being, she answered as follows.

I think you would just... I don't know. If it wasn't serious, I think I would not seek any kind of help. I don't know. 'Cause I think, especially, maybe not with girls, but especially with guys people regard that kind of thing as a weakness; I think some people tend to, especially the older generation.

(Keiko: 22, 9 – 20)

Keiko seemed to believe that Japanese people tended not to discuss private matters with others and a subject such as psychological issues was even less unlikely to be disclosed to others. It is apparent that she felt that having such issues was seen as a
sign of weakness within the society, particularly amongst men. It is also mentioned that more traditional and conservative people such as her own mother might be “prejudiced against counselling and people, for instance, therapists [...] would not discuss private issues even with friends” (Keiko: 26, 21 – 26).

In the interview, Keiko appeared to be sad and frustrated upon talking about her family’s on-going conflicts and consequent mental health issues, and expressed her thoughts that they might benefit from attending therapy. However, she appeared to be convinced that her mother would be able to discuss such issues with “just me and my granny” (Keiko: 26, 26 – 27) as her family members and only confidantes. Her consequent understanding appeared to be that many people in Japan felt similarly about psychological help-seeking.

Yuki talked about her parents’ reaction when she told them about various services and support groups for bereavement that are available in the United Kingdom.

Bereavement therapies and people with family members died of cancer, there is support groups and emotional support services available and I spoke to my parents about it because one of my relatives was having a hard time and I was like, “Is that not available on Japan?” and they were like, “No, that’s not really, people don’t talk about stuff like that” I guess my relative was offered medication rather than therapy and it just made me think, maybe it’s different understanding, different services available in the UK and Japan.

(Yuki: 26, 28 – 27, 19)

It appears that Yuki was surprised to learn that bereavement therapy was not considered as an option for people struggling with loss and grief in Japan, as she personally believed that therapy would be one of her options to go to. She looked particularly dismayed when describing that her relative was offered medication over therapy in seeking help from his GP. However, it also seemed that she viewed that “in Japanese society, especially being a male might not be something, you might not be able to share emotions or you’re not used to sharing emotions” (Yuki 28: 4 – 11), as “men have to be emotionally tough, you can’t say that you’re upset, you can’t cry, that kind of, I don’t know, expectation” (Yuki: 28, 21 – 25). Whilst Yuki also seemed to believe that Japanese men were reluctant to share and discuss their emotions with others, her opinion was that “it’s the same in any culture, older generations” (Yuki:
Wakako’s perception of psychological help-seeking in Japan also appeared to be that people did “not talk about it” (Wakako: 22, 23). However, she appeared to feel that this was because counselling and psychological therapies were associated more widely with an “illness” (Wakako: 22, 16) rather than a “tool and option” (Wakako: 22, 15) to cope with psychological difficulties, which she seemingly felt that people in the United Kingdom tended to do. She also appeared to believe that Japanese people might not wish to talk about having been or being in therapy and those who were around them would never find out about it. For Wakako, not only did she think Japanese people would be reluctant to engage in professional psychological help where they would be required to talk about their struggles, they would also be most likely hesitant in discussing their experiences even if they had previously engaged in it, due to the reserved culture they have been immersed in all their lives. She seemed to make these comments with a great sense of sadness but also with empathy and understanding which makes me think that she perhaps resonated with the discussed culture and behaviours.

Namie spoke about her relative’s struggles to talk about his difficulty before he made a decision to end his life.

He obviously wasn’t really in good mental health, I think. But he didn’t really seek any help […] I thought it was really sad that he didn’t seek any help. But when I think about his situation, probably it was very difficult for him.

(Namie: 16, 8 – 15)

Namie appeared to acknowledge that her relative was unable to discuss his struggles with anybody whilst envisioning what may have occurred if he had been able to do so. She talked about her sadness and anger at losing him, whilst recognising that his finance and relationship issues may have made it even more difficult for him to seek help. As it appeared that Namie was too upset to continue to discuss the matter in the interview, we did not manage to further explore why she thought her uncle might have found it difficult to seek help. However, as other participants suggested, as part of the Japanese culture I sense that he may have been unable to let his
vulnerabilities, emotions and struggles be displayed to others, in order not to reveal what was deemed as a weakness of a man within the society.

Hitomi talked about her difficulty in talking to her parents about her deep thoughts and struggles in relation to how she viewed her and Japanese people in general.

Well, my mum is quite distant person as well, she herself always... Erm, well, especially now I see it to European, English people and then, Japanese people are not sort of very affectionate, express... Not lots of expressions. They are more sort of reserved people. So I probably didn't feel comfortable, when she was welcoming about what I open up to [...] I just felt ashamed of talking too much private things.

(Hitomi: 15, 1 – 9)

It appears that Hitomi retrospectively reminisced that her perception of both her mother and Japanese people as less affectionate and expressive made it more difficult to approach her mother and others when she perhaps wanted to open up about an issue or struggle she was going through. She spoke about feeling too ashamed to talk about her private matters due to the perceived reserved culture of the Japanese society and the consequent discomfort it used to bring to her.

On the other hand, she hesitantly and politely described her father as “the person who has two daughters and doesn’t know how to deal with that [nervously laughs]” (Hitomi: 15, 15 – 16) and her relationship with her father as “polite and close but not as much as sort of talking everything kind of closeness” (Hitomi:15, 23 – 25).

Qualities such as politeness and reticence, and lack of expression and affection, which Hitomi appeared to feel are often witnessed amongst Japanese people, seemed to discourage her to open up about herself or even to remotely think about seeking psychological help. It seems that someone’s lack of desire to discuss their struggles can also be induced by the environment they have been immersed in. However, it seems to be the five participants’ universal thought that negative perceptions of disclosure about one’s psychological wellbeing is what keeps one away from seeking psychological help, professional or non-professional.

3.5.2 Positive perceptions of personal disclosure
Contrary to many participants’ perceptions that Japanese people, particularly men and older generations, find it difficult to discuss psychological help-seeking and mental health with other people, it has been found that five participants regard that people in the host context have positive perceptions of disclosure about themselves and their psychological struggles and seeking psychological help.

In her interview, Namie made the following statements about people in the host context.

- People use counselling and therapy more here. (Namie: 20, 4–5)
- They talk about it more. (Namie: 20, 5–6)

For her, it became quite frequent to hear about celebrities seeing a therapist or her colleagues being off work for mental health issues whilst she did not have such an experience with her colleagues in Japan and had never heard about any Japanese celebrities in therapy. It appears that Namie perceived what she had witnessed in the United Kingdom for the past few years as “the standard” (Namie: 20, 20) and talked about seeking psychological help in a more interested manner.

Wakako also talked about people’s positive openness to psychological help-seeking in relation to the way they discussed the matter with others in the United Kingdom.

- They are more, mmm, open about, erm, your personal life? To show your personal life or weakness [...] here, erm, people are more open about it, so they don’t really mind to tell, erm, about you need help, that’s why you went to someone, you needed to try something so you went to counselling [...] (Wakako: 21, 14–26)

Wakako appeared to have been very surprised to witness people “showing their personal life and weakness” (Wakako: 21, 16) including their engagements in psychological help-seeking. She appeared to feel that this was due to different views on psychological help-seeking between Japanese people who tended to associate counselling with an illness and people in the host context being more likely to view it as a tool to get better. She also said that she was particularly shocked to hear people
talk about having gone or going to therapy in an effort to treat their addictive
behaviours such as “over-eating” and “cigarettes” (Wakako: 21, 7 – 8).

Keiko talked about her perception of people in the United Kingdom having a more
open-minded attitude towards various forms of therapies and the notion of self-
disclosure in a very appreciated and content manner.

I think there’s not much stigma about taking therapy – it’s quite normal. I can say to my
friends that I tried hypnotherapy and I wouldn’t feel weird about it.

(Keiko: 20, 1 – 8)

Upon being asked if she would feel the same in telling her Japanese friends about her
experience with various therapies, she appeared uncertain whilst making the following
comments.

Japanese friends here, probably okay, but maybe not friends in Japan. I’m not sure. I
suppose in Japan it’s still not as common as it is here, it’s still not as accepted as it is here, I
suppose.

(Keiko: 20, 13 – 20)

Her comments, although uncertain, tentatively suggest that it is perhaps the
recipient’s cultural and societal background that determines how Keiko would feel
about talking about her own experience of psychological help-seeking, and not the
nationality itself. It appears that she would feel more comfortable talking about such
topics with somebody who has been exposed to a culture where psychological
therapies and self disclosure seem more accepted and better understood.

Reina, on the other hand, talked about how the willingness to help others amongst
people in the United Kingdom was what she thought had made them become more
psychologically oriented.

[…] in this country, you know like charities, small charities and the shops and lots of
organisations, fund-raising. Even marathon, you can do it on your own, just enter it and get
some money, and help other people. Think it’s the base of people. […]
Erm, So, I think that’s why those psychological support things developed more, seeking help
to someone, for someone.

(Reina: 9, 11 – 24)
Reina appeared to understand that the fundamental characteristic of people in the United Kingdom was that they would like to help others and she felt that was reflected in the existence of numerous charity events, shops and organisations that were available in the city. She felt that such a characteristic had helped the notion of psychological support in the United Kingdom to develop efficiently and be accepted by a great number of people consequently. Furthermore, Reina also seemed to appreciate openness between health professionals as they worked in a multidisciplinary team to provide the best care to clients. She appeared to smile a lot when describing her view of the culture in the host context, demonstrating her content and admiration.

Hitomi observed that health professionals were perhaps more interested in her psychological health in the United Kingdom than in Japan.

[…] even if you go to GP just, you know, when you are not well, they always ask you about… You know, recently are you too busy or you stressed or you worried about something... And then, those kind of questions, sort of, it’s a little bit like counselling. You know, a bit like your well-being. So erm..... Since I came here, I sort of noticed that people are more interested in psychological health, I think. As well as physical health, so erm, that probably I never noticed when I was in Japan.

(Hitomi: 6, 14 – 25)

Hitomi appeared to talk about how her psychological health was looked after in a fond manner whilst pointing out that she had never experienced care in the area of psychology in the original context.

It appears that all five participants agree that people in the United Kingdom seem to be more open and vocal about mental health and psychological help-seeking, and have more positive perceptions of personal disclosure compared to those who are in Japan, in both private and professional settings. Participants’ perceptions of what roles psychological therapies are understood to play in Japan also seem to be very different to those in the United Kingdom.

### 3.5.3 Feelings towards service accessibility
In addition to the previous section, where participants’ perceptions that people are more open to the notion of seeking psychological help and have more positive perceptions of self disclosure in the United Kingdom than in Japan were discussed, many participants also reflected how psychological services and their accessibility were perceived in both Japan and the United Kingdom, and their associated feelings.

Keiko seemingly felt that people in the United Kingdom should highly appreciate having great access to various therapies.

I think people in the UK are very [speaks in Japanese]...

... Privileged, yeah, to be in this kind of environment where you can get an access to therapies very easily.

(Keiko: 19, 24 – 20, 1)

Keiko is the only participant of the current study who has attended psychological therapy previously. It seems apparent that her perception of people’s openness about psychological help-seeking and of accessible psychological services, which has developed through living in the United Kingdom, helped her to make a decision to try therapy and also subsequently be able to talk about her experience with others. There was a sense of sadness and frustration in Keiko’s voice upon describing the privileged environment she felt people in the United Kingdom were in. She was perhaps thinking about how a similar environment might affect her mother and sister, who appeared to be struggling and Keiko felt “could do with some help” (Keiko: 25, 28).

Upon talking about available psychological services such as bereavement services in the United Kingdom and an apparent lack of such services in Japan, Yuki expressed her desire to utilise the psychological service if she was in a difficult situation instead of what she appeared to perceive many Japanese people tended to do which was not to share their emotions and feelings with others. Furthermore, she appeared to believe that she would still be seeking professional psychological help if she had psychological issues in a country like Japan where psychological services were not as readily available and people might not be as exposed to an understanding about the notion of seeking psychological help. Whilst she reasoned the difference between the two countries as “maybe it’s different understanding, different services available in the
UK and Japan” (Yuki: 27, 16 – 19), Yuki appeared to be telling herself to understand the difference. Throughout the interview, she talked about her struggles to fit into the Japanese society as somebody who grew up in the US and felt that she did not quite belong anywhere. However, she said she had come to accepting who she was and found people of similar backgrounds who could share their experiences with her. It seems that she thought that there were certain ways of understanding in Japan that were fundamentally different from her views yet she had come to accepting that was also a part of Japan’s identities.

Reina also talked about her perceived wider availability of psychological services in the United Kingdom, from a health professional’s perspectives.

> Because we have a psychological service for patients, and there’s like, just a quick e-form to fill in and send it, then they’ll make an appointment for the patient. So, I, compared to Japan, I don’t know. From my experience, I think here is more support available in the hospital. We don’t, the hospital I used to work in Japan, it didn’t have a psychologist.

(Reina: 17, 20 – 29)

For Reina, not only did the accessibility of psychological services appear to be helpful to patients and other health care professionals, but she felt that a lack of them could also become a factor that could make patients uncertain and doubtful about opening up about themselves. She appeared genuinely happy in recognising this, as a dedicated health professional who expressed her passion and commitment for the profession throughout the entire interview. However, there was also a sense of reminiscence and frustration upon recalling the hospital she used to work at in Japan.

Namie seemed particularly impressed with the services provided by the National Health Service.

> The UK provides lots of services for mental health issues at an early stage compared to Japan. My mother in law was doing some volunteering to talk to people having difficulty over the phone and I never had any exposure in Japan to that sort of thing.

(Namie: 21, 21 – 24)

Although she seemed to believe that there may have been more mental health support that was available in Japan today, she was also not certain whether that was actually the case or not. Whilst she was discussing her opinions about psychological
services in the United Kingdom, she appeared to become quite emotional. It seems as though she was thinking about her late uncle and if services for mental health issues at an early stage were more widely available in Japan. That perhaps resulted in a strong sense that she was speaking about this from a more subjective point of view rather than objective and somewhat unrelated sense that was more present in earlier parts of the interview.

On the other hand, it appears that some participants thought there was very little information about psychological services in Japan. Despite her desire to help her family with their psychological issues by having them engage in counselling, Keiko did not appear to know how and where she might be able to locate appropriate services for them.

I often think they (mum & sister) can do with counselling, but they wouldn’t; they would not know where to go and I wouldn’t know where to send them.

(Keiko: 23, 13 – 20)

Keiko seemed frustrated when making the above comments, perhaps wondering what might happen if she was able to have her family seek professional psychological help to deal with their struggles.

Wakako appeared to be in agreement with Keiko in regards to available information on psychological services in Japan whilst also demonstrating frustration at the same time.

I don’t even know where I can go….! I only know hospital maybe… In Japan.

(Wakako: 19, 19 – 20)

However, the same participants also appeared to believe that psychological services in Japan might have made developments since they left Japan to live in the United Kingdom.

I think counselling is becoming more common, more popular, more accessible, cause I think when I was there, there was still a stigma towards people who did take counselling, but maybe that’s decreasing

(Keiko: 7, 11 – 19)
Keiko appeared to wish that there were decreased stigma associated with counselling in Japan today in a hopeful yet uncertain manner at the same time. It is evident that she longed to help her family with their psychological struggles. Whilst she appeared to feel counselling, which seemed to have helped her, could help them, she still perhaps felt uncertain if it could have the same effect on her family, or Japanese people.

Wakako also appeared to believe that Japanese people felt more open to the notion of seeking psychological help and that psychological services could be accessed more easily.

Now it’s really different, I think, but... I think there’s a lot more open, I guess... In the past, ten years ago, you wouldn’t see that counselling in word in newspaper or magazine or website or... You didn’t see often. As often as we do now, so should be somewhere...

(Wakako: 19, 21 – 20, 11)

However, she too seemed unsure in making such statements and her uncertain feeling appeared to be demonstrated in her use of words such as “I think” and “I guess” and subsequent pauses. In her comment above, her feelings of hopefulness and wish that counselling would be perceived more openly and become more available in Japan were also palpable.

Many participants seemed to think that perceived accessibility to psychological services encouraged people to seek professional psychological help if and when they felt they needed to or wanted to, and to appreciate the good availability they believed they had in the host context. They also appeared to understand that this in turn had led people to being able to talk about their psychological struggles and associated emotions more openly in the United Kingdom. Contrary to the perceived beliefs in Japan, psychological therapies in the United Kingdom seem to be considered as a tool to get better by many and having mental health issues does not seem to be seen as a weakness. However, it appeared that participants had various feelings for their perceived better accessibility to psychological services in the United Kingdom - ranging from happy to frustrated. These participants’ beliefs and hopes that Japan had become more open to psychological help-seeking and that psychological services
had become more accessible seemed to be connected to their feelings towards the accessibility in the United Kingdom.

3.6 Developing current personal perspectives

This super-ordinate theme explores how participants perceive they feel towards the notion of engaging in psychological help-seeking themselves, following various exposures to psychological help in both original and host contexts. Three different themes emerged within this super-ordinate theme: 1. Curiosity, 2. Uncertainty and 3. Importance of talking. The first theme addresses the participants’ growing interest in attending therapy and curiosity in finding out what may happen in the therapy room. The second theme, on the other hand, explores participants’ uncertainty despite the aforementioned curiosity. The third theme looks at how highly the majority of participants regard the importance of talking through difficult times.

3.6.1 Curiosity

All participants but one expressed a sense of curiosity about engaging in psychological therapy during the interview. Keiko, who has attended therapy herself, said the reason why she decided to engage in therapy was “because I was curious and also because I felt like I needed it. He was Japanese and I could speak to him in Japanese, so I decided to go for it.” (Keiko: 10, 28 – 11, 3). She talked about her experience in a positively reminiscent manner and described the experience as intimate and interesting. She also said she got to talk about what may not be talked about very often during stressful times at university. Although she appeared slightly guilty when she talked about her sessions becoming repetitive and stopping after ten sessions, it is clear that she benefited from attending these sessions. It also seems that it was important for her to have a Japanese-speaking therapist with whom she was able to explore herself in Japanese at the time. She described how she felt about our interview that was conducted in English.

I could have perhaps explained certain things better in Japanese. Sometimes it is easier and I can express…. maybe more authentically in Japanese.

(Keiko: 32, 28 – 33, 4)
Although she said that our interview in English went fine and appeared to be congruent in saying so, there was also a strong sense that she would have preferred to be interviewed in Japanese and that might have led to different reactions of hers.

Reina also demonstrated interest in receiving therapy and indeed signed up to have a first session.

I just thought, because I’d never used it, and I wanted to know what it was like! Then, I...
That was in my mind... “Yeah, why not?”

(Reina: 20, 23 – 26)

It appears that she became keen for and interested in the notion of attending therapy quite casually and promptly when she was offered the service at work during a stressful time. However, she also called this “a silly idea” (Reina: 20, 23), looking slightly guilty as she stuck her tongue out briefly. There was a sense that she perhaps felt embarrassed about eventually deciding not to make the appointment and therefore wanted to make the rationale for her initial interest seem trivial and insignificant. Her decision to miss the appointment will be further discussed in the next section.

What would be talked about in therapy and how she would feel afterwards if she was to go to therapy seemed to interest Wakako most and she talked about feeling excited when thinking about the prospect of attending therapy after hearing about it from others frequently. Upon being asked what made her excited, she said that that was because she would “expect something special to happen [laughs silently]” (Wakako: 27, 18 – 19) in therapy. She appeared somewhat embarrassed in making this statement and quietly laughed at the end of the sentence. As a result, her statement somehow felt even more authentic whilst I sensed her mixed feelings of curiosity, excitement and expectations with uncertainty and slight discomfiture around the notion of attending therapy. It felt as though she was indeed battling with the idea in her mind whilst verbalising her thoughts.

Hitomi talked about having high expectations from attending therapy, too.

If you say random things and then, if the counsellor sort of putting it all in a way and show you “here, here is you and this is your problem” and then “you are here and you can be like
this”... Kind of... You know, sort of trying to make sense of who you are. I’m quite interested, you know, it’s interesting for me...

(Hitomi: 12, 5 – 12)

It appears that she expected something quite “magical” and instant as an outcome of a therapy session and a prospect of encountering such an experience seemed to interest her. She used the following metaphor to describe her image of therapy.

It’s like you just put things out randomly and then the counsellor sort of, you know, piling up in the pyramid sort of shape and then, and then you feel a bit "Ok, ah! That’s why I was bothering...! That’s good!” Then you go home, you know [laughs]!

(Hitomi: 12, 19 – 24)

She appeared to want to obtain confirmation from myself that that was what happened in therapy whilst laughing and looking slightly unsure at the same time. It almost felt she was trying to convince herself that was what happened in therapy due to her overwhelming fascinations. Nonetheless, it was apparent that she had developed various images of therapy by watching TV dramas and hearing stories from her friends who had been in therapy and consequently demonstrated her curiosity to engage in therapy herself, combined with the magical image she had developed about counselling.

Yuki seemed to express a great amount of curiosity about going to try therapy throughout the interview and it was perhaps best reflected in her volunteering experience for a helpline service.

I like to think that I’m more open to the idea of mental health and the services for different illnesses. Yeah. I think, I’m not sure if that experience changed how I think per se, I must have been interested before anyway but it’s just nice to have that experience of speaking with people that have illnesses and that.

(Yuki: 12, 18 – 29)

Although Yuki has not attended psychological therapy herself, she joined a charity organisation to help other people with emotional struggles. She appeared to be very pleased to have had such an experience but also slightly disappointed that she had not been able to attend therapy herself yet, as she seemed to believe she would benefit from doing so.
I am sure there’s a lot of underlying issues that I need to work through that probably affect how I live my life or how I am and I think it would be nice to have a better understanding and I think I would be able to get that if I had therapy.

(Yuki: 14, 1 – 10)

However, upon being asked why she had not had therapy to date, she talked about her image of therapy being very costly.

A growing amount of exposure to psychological help-seeking in media as well as colleagues and friends seem to have created a sense that therapy is more “normal and familiar” in many participants and that has consequently become curiosity for them to try it out themselves. However, most participants also demonstrated uncertainty about it at the same time, details of which will be discussed in the next chapter.

3.6.2 Uncertainty

Although most participants expressed their current interest in going to therapy, all participants, with the exception of Keiko who has experienced therapy already, also displayed their uncertainty about doing so.

In the previous chapter, Reina’s curiosity about psychological therapy was discussed followed by her story of missing an appointment with a counsellor whilst labelling her curiosity as “a silly idea” in retrospect. Looking back on her missing the appointment, she recalled the following.

I got an appointment and then, erm..., before that appointment I was, erm... There was another friend who works is a different hospital. She, when I met her, she said “You shouldn’t do it because it’s gonna be on the record, and when you look for another job or something, probably it will be a disadvantage!” “Mmmm, I’m not sure. Because it’s a confidential thing and it shouldn’t be on the record but you never know. Mmm ok, I’m not really sure. So, I didn’t go. I cancelled it [laughs].

(Reina: 13, 9 – 22)

Reina was visibly nervous in describing this episode and her ambivalence of attending her counselling session to me and spoke very quickly yet with many pauses.
According to her, her uncertainty derived from the perceived possibility that her attendance might affect her future career opportunities within the health service, as the session had been arranged through the same health service. However, there was a sense that she may also have been unsure about or scared of the counselling experience itself, as she appeared quite guilty and nervous about this particular episode and discussed her reason for missing the appointment on two separate occasions without being specifically asked about it. Nonetheless, it is apparent that she felt ambivalent about attending therapy prior to the session, and subsequently became too uncertain about what she was about to encounter to actually proceed with it.

Yuki, on the other hand, talked about therapy being too expensive to attend whilst demonstrating her desire to engage in one, as detailed in the previous section. Although she repeatedly discussed her desire to attend therapy, I could not help but feel her sense of resistance against psychological therapy and more specifically the notion of mental health issues. She commented, “going to get your own therapy is quite expensive, that it’s not, unless you have a mental illness” (Yuki: 13, 9 – 13) and also asked me if one had to have a mental illness to be offered therapy through the National Health Service. Whilst these comments may have been made due to her genuine desire to engage in therapy without extra fees, there was also a sense that she was worried about being associated with a mental illness and that perhaps consequently formed uncertainty about therapy in her thought process. However, it is clear that Yuki was both curious and uncertain about engaging in therapy as a client and it can be argued that her transitory response to her ambivalence was made through her involvement with providing psychological help to others.

Wakako seemed very unsure when she was asked what the difference might be between telling her family about her problems and telling a psychologist about them.

I don’t know… Maybe I could tell everything to a psychologist if I did not know the person [sounds unsure followed by a long pause]… But I have not been to any.  

(Wakako: 9, 5 – 8)

Whilst she spoke that she might be able to completely open up to a psychologist as she would not know them, she did not appear to quite believe what she was
verbalising which was perhaps reflected on her doubtful tone of voice and the long pause that she took following making such a statement. It seemed to me that Wakako felt a strong sense of unknown and uncertain qualities in the notion of seeking professional psychological help yet did not seem to be able to admit that and I wonder if she may have felt that she had to make positive comments about therapy as she was talking to a researcher in the field.

On the other hand, Namie expressed her uncertainty more directly by stating that she might find it difficult to open up in therapy.

> If I had some bad day at work and needed to talk to a psychologist or counsellor or someone I don’t really know. It’s more difficult to open myself and talk things frankly.

(Namie: 24, 10 – 14)

On the other hand, Hitomi hinted that she would not be able to take some aspects of therapy seriously and she might be doubtful of what is conveyed in therapy.

> Sort of help you to find yourself... [laughs] Like, it might be a different thing but they always say like, “you are traumatised from your childhood experience”. Those things sound so funny, isn’t it [laughs]? You just wanna know about, you know, try to make sense by somebody. It may, I probably don’t believe that, like, like it’s such a cliché.

(Hitomi: 11, 21 – 12, 1)

Both participants showed a sense of uncertainty about professional psychological support by describing their doubts to engage with therapy. Both participants had previously described themselves as those who were not “depressed” or “serious” enough to require psychological help such as counselling and psychotherapy, and their sense of resistance towards the notion of seeking psychological help was continuously displayed here.

It is evident that there are unknown qualities about psychological therapy, which appear to have made all the above five participants feel somewhat uncertain and doubtful about how they might react if they decided to attend therapy in the future. A great amount of ambivalence about psychological help-seeking seems to have been created through conflicts of uncertainty and curiosity amongst them.
3.6.3 Importance of talk

Whilst there seemed to be both curiosity and uncertainty about obtaining professional psychological help amongst many participants, it was unanimously agreed that talking was an imperative tool in dealing with struggles. Furthermore, four out of six participants talked about their families playing a key role in such circumstances.

Wakako talked about feeling that talking to family members used to help her upon facing difficulties.

[…] I had my sister, mother, I had everything I needed in Japan. I didn’t really think about it… I didn’t need it. But since I came here… I have a husband but it’s a totally different thing. When I got married to him, I thought, “If I have a husband, I won’t need anything and I can get by.” But since I came here, I became unhappy […]

(Wakako: 7, 23 – 8, 7)

She looked sad and upset whilst using the word “everything” in describing her family in Japan. Throughout the interview, she repeatedly talked about talking to her mother about “everything” and feeling better. Although individuals can communicate with one another in many different ways even when they are physically far away from each other these days, Wakako talked about not living close to her family and described how difficult things had been at times. It appeared that she very highly valued the role her family played in her coping with difficulties and certainly believed that they were able to help her without further help or support from others outside her family. People’s physical presence, however, seemed to be of high importance to her, in order to be able to make close and honest communications.

Echoing Wakako’s above perceptions partly, Namie also described her strong feelings about talking to her family at recent difficult times.

[…] I got very angry about the situation and talked a lot with my family. We all did that, keeping it all within family.

(Namie: 19, 7 – 10)

She looked very emotional and slightly teary whilst finishing the sentence quietly yet firmly. It is evident that it was essential for her to share her emotions, which had surfaced following the tragic loss of her uncle, only with her family members who had
also been impacted by it. However, she also animatedly and passionately expressed her desire to talk to her husband, family or close friends when she struggled and became angry or emotional about something, describing concerns about taking a long time to feel at ease in doing the same with a professional. Namie seemed to think that communicating with somebody who knew her well was very important.

Yuki seemed to resonate with Namie’s stance in describing how she approached her family and close friends when she found it difficult to cope.

It’s nice just to know that someone is there for you, that your friends and family are there for you and they might have different opinions but it’s just nice to feel that connection with other people and also to be able to just blurt it out and get it off my chest really.

(Yuki: 14, 24 – 15, 6)

Yuki appeared to state that a respected and understanding relationship with the person she talked to about her struggles was particularly important, whether they were her family, friends or somebody else. Yuki’s perception was seemingly more focused on the moment that she was in with the other person whilst Namie appeared to feel more reassured engaging with somebody who had been in her life for a long time.

Keiko did not explicitly talk about the importance of talking to somebody when she had struggled. However, she discussed her mother’s prejudice towards counselling and difficulty in talking to anybody but her family in a very frustrating manner.

So, she would not discuss her private issues even with her friends; just me and my granny, I think.

(Keiko: 26, 24 -27)

From the frustrating, almost disappointing yet warm tone of her voice in making the above comment, it was evident that she valued talking to other people about her own struggles and wished her mother could do the same. At the same time, it was evident how important it was for her mother to talk to her family about her issues, which Keiko appeared to realise, understand and appreciate.
Reina also talked about the importance of talking to somebody when struggling, without mentioning families to talk to unlike the three participants above.

[…] I believe talking to someone, rather than keeping it. It’s better. So, to express something to someone. As long as the person is good (laughs), then I think it will help.

(Reina: 21, 10 – 15)

Hitomi, on the other hand, described her tendency to go to a specialist or semi-specialist on what she is struggling with.

If I worry about study or school, maybe I go to a teacher or if I have some trouble with friends, I talk to friends […]

(Hitomi: 4, 19 – 21)

Before making the above comment, Hitomi had discussed her difficulty in approaching her parents with her struggles and that was perhaps reflected on her choices of people to go to when she felt she needed to talk.

All six participants discussed talking to somebody as their coping method. Four expressed the importance of talking to their family and two out of the four talked about exclusively talking to them. On the other hand, one participant seemed to value talking in general and the other appreciated going to a person who was knowledgeable about or familiar with the subject she was struggling with. Regardless of whom they would like to talk to, it is clear that all the participants seemed to find it extremely important to talk about their struggles.

4. Discussion

4.1 Overview

This study explored Japanese expatriates’ understanding of and perspectives on the notion of seeking psychological help through living in Japan and the United Kingdom where the public seemingly hold a different attitude towards mental health (Jorm, Nakane, Christensen, Yoshioka, Griffiths & Wata, 2005) and how their perspectives may have been affected by the experience. In this chapter, a brief overview of the super-ordinate themes will be presented first. The themes and findings that emerged
from participants’ interviews will then be reviewed in the same order as the analysis section whilst making any connections between them and identifying the literature that is linked to my interpretations of their narratives. The implications of this study in the field of counselling psychology as well as the study’s strengths and limitations will also be explored, followed by the reflective statement which will conclude the current research study.

4.2 Overview of the super-ordinate themes

Prior to reviewing the themes and findings with the relevant literature, an overview of the four super-ordinate themes identified in the analysis will be presented.

Exposure to the notion of seeking psychological help and subsequent reactions to it were discussed in some way by all participants and subsequently selected as the first super-ordinate theme. Three participants’ immediate reaction to my initial question, which asked what their perspectives on the notion of seeking psychological help through the experience of living in Japan and the United Kingdom were, was that they had not thought about it or did not know much about it at all whilst they were in Japan. However, all these participants turned out to be able to tell me a lot about their experiences and perspectives in the original context.

Participants remembered and talked about exposure to psychological help-seeking in the original context in a seemingly negative, disengaged or uninterested manner. Where the memory was negative, there was a sense that it felt too extreme, alienating or scary. On the other hand, it was simply not interesting or noticeable enough for others to become overly curious about it. For many, negative perceptions of seeking psychological help appear to have begun forming following their original exposure in Japan.

Exposure in the host context was discussed in a very different manner to the original context. Many participants came across advertisements or discussions about psychological therapies in various types of media. It was once they were in the host context in the United Kingdom when they also seem to have begun learning that their friends had been in therapy. Overall, there was a strong sense that psychological
help-seeking felt more normal and acceptable through exposure made in the host context, diminishing the negative perceptions they had previously acquired.

Despite an overall sense that psychological help-seeking did not feel too "extreme” or “alien” any longer, participants repeatedly talked about the sense that they were unable to relate to the notion of psychological therapies and counselling, both in the original and host context. This recurring sense of “creating personal distance from the notion of seeking psychological help” was therefore chosen as the second superordinate theme.

Firstly, participants talked about psychological help being sought only in out of ordinary situations, mainly in the original context. Secondly, benefits of psychological therapies for other people, in both original and host contexts, were discussed whilst participants expressed their lack of requirement or interest in seeking therapy themselves. Next, there was a clear sense of discomfort and embarrassment in discussing the notion of seeking psychological help amongst some participants. Participants also talked about their perceived image of mental illness and its sufferers as serious and not relatable to themselves. Finally, for some participants, the notion of seeking psychological help is perceived as posh and expensive and they are unable to access the relevant service consequently. These perceived feelings, thoughts and opinions about psychological help-seeking appear to have stemmed from their initial exposure and made them feel a personal distance.

Participants also discussed how they felt their views of seeking psychological help were affected by how the society they had been in perceived the notion of seeking psychological help. This led me to making “societies and self” the third superordinate theme. I was particularly struck by many participants’ comments that people in Japan did not talk about mental health and psychological help-seeking often due to negative perceptions of personal disclosure. On the other hand, many participants have noticed how openly their friends and colleagues in the United Kingdom talk about mental health and therapies that may have engaged in. Participants also talked about their feelings about accessibility of psychological services in both original and host contexts, where there appears to be a big difference.
Experiences detailed using the above super-ordinate themes seem to have helped participants to develop their current perspectives on the notion of seeking psychological help and the fourth super-ordinate theme has been chosen to detail their current perspectives. Firstly, there is a great amount of curiosity for psychological therapy and what may or may not happen in therapy displayed by the majority of participants. However, there is also a strong sense of uncertainty about going to see a professional therapist or counsellor amongst many. Nonetheless, all participants seem to highly regard talking as a coping method and some discussed the utmost value of family in doing so.

It seems that participants’ current perspectives have formed following their exposure to the notion of seeking psychological help through living in both Japan and the United Kingdom, and consequently developing their perceptions on the relationship they have with it as well as how the societies they have belonged to perceive it.

### 4.3 Discussion of analysis

#### 4.3.1 Exposure and consequent reactions

Heine, Lehman, Markus and Kitayama (1999) argue that it is not common for people in East Asia to automatically view themselves in a positive manner and to engage in self-enhancement, contrary to earlier findings stating that such behaviours were universal (Alicke, 1985). Furthermore, in a study by Yamagishi, Hashimoto, Cook, Kiyonari et al. (2012), a self-effacing tendency was observed when Japanese participants were asked to complete a self-evaluation and this supports the default strategy to adapt to the collectivistic social relations the Japanese are argued to tend to follow traditionally, whilst American participants oppositely demonstrated a self-enhancing tendency. The findings by Yamagishi et al. appear to be consistent with the findings of the current study where many participants’ immediate reaction when they were first asked about their perspectives on the notion of seeking psychological help through living in Japan and the United Kingdom was that they had not thought about it or did not know much about it at all, as they seemingly wanted me to believe that they did not have a lot of knowledge or experience. However, they were all able to talk a fair amount about their experience and perspectives later on. It can therefore be suggested that these participants may have perceived that they did not
have a wealth of knowledge and experience about it without realisation. Alternatively, participants’ stigma associated with seeking psychological help may have influenced their desire to be perceived as somebody who has not had a lot of experience with the notion of seeking psychological help. Corrigan (2004) argues that individuals who have not been diagnosed with a mental illness can avoid mental health care, in order not to be associated with the label and calls such behaviour “label avoidance” in his social cognitive model. Participants’ reluctance to be perceived as knowledgeable and experienced about seeking psychological help may have derived from such a notion.

Corrigan and Kleinlein (2005) describe public stigma as a representation of what the public does to people who are marked with a mental illness. One of the three characteristics of public stigma described by Angermeyer and Dietrich (2006) is to avoid interactions with the mentally ill and it is displayed in the findings from participants’ exposure to the notion of seeking psychological help in the original context where they did not appear to wish to be associated with or interact with those who suffered from mental health issues. One of the emotions that was found to have developed through exposure to the notion of seeking psychological help in the original context is that seeing a therapist was scary hence they were unsure about attending therapy, which is consistent with the second characteristic of public stigma – forming of fear and uncertainty. A sense of fear seemingly became existent, as there was a lack of knowledge and understanding about mental health and what might happen in therapy (Crisp & Beck, 2005).

There was also a sense that the mentally ill were thought to be “mad” and “extreme” in the original context and this appears to have developed from what participants perceived as their lack of knowledge and interest in the notion of seeking psychological help, whilst possessing a certain level of prejudices and discrimination for the people who were witnessed seeking psychological help perhaps enhanced such a thought process. Such a phenomenon also appears to have derived from a stigma that can be described as an overarching term containing ignorance, a prejudiced attitude and a discriminating behaviour (Thorncroft, Rose, Kassam & Sartorius, 2007).
On the other hand, along with a participant’s initial exposure to a school counsellor, two other participants’ exposure was to an individual or a system that was going to provide psychological help-seeking where no interest or strong feelings were displayed. Acknowledging the notion of counselling for the first time through a university course on counselling or a person who wanted to take such a course also seems to have triggered little interest, with minimum memories from the events. Although in the Japanese culture, which is believed to follow collectivism traditionally, there are consequent social pressure and expectations for a variety of factors including careers (Triandis, 1989), a counsellor appears to have no significantly positive or negative impact on some people’s view of the profession and there does not seem to be any stigma attached to it, either.

Various findings from participants’ narratives of exposure to the notion of seeking psychological help in Japan suggest that there became a stigma attached to the notion of seeking psychological help that was experienced in Japan. Contrary to this phenomenon, participants’ exposure to the notion of seeking psychological help in the host context in the United Kingdom appears to have the negative perceptions and stigma diminished and substituted with more positive perceptions gradually.

All participants’ exposure in the host context seems to have been made through friends who had engaged in psychological help-seeking as well as various forms of media. Corrigan and Penn (1999) identified three key approaches to potentially diminish aspects of stigma experienced by people with mental illness as: 1. Protest to suppress stigmatising attitudes and behaviours towards individuals with mental disorders, 2. Contact to challenge stereotypes about people with mental illness and 3. Education to provide accurate information and replace myths about mental illness. Having friends with direct counselling and mental health-related experience, such as studying to become a mental health professional, seems to have given the participants an opportunity for both education and contact, demonstrating partial consistence with Corrigan and Penn’s findings. There appears to be a significant impact on their perceptions of how the notion of seeking psychological help feels – it is seen as more personal and acceptable.

Exposure to the notion of seeking psychological help made through various forms of media in the United Kingdom was also talked about by some participants. This
ranged from seeing an advertisement for a counselling practice in a newspaper to hearing celebrities talking about their own mental illness and experience of being in therapy on TV. It is evident that an action such as seeing an advertisement in a Japanese newspaper had a strong impact on some, as their experience with the notion of seeking psychological help involving the Japanese had previously been limited to experience with people with severe mental health issues. They did not therefore expect to see any information related to psychological help-seeking in the public domain managed by the Japanese. Whilst obtaining information about counselling from such an advertisement, the existence of the advertisement appeared to have been viewed as demands for such services in the United Kingdom. Such contact seems to have had an effect on the way counselling was perceived - more common than it had been originally thought, demystifying the notion of mental health care and perhaps diminishing the stigma consequently.

Discussion of celebrities and their engagement with therapy should also be explored. There have been some studies looking into how celebrities and well-known figures can influence people’s perceptions on the health system (e.g. Du, Freeman & Syblik, 2000), and it has been demonstrated that celebrity’s disclosure of their own illnesses can increase public interest in a specific disease and can subsequently change the public behaviour such as their attendance of cancer screening (Cram, Fendrick, Inadomi, Cowen, Carpenter & Vijan, 2003). It is also reported that media use has increased steadily since the 90s, and 59% of respondents in Boon and Lomore’s study (2001) claimed that their celebrity idols had influenced some aspects of their attitudes or beliefs, which in turn suggests that there is a great amount of interest in celebrities’ behaviours today. The current study’s findings suggest that Japanese people’s perceptions of the notion of seeking psychological help and mental health are also positively influenced by their acknowledgement of famous figures with related experience through media. The mainstream media and celebrity culture have rapidly developed over the past few years and social media platforms such as Twitter and Facebook have become a very important part of many people’s lives in communicating with others as well as obtaining and sharing information. Behaviours and comments on mental health made by people in the public eye are most likely perceived in a more visible and accessible manner, potentially making a stronger impact on the general public.
Regardless of whether participants have been exposed to the notion of seeking psychological help through media or friends in the host context, it appears that participants perceive the notion of seeking psychological help to be more familiar following their stay in the United Kingdom. The perceived greater amount of available information and a wider use of professional help by familiar people in both their private and public lives seem to have contributed to a higher tolerance of stigma associated with the notion of seeking psychological help. This appears to be consistent with the findings by Rickwood and Braithwaite (1994).

**4.3.2 Creating personal distance from the notion of seeking psychological help**

How participants’ exposure to the notion of seeking psychological help in the two different countries has affected what appears to be their stigma associated with psychological help-seeking and mental disorders were discussed in the previous section. Despite more recent exposure in the United Kingdom appearing to have diminished participants’ stigma, it is evident that many participants do not necessarily seem to recognise a personal need to seek professional help. In this section, how participants may create a sense of “personal distance from the notion of seeking psychological help” will be examined in detail, as this is the theme that emerged from the interview transcripts continuously throughout the analysis process.

First of all, perceptions that psychological help is only sought in “out of ordinary” situations seem to have been developed by many participants whilst their immediate association of the notion of seeking psychological help with a serious mental illness was evident. It was suggested that those who appeared to suffer from a serious mental illness were not strong or tough enough. This appears to resonate with a high percentage of Japanese people who seemingly find weakness of personality to be the preferred cause of mental illness rather than heritability (Nakane, Jorm, Yoshioka, Christensen, Nakane & Griffiths, 2005). At the same time, a strong perception that a significant life event induced a mental disorder was also recorded. This perception appears to be more in line with the view of the public in the West that the social environment for the likes of life stressors is the main cause of mental disorders (Link, Phelan, Bresnahan, Stuev & Pescosolido, 1999). On the contrary, supernatural
phenomena can be seen as the major cause of mental illness in some non-Western countries (Razali, Khan & Hasanah, 1996).

Contrary to the findings by Atkinson and Gim (1989) that more acculturated students are more likely to recognise a personal need for professional psychological help, some participants expressed benefits of psychological help whilst stating their lack of personal need to seek professional psychological help in the current study. On reviewing their demographical data, these participants were found to have spent a much shorter period of time in the United Kingdom compared to other participants who expressed their need of professional psychological help. It may therefore be argued that those who expressed their lack of personal need of psychological help may not be as acculturated as others. It should however be also noted that there were many noticeable nervous laughs and uncertain-looking faces amongst these participants upon making comments stating that they did not require professional help. This may have been a reflection of a low level of interpersonal openness regarding their own problems and consequent reluctance to disclose them. Such behaviours seem to have been commonly witnessed amongst Japanese college students in comparison to those in the US previously (Masuda et al., 2005).

Various studies have previously suggested that people who have been labelled mentally ill are stigmatised more severely than those with other health conditions (e.g. Corrigan, River, Lundin, Uphoff Wasowski, Campion, Mathisen et al., 2000). In the current study, some participants’ image of mental health problem sufferers was described as serious and unlike themselves. Not only do they feel that mental health issues are not particularly relevant to themselves, there appears to be a tendency of stereotyping mental health sufferers, which is argued to be a sign of stigma. Moreover, a sense of discomfort and embarrassment, which was exhibited in verbal and physical communications by the majority of participants when talking about mental health issues, also indicates negative and uneasy perceptions they currently hold of them. However, it is important to note that the negative perceptions and stigma in question here most likely apply to what is associated with mental health problems and their sufferers rather than the notion of seeking psychological help in general itself. Finally, another factor that appears to make participants feel distant from the notion of seeking psychological help is the perception that it is costly and used by the client base from a privileged background. This is in line with the findings
that people with low socioeconomic status (Leaf, Bruce, Tischler & Holzer, 1987) and greater concern for monetary cost (Stefl & Prosperi, 1985) have less positive attitudes toward psychological help-seeking; therefore, they are less likely to engage in therapy and talk about it.

In the United Kingdom, psychological services can be provided through the National Health Service when an appropriate referral is made by your GP. However, it seems to be understood that psychological therapy can only be obtained through the National Health Service when one is diagnosed with a specific mental health disorder and it is very expensive otherwise. It is also thought that people who have previously attended psychological therapy talk about their experience proudly and that in turn has made them appear "posh". In both cases, there was a sense that both participants felt that they did not fit into the category they envisioned they had to be in to be able to attend therapy. In Japan, on the other hand, counselling services are mostly not covered by the governmental health insurance and some seemingly feel that psychological therapy is expensive and not cost effective, as the progress seems very slow to them. Such perceptions appear to be most likely influenced by the participants’ perceptions of mental disorders that are difficult to understand due to their lack of visibility as well as their lack of confidence in relevant mental health professionals. This is consistent with the study which found participants’ lack of confidence to be a significant factor in determining the attitudes towards seeking professional psychological help in combination with the stigma tolerance and the level of acculturation amongst many, including Asian students living in the US (Zhang & Dixon, 2003).

### 4.3.3 Societies and self

As previously addressed, Japan is traditionally considered to lead a collectivist society where views of others within the society are highly regarded and the society’s collective tends to behave consistently with the group’s objectives. It is therefore not so surprising that participants in the current research discussed their understanding of how the notion of seeking psychological help is perceived by the societies they have been exposed to and how that has affected their experience and perspectives in the interviews.
Komiya et al. (2000) argue that an individual's closed attitude towards emotions encourages negative attitude towards psychological help-seeking, which is considered not so dissimilar to a client's reluctance to explore painful emotions affecting resistance in psychotherapy proposed by Greenson (1987). According to Mizuta, Zahn-Waxler, Cole and Hiruma (1996), emotional openness is less likely to be seen as a desirable quality in Japan, and children are not encouraged to express emotions by their parents. The data from the current study appears to resonate with these arguments and shows that participants perceive that Japanese people, particularly the male population, find it difficult to talk about their feelings that are related to psychological problems with others. This is also consistent with findings of a comparative study by Masuda et al. (2005) where Japanese students were found to have scored lower than US students on the interpersonal openness scale whilst female students also scored higher than male students. Furthermore, the study data demonstrates that many Japanese people would perhaps be able to talk to only their family members about what they consider to be sensitive subjects such as their mental health disorders which can have a significant impact on their emotional openness with people in different society groups.

The current study revealed that it is thought that there may not be sufficient community services for psychological issues and concerns that medications are often offered instead of counselling in Japan. There have been some findings to propose that medication is considered to be harmful due to its side effects and symptom-oriented nature across many countries (Jorm, Angermeyer & Katschnig, 2000). However, there appears to be stronger beliefs amongst the Japanese that medication is less harmful in comparison to some other nationalities including Australians (Jorm et al., 2005). Furthermore, Japan still demonstrates a higher rate of psychiatric hospitalisation than many other countries in the world despite the 2004 reform bill promoting rehabilitation in the community (World Health Organization, 2005).

Participants’ experiences and perspectives recorded in the current study’s analysis process suggest that the notion of seeking psychological help is viewed in a more open and "normal" manner with a perceived greater amount of interest in the United Kingdom. It is subsequently viewed that people in the United Kingdom talk more publicly about their experiences with seeking psychological help and mental health. Upon discussing individualism – collectivism of social groups, Triandis, Bontempo,
Villareal, Asai and Lucca, (1988) suggested that Japanese people have three very distinctive social groups - an inner ingroup of family and close friends, an outer ingroup of colleagues and neighbours and an outer group of hardly known people or foreigners, and they appear to behave differently according to the group they are with. On the other hand, it is suggested that people in the US have a wider inner ingroup that includes not only close family and friends, but also close colleagues and relatives, and have a small outer ingroup of neighbours who do not appear to be significantly different from an outgroup of people they hardly know. This may be one of the reasons why people in Western countries appear to be more open about what the Japanese find private or sensitive, as they are argued to be able to share their experiences and associated emotions with a wider range of people. Consequently, participants seem to have encountered more opportunities to hear and learn about the notion of seeking psychological help since moving to the United Kingdom, which is assumed to have helped them become more familiar with such subjects. Due to greater familiarity with the notion of seeking psychological help and emotional openness that the UK public are perceived to have in comparison to the Japanese public, participants also appear to believe that psychological services are more prominent and accessible, and perhaps available in wider circumstances in the United Kingdom. This is consistent with findings of the study by Vogel, Wade, Wester, Larson and Hackler (2007) where being prompted to seek psychological help and knowing someone who had sought psychological help were found to be associated with positive expectations about and positive attitudes toward mental health services. Furthermore, 94% of those who sought psychological help were found to know someone who had previously engaged in mental health services in the same study, indicating its correlation with intention to seek psychological help. However, in the current study, the majority of participants only demonstrated their interest in seeking psychological help, not their intentions.

4.3.4 Developing current personal perspectives

Participants’ two major current perspectives for the notion of seeking psychological help were demonstrated in the current study – curiosity and uncertainty. Whilst such feelings towards seeking psychological help have not been readily studied in qualitative research to date, many researchers in various fields have suggested that curiosity is one of the significant factors that influences human behaviours in both
positive and negative manners (Berlyne, 1954), and uncertainty has been a known factor to affect one’s decision making process (Osman, 2010).

Findings of the study by Kim (2007) suggest that it is enculturation to Asian cultural values that is significantly and inversely related to the Asian American’s attitude towards seeking professional psychological help, and not acculturation to European American cultural values. However, participants’ curiosity to engage in psychological therapy demonstrated in the current study appears to have developed by living in the United Kingdom, being exposed to its cultures and adapting to the norms of the dominant group, which has been described as the definition of acculturation (Kim & Abreu, 2001). It can therefore be tentatively suggested that acculturation to British culture and its values can affect Japanese expatriates’ perspectives on the notion of seeking psychological help, developing increased curiosity. Furthermore, it is proposed that stigma that had been associated with the notion of mental health and professional psychological help-seeking in the host context was reduced by making contact with and receiving education about seeking professional psychological help that appeared to have been encouraged by the host culture (Corrigan, Larson, Sells, Niessen & Watson, 2007).

Fischer and Turner (1970) argue that the combination of confidence in the mental health profession and recognition of need is more crucial for a decision to obtain professional psychological support than stigma tolerance and interpersonal openness. Whilst participants demonstrated curiosity to attend psychological therapy, there was also a degree of uncertainty about seeking professional psychological help that was displayed in the interviews. It can be suggested that enculturation, which is defined as the process of retaining the norms of the indigenous group, has resulted in participants’ sense of uncertainty, and this is consistent with the aforementioned findings by Kim (2007). The notion of talking to a stranger has also been noted as what many participants feel would cause uncertainty if they were offered to attend therapy. A client is required to be emotionally open in order to be able to share their feelings and psychological issues which may have been kept private to date, and building trust and confidence within a client-therapist relationship would be essential in having effective therapy as discussed in various literature extensively (Fiedler, 1950). However, Japanese people traditionally tend to value and form a hierarchical relationship in any relational context (Marsella, 1993) and that would most likely have
an additional impact on how a therapeutic relationship is potentially formed when one or more Japanese persons are involved in therapy. Reflecting on how participants demonstrated both curiosity and uncertainty, it can be said that both acculturation of the dominant cultural values and enculturation of the indigenous cultural values appear to affect Japanese expatriates’ perspectives on the notion of seeking psychological help and their consequent perspectives.

Despite having a mix of curious and uncertain feelings about seeking professional psychological help, it was unanimously agreed that it is important and helpful to talk when participants encounter struggles in their lives. Participants expressed the importance of talking to their family for what is regarded as sensitive subject matters whilst many also mentioned both family and close friends, who would fall into the inner ingroup, as a listener of a conversation in difficult circumstances. This is consistent with the aforementioned mechanism of the collectivist social groups observed amongst the traditional Japanese by Triandis et al. (1988).

4.3.5 Summary of discussion

This study offers insight into the perspectives on the notion of seeking psychological help which Japanese expatriates feel they have developed through living in both Japan and the United Kingdom.

Living in the two countries, where general perceptions of mental health appear to be very different, has seemingly provided Japanese expatriates with varied experiences and perspectives on the notion of seeking psychological help. First of all, it is understood that stigma associated with the notion of seeking psychological help and mental health developed whilst Japanese expatriates were living in Japan. Such stigma seems to have been enhanced by the notions such as one that weakness of personality is a causal factor of mental illness held by some and they did not wish to be associated with, or interact with, those who suffered from mental health issues. Prejudices and discrimination towards the mentally ill, which are two of the four proposed characteristics of stigma associated with mental illness, appear to have been evident, too. On the other hand, living in the United Kingdom, where participants’ friends and acquaintances have had direct counselling experience and publically discussed their experience and information about counselling in various publications
and media, seems to have helped such stigma to be diminished. Contact and education are two of the three factors proposed to diminish stigma with the mentally ill. Another proposed factor of protest was not observed in the current study. Perceptions such as one that a significant life event can induce a mental disorder appear to have developed through living in the host country where there is seemingly less public stigma associated with mental disorders.

A lack of personal need to seek professional psychological help is evident in many whilst a low level of interpersonal openness regarding their own psychological problems and reluctance to disclose them are demonstrated. A sign of stigma associated with the mentally ill appears diminished yet still evident in participants’ tendency to negatively stereotype mental health sufferers and to demonstrate discomfort and embarrassment in their verbal communication as well as body language upon discussing the topic. Participants’ perceptions that mental disorders are difficult to understand and their treatments tend to be slow appear to have contributed to their costly and posh image and a greater sense of distance. The notion of seeking psychological help appears to feel impersonal to many although they seem to have positive perceptions when it is utilised for others.

How societies may perceive the notion of psychological help seeking appears to be important to Japanese expatriates whose original culture is said to be collectivist. Japanese males, in particular, are seemingly expected to be particularly reluctant to talk about their psychological issues and related feelings whilst medications are thought to be utilised more widely than psychological interventions such as counselling in Japan. On the other hand, the UK public are understood to be more familiar and comfortable with the notion of psychological help seeking and to have more emotional openness consequently.

It is suggested that being exposed to the British culture by living in the United Kingdom and consequently experiencing acculturation to its values also resulted in the development of curiosity about seeking psychological help contrary to previous research findings. However, consistent with the findings, enculturation to the original cultural values appears to have led to increased uncertainty displayed towards personally seeking psychological help.
Although seeking professional help may be perceived with conflicting emotions, Japanese expatriates all seem to concur that they find it helpful to talk upon experiencing difficulties. Family and close friends appear to be particularly important figures in dealing with what is perceived to be more sensitive issues such as mental disorders, which seems to resonate with the proposed traditional Japanese collectivist culture with the utmost importance of such figures in the community.

Having detailed a summarised account of the discussion of the current study’s findings, strengths and limitations of the study will be reviewed and potential ideas for the future studies will be proposed in the next section.

4.4 Strengths and limitations of the study and ideas for future studies

This study has presented Japanese female expatriates’ experiences of living in both Japan and the United Kingdom and how they feel their perspectives on the notion of seeking psychological help may have been affected by such experiences, whilst illustrating the unique characteristics of each individual participant and patterning of meaning across participants. Furthermore, it is one of few studies in the field with participants consisting of those who identify themselves as Japanese nationals living in the United Kingdom or Japanese expatriates in the United Kingdom. However, there were a number of both strengths and limitations to this study.

First of all, the small scale of this research has not permitted general conclusions about the effects of living in Japan and the United Kingdom on people’s perspectives on the notion of seeking psychological help and the study could be extended to look at different aspects of such experiences and perspectives both qualitatively and quantitatively. Various researchers have reported that females tend to have more positive attitudes to psychological help seeking than males (Tata & Leong, 1994) whilst other research has found no significant differences (Atkinson & Gim, 1989). I had therefore initially hoped to interview both female and male participants, as I believed this would provide a broader range of perspectives on the notion of seeking psychological help. Past research indicated that Japanese male clients are more likely to find it uncomfortable to see a female therapist compared to a male one (Itai & McRae, 1994) and I had hoped that some male participants would be interested in participating in the study. However, no male participants offered to volunteer to be
interviewed despite my effort to recruit them. This perhaps demonstrates a partial picture of how a lot of Japanese men may not be willing to talk about psychological help-seeking and its notion, to engage in therapy or to be seen engaging in a related activity. The notion of participating in the study may have been viewed in a similar, more negative light to the notion of seeking psychological help due to its interview format and subject as opposed to a quantitative research format that has been participated by many males to date. Although using the bank I used to work for as the starting point of recruitment was helpful in finding participants who were willing to talk about their experiences of living in the two countries and consequent perspectives on the notion of seeking psychological help in the interviews, recruiting participants through a different medium may attract more men to participate in the future study. Gender of an interviewer is also said to have a significant impact on interviews when researching sensitive topics such as sexuality and mental illness and gender congruence is argued to be both a resource and a limiting factor (Oliffe & Mroz, 2005). Whilst existing literature on women interviewing women in the context of the qualitative interview is extensive (Hamberg & Johansson, 1999), there appears to be little literature on men interviewing women and the current study has demonstrated how relationships between a male interviewer and female interviewees developed throughout. Furthermore, the findings of the current study offer rich, in-depth data some of which cannot be obtained in a quantitative study. However, future research on males’ experiences and perspectives would be valuable either in conjunction with, in comparison to, or separately from studies investigating female expatriates’ experiences such as the current study.

Another aspect of Japanese culture that appears to have had impacts on the current study is a hierarchical relationship a Japanese person tends to form with another Japanese individual where gender, social status as well as seniority have been found to be significant factors for one’s measurement for the hierarchy (Matsumoto et al., 1996) whilst age has been found to be a particularly significant factor in formation of a hierarchical relationship within Japanese culture (Marsella, 1993). Although they were contacted with the research information, the majority of both senior male and female expatriates who tended to have higher social status did not respond to my email. All final participants were female of a similar age to myself. Whilst I believe that participants spoke as openly as possible in their interview once they have agreed to take part, Honne to Tatame may have led some of them, particularly those who
were not familiar with me or younger than I, to making more helpful and positive statements out of politeness at times. However, I made every effort to make them feel as comfortable as possible by utilising warm and open verbal and body languages and the importance of confidentiality was also emphasised to all the participants. Additionally, all participants seemed extremely eager to ensure they were making a sufficient contribution to the study. Such interest was perhaps developed particularly because of their awareness that I was pursuing a career in counselling psychology regardless of whether they were already familiar with me or not.

All interviews in the current study were conducted in English, in order to simplify the process of transcription and analysis as well as to eliminate another process of interpretation that would have occurred in translating the original transcript into English. Moreover, language has been found to play a significant role in determining how emotions are represented and Bond and Lai (1986) proposed that it is easier to thoroughly discuss more embarrassing topics such as sexual attitude in one’s second language than in one’s first language. Our interviews therefore may have helped participants to explain their emotions related to their experiences in more depth. However, it was also evident that a couple of participants struggled to make certain expressions and asked for translation of words at times. Whilst participants had been told that it would be okay to use Japanese words when they preferred to do so and they were assisted with translation promptly, it is likely that such a process had an effect on the interview dynamic. Although all participants were asked how they felt about their interview which had been conducted in English, all the responses were neutral to positive yet not elaborated. A future study focusing on the effects of used languages in therapy amongst the Japanese would be beneficial in exploring and identifying effective ways of conducting therapy.

Mental health-related phenomena such as karoshi / karo-jisatsu and hikikomori appear to be specific to the Japanese culture and are reported to be experienced by men predominantly. It would therefore be beneficial to identify effective interventions successfully utilised by men who have experienced hikikomori or held suicidal ideation due to overwork as well as their experiences with and perspectives on the notion of seeking psychological help in the future research.
On a similar note, people who agreed to take part in the current study were willing to discuss their experiences and perspectives when they signed up for the study, which suggested that they were most likely to have less stigma associated with the notion of seeking psychological help or mental health compared to those who had indicated that they did not wish to participate in the study. In fact, many contacts simply did not respond to my recruitment email and some made a decision not to take part in the study after contacting me to enquire about the details of the study. Their reasons for non-participation varied from not feeling comfortable to being too busy. It would be valuable to design a study where more Japanese expatriates might feel confident in participating for the next study, in order to obtain an interpretation of perspectives on the notion of seeking psychological help by as broad a selection of people that fulfil the participant requirements as possible. Previous contact with a psychotherapist has also been reported to be a predictor of attitude towards seeking professional psychological help (Furnham & Andrew, 1996). It would therefore be useful to carry out an interview study exclusively with participants who have previously attended psychological therapy and compare their perspectives on the notion of seeking psychological help with the findings of the current study, too.

In future studies, participants may be encouraged to talk even more openly if an interview takes place on a number of separate occasions over a relatively short time period, in order to gradually build trust and develop an interviewer-interviewee relationship. Alternatively, introduction of quantitative aspects such as the ATSPPH scale and analysing demographic data including the length of residence in Japan as well as in the United Kingdom in the current study may be useful in recruiting a broader range of participants and assessing how Japanese people’s attitudes towards seeking psychological help may be affected by living in Japan and the United Kingdom. Not only may this help participants feel less intimidated to initially participate in the study, quantitative data would potentially add measured validity and reliability to the study. Furthermore, the current study suggests that acculturation to the host cultural values tends to result in Japanese expatriates’ positive perceptions of and increased curiosity of seeking psychological help, whilst enculturation to the indigenous cultural values tends to lead to their negative perceptions of and uncertainty about it. Further research should be conducted to assess which aspects of acculturation and enculturation may affect Japanese people’s perceptions of seeking psychological help and a program encouraging such aspects may be
implemented for Japanese people in Japan as well as abroad. There are also a number of Japanese returnees who have spent a few years of their lives outside of Japan before returning to the home country and struggle to readjust themselves back to the original culture (Furukawa, 1997). An interview study to explore these returnees’ experiences and their perspectives on the notion of seeking psychological help should be helpful in gaining a further understanding of socio-cultural effects of such experiences.

Participants’ verbal and non-verbal communication was observed and their detailed narratives were analysed in this study. Not only has there been very few research looking at Japanese expatriates’ perspectives on the notion of seeking psychological help through living in more than one country illustrating the unique characteristics of each individual participant and overarching themes, few opportunities have been offered to the demographic to tell their story. Our interview is also believed to have functioned as a form of contact and education that continued to help them diminish their stigma associated with the notion of mental health and psychological help-seeking. I also believe and hope that health professionals working with people of Japanese origins would be able to benefit from a set of in-depth data obtained and discussed in the study.

4.5 Implications for counselling psychology

A few previous research studies have identified attitudes towards mental health and the mentally ill amongst people from different nationalities and backgrounds including the Japanese. However, they have not examined processes of how these attitudes may have developed or explored personal contexts for the perceptions they may have. On the other hand, the current research provides a unique insight into how Japanese expatriates perceive the notion of seeking psychological help through the experience of living in both Japan and the United Kingdom and how they feel their perspectives may have been affected by the experience, whilst highlighting the wide range of cultures they have been exposed to and have consequently been influenced by. Drawing on the findings of the current study, roles counselling psychology could play amongst Japanese people are demonstrated, whilst other implications for the field of counselling psychology and mental health in general will also be highlighted.
First of all, the findings of this study, in particular participants’ perceived decreased stigma associated with mental health and psychological help-seeking through living in the United Kingdom, propose potential directions for counselling psychology programs and suggestions that can be utilised to help Japanese people develop more positive perceptions of mental health and seeking professional psychological help as one of their treatment options should they ever require help and support. Reduction of stigma associated with the notion of seeking psychological help and mental health should be considered in developing such programs primarily. As previously noted, Corrigan and Penn (1999) proposed and explained the three factors to diminish stigma associated with mental health as protest, contact and education. A mental health awareness intervention has been found to be effective in changing people’s attitudes towards mental illness (Pinfold, Toulmin, Thornicroft, Huxley, Farmer & Graham, 2003) and educational interventions have also been found to decrease stigmatising attitudes towards individuals with mental illness amongst teenagers (Essler et al., 2006). However, there have been a few research studies criticising Corrigan and Penn’s proposals. First of all, Monteith, Sherman and Devine (1998) argue that stigma will be augmented if individuals are instructed to suppress negative attitudes towards a particular group whilst Penn and Corrigan (2002) argue that negative attitudes toward the mentally ill are reduced through protest yet there is no impact on behaviour. Effects of protest on stigma associated with the notion of seeking psychological help were not identified in the current study and further research in the field is desirable, in order to establish the factors which can diminish stigma associated with mental health. Although a number of research studies demonstrate a significant correlation between contact with people with a mental disorder and reduced stigma associated with them, the majority of these studies report previous contact on stigma instead of explaining how contact actually reduces stigma. Additionally, less significant stigma reduction has been observed when individuals obtained more factual information on specific individuals (Penn & Link, 2002), suggesting that education may be more effective when recipients receive information on general mental illness. Finally, individuals with more information about mental illness have been found to hold less stigma associated with the mentally ill compared to those who are misinformed about mental illness or have less information about it (Corrigan & Penn, 1999).
There have been various research studies looking at how stigma associated with mental health affect people in a number of countries. Whilst there is evidence that knowledge about mental health including its causes and treatments has increased over time in many countries, changes witnessed in attitudes toward people with mental illness have been mixed (e.g. Chou & Mak, 1998). However, the majority of research seems to concur that stigma and its perceptions are formed by cultural forces (Dovidio, Major & Crocker, 2000). Nonetheless, it is also important to note that the empirical literature on the cross-cultural nature of stigma is still underdeveloped although the influence of cultural context on mental health has been greatly acknowledged (Yang et al., 2014). Whilst the current study proposes how the Japanese expatriates’ stigma appears to have been reduced by living in the UK, methodically coordinated research attempting to understand the extent to which mental illness is understood and stigmatised across countries should be carried out in order to gain further understanding of stigma and its relationship to cultural differences.

The current study has identified that participants have been exposed to the notion of seeking psychological help in the United Kingdom through: 1. Advertisements for psychological services, 2. Media, with celebrities talking about their therapy experience, and 3. Friends and colleagues who have attended therapy and or studied counselling. Such exposure in the form of contact with those who have been in mental health care and education through media seems to have an impact on their understanding and perceptions of seeking psychological help, as they are understood to begin normalising its notion and therefore appear to have the attached stigma minimised. The current study suggests that not only have there been very different types of exposure in the United Kingdom, the frequency of having encountered such exposure is greater in the United Kingdom than in Japan. From these findings, it can be argued that negative perceptions of psychological help-seeking may be reduced by making a frequent contact with the notion of seeking psychological help as well as those who have previously sought psychological help through media or in person.

Many international studies have evaluated various programs developed in an attempt to promote mental health and reduce stigma associated with mental illness (e.g. Wolff et al., 1996). In Japan, there are practised educational programs such as the 1 ½-hour educational program proposed by Tanaka, Ogawa, Inadomi, Kikuchi and Ohta
(2003), during which they present the current conditions of mental health care as well as a case of a person with schizophrenia living in the local community. This program was found to be moderately effective in improving participants’ attitude towards people with mental illness. Furthermore, adolescents have been found to hold high levels of stigma towards mental disorders and be able to articulate their perceptions about mental health hence a need to focus on mental illness stigma reduction in school health curricula has been suggested (Chandra & Minkovitz, 2006). In the United Kingdom, the promotion of mental health is a key component of public health policy (Department of Health, 2011) and research studies have found that recognising possible depression through health promotion and discussions with health care professionals resulted in improved physical and mental health outcomes (Walker et al., 2002). Reflecting on the above findings of the previous studies and the current study, I would like to recommend a comprehensive program implementing the following at a relatively early stage of the educational system where possible: 1. Providing information on general mental illness including its prevalence and treatment options such as psychological interventions and medications, 2. Providing information on possible career paths in the field of mental health with the presence of mental health professionals / psychology graduates, 3. Providing opportunities for former mental illness sufferers to share their experiences in person. Furthermore, contact with those who are presently mentally ill would also be beneficial should they agree to provide their assistance. However, extra care should be taken to ensure their safety. In combination with the educational program, promoting advertisements of regulated psychological services in publications and encouraging well-known figures to share their experiences through media where possible and appropriate would also be beneficial in making mental health and its available services more familiar amongst the nation. The majority of research on health promotion’s effectiveness also appears to be quantitative. A qualitative research study exploring the effects of mental health promotion in Japan would be beneficial in further understanding how one’s culture may be affected through the diverse programs.

The above initiatives, which include additional recommendations to the previously recommended educational programs, can potentially help stigma associated with mental illness amongst the Japanese to be reduced and their attitude towards psychological help-seeking to be improved. Additionally, the rich, in-depth data of the current study provides the unique characteristics of each individual participant’s
perspectives and overarching themes across participants, and should help program providers and health care professionals to obtain a better understanding of the population in relation to the notion of seeking psychological help and mental health. The recipients of such programs are more likely to become more familiar with what mental health and people with mental illness may look and feel like, the potential risks of becoming mentally ill or experiencing psychological struggles, what types of medical and psychological treatments may be available, and above all, the notion of discussing mental health and illness with others. Furthermore, effects of the program conducted in a community setting are expected to be more significant due to the collectivist culture Japanese people are argued to lead traditionally. Although the majority of the senses of personal distance from the notion of seeking psychological help, which were displayed in the observed themes, are also hoped to be minimised through the above initiatives along with the reduced stigma, it remains a fact that psychological interventions are rarely provided through the national health system in Japan unlike consultations with a doctor and medications, and are in fact very costly for many. It is also my hope that the Japanese government will continue to promote the nation’s mental wellbeing and recognise the potential effects, relevance and importance of psychological interventions for a wide variety of mental health issues. An eventual introduction of the government-funded psychological services and media campaigns for specific mental health issues, such as post-traumatic stress disorder and addictions, would be highly welcomed and would allow counselling psychology to remain present in the care of mental health sufferers should it be required.

A strong desire to help family members with psychological struggles and to discuss what is perceived to be sensitive issues within family were observed in the current study, demonstrating the important role of family in the traditional Japanese culture. These factors should also be considered upon identifying effective psychological interventions for mental health sufferers. Whilst the aforementioned initiatives are expected to raise awareness and understanding of mental health issues in general, there is also a need to focus on support and education for the family members of the mentally ill and those who suspect they may have psychological issues. In describing the kawa model – a collective-oriented conceptual model applied in occupational therapy, Iwama (2006) indicated that it is crucial to sustain harmonious relationships with family members, colleagues and friends in maintaining well-being in Japan. Involvement of family members may also prove to be particularly effective in
delivering mental health educational programs or psychological interventions although individual as well as collective needs have to be carefully considered in the process.

There seems to be a predominant view and understanding that mental health issues and psychological help-seeking are not discussed amongst the Japanese people, in particular amongst men. Providing a welcoming and safe opportunity to discuss role and effects of emotional openness in workshops including ones specifically targeted for the male population may prove beneficial in encouraging those who may be more vulnerable to seek psychological help. The importance of social perceptions within the traditionally collectivist culture in Japan should also be considered in delivering effective psychological treatments and it would be imperative for psychological services to be integrated into a local community with their permanent presence whilst attempting to diminish stigma associated with the services. In addition to providing psychological treatments, the services can also host a series of community events in which local people may obtain knowledge about the services or to simply interact with the services and become familiar with them.

The current study also offers implications for the clinical aspects of counselling psychology. It records that there is a significant amount of curiosity about seeking psychological help yet there is also a high level of uncertainty about talking to a professional. In the study by Chew-Graham, Rogers and Yassin (2003), it was found that medical students in the United Kingdom demonstrated their reluctance to seek psychological help due to potential negative implications for subsequent successful career progression. Concerns such as this were also evident in participants’ narratives in the current study. Moreover, there appears to be concerns over opening up to a stranger amongst many participants, which have added to their uncertainty of seeking professional help. Educators of the aforementioned program that is designed to provide information on psychological services and mental health professions should emphasise the importance of confidentiality in therapy. For clients who have started attending counselling, such uncertainties may be eased should the therapist emphasise the importance of confidentiality agreements, which will be only broken where there is a risk of harm to the client or people around them only following a consultation with the client themselves, prior to commencement of therapy. In Japan, the majority of health services are offered privately therefore client information is often not shared centrally. An independent nature of psychological services should
also be emphasised whilst communications with the client’s GP where appropriate or required will be encouraged in attempting to provide the most effective services. How psychological interventions are conducted should also be considered. Whilst reduction of stigma attached to the notion of mental health may be encouraged over the next years, it is evident from the current study that many Japanese people still appear to view mental illness as a weakness or shame, and disclosing own mental illness is often negatively perceived. Such feelings may be exaggerated by the importance of societal perceptions amongst the Japanese and consequent worry of being exposed as having mental illness. A few studies have found significant effects of telephone counselling for mental disorders including depression (e.g. Ludoman, Simon, Tutt & Von Korff, 2007) and further research on the use of a telephone or a videophone in therapy may be able to identify ways in which Japanese people are able to engage with a psychological service more comfortably.

Finally, for mental health professionals who have never worked with the Japanese, I hope to have highlighted some of the Japanese cultural beliefs that appears to be held by Japanese expatriates in the United Kingdom through analysis of their experience of living in the two countries and their consequent perspectives on the notion of seeking psychological help. Whilst a counsellor should not attempt to make assumptions without looking at the entire context of an individual client, the current study findings will be helpful when a new client of this particular group is presented and their presentation and socio-cultural contexts are examined in clinical practice. Furthermore, the world is rapidly becoming more multicultural and counselling psychologists are expected to see clients from a wide variety of backgrounds as well as cultures. It is imperative for mental health professionals to be aware of potential effects the specific cultures of your client may have in therapy and the current study hopes to provide some key relevant information.

In summary, the current research, which is one of few qualitative research studies in the field, highlighted Japanese expatriates’ exposure to a variety of cultures in both Japan and the United Kingdom in detail and proposed how their perceived stigma associated with mental health and psychological help-seeking may have been reduced through living in the United Kingdom. From these findings, a comprehensive program to promote mental health and reduce associated stigma was recommended and a number of areas in which further research should be completed were highlighted.
4.6 Reflective statement

I began the research section of my portfolio by introducing the journey I had taken to making a decision to review Japanese expatriates’ perspectives on the notion of seeking psychological help through living in Japan and the United Kingdom. I would now like to conclude the section by reflecting on what I have gone through in the process of completing the research, as I feel this would help me to have an apposite ending with this particular chapter of my professional and personal journey to identifying the roles of counselling psychology for the Japanese and becoming an effective counselling psychologist. In doing so, I hope to provide a very honest account of how I, as a researcher, a clinician and a human being, have interacted with the research and how the relationship between us has evolved over time. In order to make this chapter as authentic as possible, I am going to attempt to detail all that has made an impact on the research in a personal manner. There will therefore be slight overlaps with what has been described in the earlier methodological reflexivity section.

Upon commencement of the research, I became excited thinking about a new and unfamiliar project which was expected to become a large part of my life in the upcoming months. However, I was also slightly disheartened by the last minute changes I had to make due to my original plan falling through and feared for the potential further delay. This perhaps resulted in me feeling a sense of urgency starting the process by recruiting and interviewing participants as quickly as possible. In hindsight, I may not have been as mentally ready as I should have been when I hurriedly began the interviewing process. My original thought was that I was not dealing with an extremely ethically sensitive subject that could affect participants or myself too greatly and there was little to worry about in relation to psychological health. However, being exposed to the fellow Japanese expatriates had significant effects to the contrary. First of all, participants’ feelings of discomfort and embarrassment in dealing with and talking about the notion of seeking psychological help had a strong impact on me, as I also began feeling uncomfortable dealing with the subject matter. The transference process is one of the most frequently talked about elements of therapy which is described as an emotional reaction developed by the client towards the therapist (Greenacre, 1959), whilst the countertransference is
the redirection process of transference. On the other hand, the term parallel process is often used to describe a process similar to transference / countertransference that also occurs outside therapy such as in a supervisor-supervisee relationship (McNeil & Worthen, 1989). I feel that what resembles the parallel process occurred during the interview process with the six participants and it consequently affected my feelings towards the notion of seeking psychological help and the research study for a long time afterwards, which resulted in me spending almost a year attempting to complete the interview and transcription processes. There was a year where there was a constant sense of guilt and shame in not being able to sit comfortably with the work yet I continuously procrastinated by attending to my job, family and anything else that was not related to the research. Quoting some of the themes discussed in the earlier chapters, there was also a “negative perception of personal disclosure” and I was consequently unable to share my feelings about the research with anybody but myself. A strong sense of “uncertainty” about the research as well as my ability as a researcher and clinician also became evident. Upon commencement of the research, my primary objective was set to find potential ways of making counselling more accessible which was accompanied with a strong sense of commitment and determination as a trainee counselling psychologist. I feel that this in turn made me feel very protective and defensive about the notion of counselling and psychological therapies. Whilst I made every effort in not letting such feelings affect the actual interview process, it evidently had a broader effect. In retrospect, it appears that I perhaps felt participants’ uncomfortable and uncertain feelings quite personally until I was able to start analysing the transcribed data as a researcher. I regret not making any contact with my university and work colleagues or research supervisor until reaching such a stage, but my personal and family circumstances made it more difficult to do so. The road I was on felt more and more distant from the research itself and felt quite fragile at the time.

Completing the research has been a difficult process for other personal and professional reasons, too. There was a lack of a sense of stability in my personal life for a long time, as until recently, my partner and I were not certain where we would be residing in a few months’ time. I was out of the United Kingdom frequently, in order to attend to family members’ illnesses and my partner’s work engagements. This was added to the uncomfortable and uncertain feelings described earlier and meant that I was feeling physically and psychologically more distant from the notion
of the research. It was truly an isolated and lonely process for a long time accompanied by various university-related events beyond our control. However, we made a decision to stay in the United Kingdom a few months ago and this greatly helped me to focus on the research. It was also the research itself that got me back on the road properly. A lovely moment happened when I was attempting to go through the audio tapes of the interviews in the process of reading and re-reading. One of the participants, Namie, said in Japanese that she was very glad to know that there are people like me who would like to work in the world of mental health and help many Japanese people, hopefully. This comment was recorded by accident, as the interview had already finished by then but the recorder was still on. I was moved by the comment, especially because at the time, I was thinking about her uncle who I was told had ended his life a few years ago. Although she did not mention him in the aforementioned comment, it was clear that she was thinking about him and I was reminded of the very reason why I enrolled on the counselling psychology program and was completing this research.

Once I fully reengaged with the research and began the analysis process, I perhaps became more comfortable with my identity as a Japanese trainee counselling psychologist. During the interview process, my identity as a Japanese researcher was challenged, as I was reminded of my original background and consequently felt inexperienced and uncomfortable at times. Working with the Japanese in a therapy setting is still a relatively new field for me, as I have only had a handful of Japanese clients to date. Not only was it a very necessary yet important process to communicate with Japanese people for the research, but also for my future when I will be providing therapy to both non-Japanese and Japanese clients in English or Japanese depending on the client’s requirements. Furthermore, one of the participants Yuki in the interview discussed her identity as a Japanese national who spent her childhood in the US. Even though I only came to the United Kingdom when I was sixteen years old, her struggles with her own identity resonated with me significantly. Not only do I sometimes feel that I may not be proficient enough as an English speaker whose first language is not English, I occasionally feel similarly when I speak Japanese, as my Japanese language skills have deteriorated in the past sixteen years of living in the United Kingdom. Whilst I find myself constantly growing more confident as a clinician and researcher, this is an area I would like to consciously reflect on in the future, in order to continuously develop as a counselling psychologist.
At the beginning of this study, I was not sure what might come of this study. In the analysis and writing processes, I was constantly fascinated by the interview data in which participants’ experiences with and perspectives on the notion of seeking psychological help were expressed. It has been a challenging process but I am pleased that I have been able to present this study finally and identify the roles of counselling psychology in potentially making counselling more accessible amongst the Japanese should they require the support. On a more personal level, I feel I have gained so much understanding of myself and my role as a counselling psychologist and how I function around both Japanese and non-Japanese people throughout the whole process. This valuable experience has now formed a big part of my journey to becoming a Japanese counselling psychologist whilst informing my future practice.

Finally, the process of completing the research study has also had a huge impact on my family, friends and colleagues, and their presence, reactions and support have in turn affected me significantly. My relationship with very important people has been tested on numerous occasions. However, through very difficult times for all concerned, I have been fortunate enough to receive understanding, knowledge and experience from my loved ones, and their care, support and contributions have formed a big part of the research in various ways. One of the core values disciplined by counselling psychologists and detailed in the professional practice guidelines is to always work in ways that empower rather than control (Division of Counselling Psychology, 2005). Throughout the research I feel that I have been empowered by people’s empathy and encouragement without judgment, and I am going to take away that beautiful sense of empowerment, in order to excel in my future practice.
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Appendices

Appendix 1: Research information sheet

Participant Information Sheet

You are being invited to take part in a research study. It is important that you understand why the research is being done and what it will involve for you before you decide to participate. Please therefore take the time to read the information below and ask any questions that may arise.

- **Who is the researcher?**

My name is Ryota Kishi. I am a Trainee Counselling Psychologist at City University, London. I have lived in the United Kingdom for over 15 years and previously worked at Sumitomo Mitsui Banking Corporation Europe Limited. I have now moved to pursuing a doctoral qualification in Counselling Psychology and I am contacting you to ask if you would like to participate in my research.

- **What is the title of this study?**

An interview study to explore how Japanese expatriates perceive the notion of seeking psychological help though living in Japan and the United Kingdom.

- **What is the purpose of this study?**

To gain an in-depth understanding of perceptions, opinions and experience (if any) of counselling amongst Japanese expatriates who reside in the United Kingdom. It is my hope to look into ways to help counselling become a more widely-utilised treatment option within our society.

- **What will you be asked to do?**

If you agree to participate I will ask to meet with you on one occasion and have a one-to-one interview to discuss your views and perceptions of counselling in relation to your life experiences. The interview will last for no more than 60 minutes and will be recorded using a digital recorder.

- **What are the potential disadvantages of taking part?**

Participation in this research may result in you reflecting on past events, which could possibly be upsetting or uncomfortable. The researcher will attempt to minimise the level of distress in the following ways:

- By ensuring that you do not have to answer any questions you do not want to and have the right to stop talking
- By advising a short break or stopping the interview altogether at any time
Appendix 1: Research information sheet (cont.)

- By debriefing you at the end of the interview - a list of resources will be provided for support in case you experience any distress as a result of taking part in the research study.

- By offering you time to discuss any issues you may have throughout as well as following the interview.

- How will confidentiality be maintained?

The researcher and research supervisor are bound by professional duty to follow ethical and legal practice as set out by the British Psychological Society’s ‘Code of Ethics and Conduct’ (BPS, 2009), ‘Standards of Conduct, Performance and Ethics’ by the Health Professions Council (HPC, 2008) and City University.

The following procedures will therefore be in place:

- All identifying information will be anonymised in the transcripts.
- Research data (including tape recordings, transcripts, demographic information and signed forms) will be stored in secure locations or on a password-protected computer. They will only be accessible by the researcher and research supervisor until the study is complete.
- All data will be stored for 5 years and then destroyed, in accordance with the British Psychological Society’s ‘Record Keeping: Guidance on Good Practice’ (BPS, 2008).

- Will anyone see the interview data?

The interview will be recorded using a digital recorder and transcribed by myself and only anonymous excerpts of transcripts will appear in the final project write-up and will not be attributed to participants in a way that they could be identified.

- What if you change your mind?

Your participation is voluntary and you have the right to withdraw from the research at any stage of the process without having to give a reason. You are not obliged to complete the demographic questionnaires or the interview if you feel uncomfortable. If you wish to withdraw from the research, your data will be identifiable by the allocated number and duly destroyed.

- What happens to the results of the research study?
Appendix 1: Research information sheet (cont.)

The results of the study will be available to you by request. The results will also be found in the completed dissertation of the researcher, held by City University.

- Who has approved this research?

This research has been approved by City University who have ensured that the safety, rights and well-being of research participants is protected.

If you would like to participate in this research study or have any questions please contact the researcher or research supervisors using the contact details below:

Researcher Name: Ryota Kishi  
Email Address: [REDACTED]  
Telephone: [REDACTED]

Research Supervisor Names:  
Dr. Malcolm Cross  
Email Address: [REDACTED]  
Dr. Linda Finlay  
Email Address: [REDACTED]

Thank you very much for taking the time to read the above information.
Appendix 2: Recruitment email advertising for participants

Dear ………………….,

Hope this email finds you well.

My name is Ryota Kishi. As part of a doctorate in Counselling Psychology at City University, I am carrying out research exploring how Japanese expatriates understand and perceive the notion of seeking psychological help through living in Japan and the United Kingdom.

Please find attached a copy of the research information sheet which will help you understand why the research is being done and what it will involve for you before you decide to participate. Please kindly read the information below and ask any questions that may arise.

If you think you might be interested in participating in the research, or would like to find out more, please contact me on [redacted] or email me at [redacted].

Finally, I would be most grateful if you could kindly pass the information sheet onto your colleagues, former colleagues and friends who meet the criteria and may be interested in the study.

Best regards,

Ryota Kishi
Email: [redacted]
Telephone: [redacted]
Appendix 3: Research ethical approval

Ethics Release Form for Student Research Projects

All students planning to undertake any research activity in the School of Arts and Social Sciences are required to complete this Ethics Release Form and to submit it to their Research Supervisor, together with their research proposal clearly stating aims and methodology, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department or the Schools does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2009) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- Students are not permitted to begin their research work until approval has been received and this form has been signed by Research Supervisor and the Department’s Ethics Representative.

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc □  M.Phil □  M.Sc □  D.Psych □ n/a □
Appendix 3: Research ethical approval (cont.)

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

   How Japanese expatriates perceive living in the United Kingdom has influenced their attitudes to psychological help-seeking

2. Name of student researcher (please include contact address and telephone number)

   Ryota Kishi
   Email: [Redacted]

3. Name of research supervisor

   Dr. Malcolm Cross

4. Is a research proposal appended to this ethics release form?
   Yes  No

5. Does the research involve the use of human subjects/participants?
   Yes  No

If yes,

a. Approximately how many are planned to be involved? 8 - 10

b. How will you recruit them?

   Through Japanese banking organisations based in Central London, employees will be asked to participate in the study. In case of participant shortage, further participants may be recruited through various Japanese communities in London.

c. What are your recruitment criteria?

   (Please append your recruitment material/advertisement/flyer)
Appendix 3: Research ethical approval (cont.)

Japanese adults of 25 years old or older who have lived in the United Kingdom for over three years.

d. Will the research involve the participation of minors (under 18 years of age) or vulnerable adults or those unable to give informed consent?

Yes

No

d1. If yes, will signed parental/carer consent be obtained?

Yes

No

d2. If yes, has a CRB check been obtained?

Yes

No

(Please append a copy of your CRB check)

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? (If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).

An interview lasting approximately 90 minutes will be carried out in order to listen to the participants’ perceptions, opinions and experience (if any) on counselling and how they may have changed since living in the United Kingdom.

7. Is there any risk of physical or psychological harm to the subjects/participants?

Yes

No

If yes,
a. Please detail the possible harm?

Some participants could possible experience discomfort whilst talking about their negative life experience. However, the risk is expected to be minimum.

b. How can this be justified?

The project will potentially help look into ways for counselling to become a more widely-utilised treatment option within Japanese society whilst discussing the experience can be a therapeutic process for some. In addition, all efforts will be made to minimise the potential harm (see below).
Appendix 3: Research ethical approval (cont.)

c. What precautions are you taking to address the risks posed?

I will attempt to minimise the level of distress in the following ways:

- By informing that participants do not have to answer any questions they do not want to and have the right to ask to stop talking
- By advising a short break or stopping the interview altogether
- By debriefing at the end of the interview - a list of resources will be provided for support in case participants experience any distress as a result of taking part in the research study
- By offering time to discuss any issues participants may have throughout and following the interview

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes  No

(Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

9. Will any person's treatment/care be in any way be compromised if they choose not to participate in the research?

Yes  No

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes  No

If no, please justify

N/A

Appendix 3: Research ethical approval (cont.)
If yes please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers.

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

Tape recordings, transcripts, demographic information and signed forms

12. What provision will there be for the safe-keeping of these records?

All data will be stored in separate secure locations or on a password protected computer. They will only accessible by the researcher and research supervisor, until the study is complete.

13. What will happen to the records at the end of the project?

All data will be stored for 5 years and then destroyed, in accordance with the British Psychological Society's Good Practice Guidelines (BPS, 2005).

14. How will you protect the anonymity of the subjects/participants?

All identifying information will be anonymised in the transcripts.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

A list of resources will be provided for support in case participants experience any distress as a result of taking part in the research study.

(Please append any de-brief information sheets or resource lists detailing possible support options)

Appendix 3: Research ethical approval (cont.)
If you have circled an item in underlined bold print or wish to provide additional details of the research please provide further explanation here:  

N/A

Signature of student researcher ______________

Date  Wednesday, 18 January 2012

CHECKLIST: the following forms should be appended unless justified otherwise

Research Proposal  □  
Recruitment Material  □  
Information Sheet  □  
Consent Form  □  
De-brief Information  □

Section B: Risks to the Researcher

1. Is there any risk of physical or psychological harm to yourself?  
   Yes  □  No  

If yes,

a. Please detail possible harm?

N/A

b. How can this be justified?

N/A

Appendix 3: Research ethical approval (cont.)
c. What precautions are to be taken to address the risks posed?

N/A

Section C: To be completed by the research supervisor

(Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.)

Please mark the appropriate box below:

Ethical approval granted

Refer to the Department’s Research and Ethics Committee

Refer to the School’s Research and Ethics Committee

Signature

Date Wednesday, 18 January 2012

Section D: To be completed by the 2nd Departmental staff member (Please read this ethics release form fully and pay particular attention to any answers on the form where underlined bold items have been circled and any relevant appendices.)

I agree with the decision of the research supervisor as indicated above

Appendix 3: Research ethical approval (cont.)
Appendix 4: Consent form

Participant Consent Form

Title of Study: An interview study to explore how Japanese expatriates understand and perceive the notion of seeking psychological help through living in Japan and the United Kingdom

Name of Participant: ......................................................

Address: ........................................................................
...........................................................................
...........................................................................

Initial

1. I agree to participate in this research ..........

2. This agreement is of my own free will ..........

3. I have had the opportunity to ask any questions about the study ..........

4. I realise that I may withdraw from the study at any time without giving a reason ..........

5. I have been given full information regarding the aims of the research and have been given information with the researcher’s names, contact number and address in case I require further information. ..........

6. All personal information provided by myself will remain confidential and no information that identifies me will be made publically available ..........

Signed: ................................................. Date: ....................................
(by participant)

Print name: .................................................................
## Appendix 5: Sample transcript

<table>
<thead>
<tr>
<th>Possible Emergent Themes</th>
<th>Original Transcript</th>
<th>Exploratory Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unknown / lack of relatedness</strong></td>
<td>R: It almost sounds like it was something quite alien...&lt;br&gt;P: Yes! Yeah, yeah.&lt;br&gt;R: Although you were surrounded by people with mental health issues even just as a receptionist.</td>
<td>A strong reaction to the suggestion</td>
</tr>
<tr>
<td><strong>How a person with mental health issues looks (Outgoing x depression)</strong></td>
<td>P: Yeah, yeah... But my friend from high school had depression. I was quite surprised because she was quite an outgoing person. She was a confident and outgoing person. I never thought she would be the... She would have depression. She resigned from her job as well. So that’s when I thought... It can happen to anyone.&lt;br&gt;R: When was that?</td>
<td>Perception that an outgoing, confident person did not get depression, which was surprisingly changed by her friend’s experience with depression.</td>
</tr>
<tr>
<td><strong>“Can happen to anyone”</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How a person with mental health illness looks</strong></td>
<td>P: When I was in the North. Just before I got married. I found that my friend had depression then. Quite surprising. Because I thought she was happy. She got married before me and she was a very confident person, very outgoing and looked after people. She became a teacher, primary school teacher. Mmm..&lt;br&gt;Yeah, but I wasn’t really sure how to, you know, deal with it. I was away as well. And she went back to her parents’ home.</td>
<td>Does not relate depression to confidence, happiness, outgoingness, and leader-like (caring) characteristics</td>
</tr>
<tr>
<td><strong>Awkwardness / discomfort in dealing with MH</strong></td>
<td></td>
<td>Difficulty being with her “depressed” friend.</td>
</tr>
</tbody>
</table>
Appendix 6: Master table of themes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Page / Line</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Exposure and consequent reactions</strong></td>
<td></td>
</tr>
<tr>
<td><em>Perceived lack of (no to minimum) exposure / interest in psychological therapies in the original context</em></td>
<td></td>
</tr>
<tr>
<td>Wakako: It’s really shocking. I didn’t really think about it.</td>
<td>1.10</td>
</tr>
<tr>
<td>Keiko: When I was in Japan, I didn’t really know much about it</td>
<td>3.18</td>
</tr>
<tr>
<td>Namie: Never really thought about this, about it to be honest</td>
<td>8.16</td>
</tr>
<tr>
<td><em>Exposure to psychological therapies / MH in the original context</em></td>
<td></td>
</tr>
<tr>
<td>Wakako: When I was little, a person who lived behind us went “mad” after he’d gone to live in Africa for work... he went to hospital and he had medication, I think.</td>
<td>2.13</td>
</tr>
<tr>
<td>Keiko: There was a counsellor at my school, where...But I never went to see her</td>
<td>4.8</td>
</tr>
<tr>
<td>Namie: She (friend) wanted to be a counsellor since that age (16/17). She was always talking about it.</td>
<td>2.4</td>
</tr>
<tr>
<td>Yuki: I was offered the service when I was quite young, when I moved to Japan.</td>
<td>3.14</td>
</tr>
<tr>
<td>Hitomi: I first heard about counselling at university (in Japan).</td>
<td>7.22</td>
</tr>
<tr>
<td><em>Exposure to psychological therapies / MH in the host context</em></td>
<td></td>
</tr>
<tr>
<td>Wakako: It caught my eye because I had never seen such an advertisement in Japan before. So I was really shocked... If it’s there, that means that there are a lot of people who need that kind of service.</td>
<td>5.11</td>
</tr>
<tr>
<td>Keiko: One of my good friends... she did have some counselling</td>
<td>13.30</td>
</tr>
<tr>
<td>Namie: Celebrities are always talking about it</td>
<td>20.8</td>
</tr>
<tr>
<td>Yuki: I have friends that study... counselling and things</td>
<td>16.6</td>
</tr>
<tr>
<td>Hitomi: ...in my image it’s more like an American thing like TV dramas...</td>
<td>2.4</td>
</tr>
</tbody>
</table>
Appendix 6: Master table of themes (cont.)

<table>
<thead>
<tr>
<th>Themes</th>
<th>Page / Line</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. Creating personal distance from the notion of seeking psychological help</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Psychological therapy perceived as something out of ordinary / fear</strong></td>
<td></td>
</tr>
<tr>
<td>Wakako: My understanding of counselling or that kind of thing for me was just places for mad people, completely completely mad.</td>
<td>2.22</td>
</tr>
<tr>
<td>Keiko: It wasn’t so common to see therapists, so, it was something out of the ordinary</td>
<td>3.22</td>
</tr>
<tr>
<td>Yuki: I was offered the service when I was quite young, when I moved to Japan, but I wasn’t, I didn’t know what it was about, I felt scared.</td>
<td>3.14</td>
</tr>
<tr>
<td>Reina: it’s not psychologist, but just psychiatrist, yeah? So, I think patient-wise, they were kind of scared of seeing them because they feel like “I’m going mental”.</td>
<td>18.3</td>
</tr>
<tr>
<td><strong>Psychological therapy perceived as something not necessarily for self but for others</strong></td>
<td></td>
</tr>
<tr>
<td>Wakako: It is very helpful for people for people who are struggling, but... [with a very uncertain face]</td>
<td>7.19</td>
</tr>
<tr>
<td>Namie: I personally thought I didn’t need it (=the psychological assessment prior to studying abroad) but I thought some people might need it and had to do it. That’s fine.</td>
<td>5.7</td>
</tr>
<tr>
<td>Namie II: I was just thinking [nervously laughs] people might be quite sensitive.</td>
<td>11.20</td>
</tr>
<tr>
<td>Reina: (When asked about the effect of seeing the differences in public’s perception towards psychological help-seeking on her) I can’t really think if it’s helping or not.... Not sure [long pause].</td>
<td>20.11</td>
</tr>
<tr>
<td>Hitomi: I’m not very kind of depressing... Getting easily depressed type of person, so I never thought I’m gonna be seeing any counsellors like other people [laughs], yeah.</td>
<td>4.27</td>
</tr>
<tr>
<td><strong>Discomfort and embarrassment around the notion of MH</strong></td>
<td></td>
</tr>
<tr>
<td>Wakako: Maybe they (those who have sought psychological help) were hiding.</td>
<td>4.1</td>
</tr>
<tr>
<td>Keiko: I was never one of them (those who were close to the school counsellor)!</td>
<td>5.1</td>
</tr>
<tr>
<td>Namie: I’m not really sure when somebody’s having depression, if it’s the topic you should talk about.</td>
<td>15.23</td>
</tr>
<tr>
<td>Reina: (When asked about her experience with psychological help-seeking) Erm... Last year, I was in this unit called medical day unit that’s the, erm... Erm... Day unit for patients who receive... Erm.....</td>
<td>11.21</td>
</tr>
</tbody>
</table>
Appendix 6: Master table of themes (cont.)

<table>
<thead>
<tr>
<th>Themes</th>
<th>Page / Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hitomi: You just say how your mood or feeling is [nervously laughs].</td>
<td>10.10</td>
</tr>
<tr>
<td><strong>Perceived image of MH suffers (&quot;serious&quot;)</strong></td>
<td></td>
</tr>
<tr>
<td>Keiko: (When asked what the people seeing the counsellor were like) more serious</td>
<td>9.25</td>
</tr>
<tr>
<td>Namie: You must have been quite..., sensitive and take things quite, you know, seriously. Mmmmm. Majime (meaning serious &amp; diligent in Japanese)</td>
<td>21.6</td>
</tr>
<tr>
<td>Hitomi: I am not serious like some of other people who might have depression.</td>
<td>3.19</td>
</tr>
<tr>
<td><strong>Expensive / posh</strong></td>
<td></td>
</tr>
<tr>
<td>Wakako: Also, it feels quite posh to go to therapy. People talk about it that way, don't they?</td>
<td>23.8</td>
</tr>
<tr>
<td>Namie: I was quite surprised how expensive it was.</td>
<td>10.6</td>
</tr>
<tr>
<td>Yuki: I guess I still have this image that going to get your own therapy is quite expensive</td>
<td>13.8</td>
</tr>
<tr>
<td><strong>C. Society and self</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Negative perceptions of personal disclosure in the original context</strong></td>
<td></td>
</tr>
<tr>
<td>Wakako: They don't talk about (experience with psychological therapy)</td>
<td>22.22</td>
</tr>
<tr>
<td>Keiko: I think in Japan people are very private and I think people don't really like to discuss psychological problems with others.</td>
<td>21.8</td>
</tr>
<tr>
<td>Namie: Probably it was very difficult for him (to seek psychological help)</td>
<td>16.14</td>
</tr>
<tr>
<td>Hitomi: Japanese people are not sort of very affectionate, express... Not lots of expressions</td>
<td>15.4</td>
</tr>
<tr>
<td>Yuki: People don't talk about stuff like that (bereavement) (with a professional).</td>
<td>27.11</td>
</tr>
<tr>
<td>Yuki 2: My relative was offered medication rather than therapy.</td>
<td>27.13</td>
</tr>
<tr>
<td><strong>Positive perceptions of personal disclosure in the host context</strong></td>
<td></td>
</tr>
<tr>
<td>Wakako: Here, erm, people are more open about it, so they don't really mind to tell, erm, about you need</td>
<td>21.21</td>
</tr>
</tbody>
</table>
**Appendix 6: Master table of themes (cont.)**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Page / Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>help, that’s why you went to someone, you needed to try something so you went to counselling or hypnotherapy or so.</td>
<td></td>
</tr>
<tr>
<td>Keiko: I think there’s not much stigma about taking therapy – it’s quite normal.</td>
<td>20.1</td>
</tr>
<tr>
<td>Namie: My impression is that people use counselling and therapy more here. They talk about it more.</td>
<td>20.3</td>
</tr>
<tr>
<td>Reina: I think that’s why those psychological support things developed more, seeking help to someone, for someone.</td>
<td>19.21</td>
</tr>
<tr>
<td>Hitomi: People are more interested in psychological health.</td>
<td>6.22</td>
</tr>
</tbody>
</table>

**Perceived accessibility of psychological services**

- Keiko: You can get an access to therapies very easily                     | 19.31       |
- Namie: The UK provides lots of service for mental health issues at an early stage compared to Japan | 21.20       |
- Reina: I think here is more support available in the hospital.          | 17.16       |
- Yuki: It’s different understanding, different services available in the UK. | 27.16       |

- Wakako: In the past, ten years ago, you wouldn’t see that counselling in word in newspaper or magazine or website or... You didn't see often. As often as we do now | 20.7        |
- Keiko: I think counselling is becoming more common, more popular, more accessible, cause I think when I was there, there was still a stigma towards people who did take counselling, but maybe that’s decreasing. | 7.11        |

- Wakako: I don’t even know where I can go....! I only know hospital maybe... In Japan. | 19.19       |
- Keiko: I often think they (mum & sister) can do with counselling, but they wouldn’t; they would not know where to go and I wouldn’t know where to send them | 23.13       |

**D. Developing current personal perspectives**

*A sense of curiosity about psychological therapy*
**Appendix 6: Master table of themes (cont.)**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Page / Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wakako: Curious about what they do in that room and they talk about., and what I feel about after....</td>
<td>26.9</td>
</tr>
<tr>
<td>Keiko: I volunteered (to see a trainee counsellor) because I was curious and also because I felt like I needed it.</td>
<td>10.28</td>
</tr>
<tr>
<td>Yuki: I think it would be nice to have a better understanding and I think I would be able to get that if I had therapy.</td>
<td>14.6</td>
</tr>
<tr>
<td>Reina: I just thought, because I’d never used it (psychological service), and I wanted to know what it was like!</td>
<td>20.23</td>
</tr>
<tr>
<td>Hitomi: You know, sort of trying to make sense of who you are. I’m quite interested, you know, it’s interesting for me...</td>
<td>12.9</td>
</tr>
<tr>
<td><strong>A sense of uncertainty in seeing a professional / stranger for therapy</strong></td>
<td></td>
</tr>
<tr>
<td>Wakako: I don't know... [looks unsure]</td>
<td>9.5</td>
</tr>
<tr>
<td>(Keiko: I think I did feel a bit prejudiced towards counselling.)</td>
<td>(13.9)</td>
</tr>
<tr>
<td>Namie: It’s more difficult to open myself and talk things frankly (with a stranger)</td>
<td>24.13</td>
</tr>
<tr>
<td>Yuki: I would say (that I would go to therapy) if it was offered cheaply</td>
<td>13.20</td>
</tr>
<tr>
<td>Reina: I’m not sure. Because it’s a confidential thing and it shouldn’t on the record but you never know. Mmm ok, I’m not really sure. So, I didn’t go. I cancelled it (laughs)</td>
<td>13.18</td>
</tr>
<tr>
<td>Reina 2: Does it (going to therapy) affect my future, job-seeking...</td>
<td>21.2</td>
</tr>
<tr>
<td>Hitomi: I probably don’t believe that, like, like it’s such a cliché.</td>
<td>11.27</td>
</tr>
<tr>
<td><strong>Importance of talk</strong></td>
<td></td>
</tr>
<tr>
<td>Wakako: I had my sister, mother, I had everything I needed in Japan (not to require to seek professional psychological help)</td>
<td>7.24</td>
</tr>
<tr>
<td>Keiko: She would not discuss her private issues with even with her friends but (but her mother)</td>
<td>26.24</td>
</tr>
<tr>
<td>Namie: Talked a lot with my family. We all did that, keeping it all within family...</td>
<td>19.8</td>
</tr>
<tr>
<td>Namie II: I’m not that sort of person who accumulates. I’d rather talk...</td>
<td>23.23</td>
</tr>
<tr>
<td>Reina: I believe in talk [sic] to someone</td>
<td>21.10</td>
</tr>
<tr>
<td>Yuki: And I go to my family and I have a chat with them really.</td>
<td>14.20</td>
</tr>
</tbody>
</table>
### Appendix 6: Master table of themes (cont.)

<table>
<thead>
<tr>
<th>Themes</th>
<th>Page / Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hitomi: ... If I worry about study or school, maybe I go to a teacher or if I have some trouble with friends, I talk to friends...</td>
<td>4.19</td>
</tr>
</tbody>
</table>
Appendix 7: Debrief form

An interview study to explore how Japanese expatriates understand and perceive the notion of seeking psychological help through living in Japan and the United Kingdom

Many thanks for participating in the study. The purpose of this study is to gain an in-depth understanding of perceptions, opinions and experience of counselling amongst Japanese expatriates who reside in the United Kingdom. Your interview will be transcribed and analysed to explore and identify any trends, common themes. It is my hope to look into ways to help counselling become a more widely-utilised treatment option within our society, using the obtained data.

If you are interested in learning more about this research study or have any concerns, complaints or questions, please contact the researcher or research supervisor using the contact details below:

Researcher: Ryota Kishi  
Email Address: Ryota.Kishi.1@city.ac.uk  
Telephone: 07968 351945

Research Supervisors:  
Dr. Malcolm Cross  
Email Address: m.c.cross@city.ac.uk  
Dr. Linda Finlay  
Email Address: Linda.Finlay.1@city.ac.uk

If you experienced any distress as a result of taking part in the research study and would like to seek psychological support, you may wish to contact the following:

- Your GP
- Samaritans (English / Japanese): 020 7734 2800 / 020 7287 5493
- British Psychological Society for directory of chartered psychologists: www.bps.org.uk

Once again, many thanks for sparing your time for the study!