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Help-Seeking and Social Support in Japanese Sojourners

Denise Saint Arnault, Ph.D., R.N.

College of Nursing, Michigan State University

Abstract

Research shows that social support is essential for healthy psychological functioning. Help seeking and social support are social processes shaped by cultural understandings about how need should be expressed, to whom, and in what circumstances. This study used grounded theory methodology to examine how cultural factors regulate help seeking and social support in a sample of 25 Japanese sojourners' wives living in America. Culturally based social edicts such as mutual responsibility and in-group solidarity were found to promote help seeking and social support. In contrast, culturally specific factors such as *enryo* (polite deference), hierarchy, and the cultural rules governing reciprocity inhibited these behaviors. From these data, a cultural model of social exchange, allowing for cultural diversity, is proposed. This model can increase the effectiveness of nursing interventions aimed at community-based health promotion.

In the early 1990s, the pregnant wife of a Japanese national working for an auto company in the United States was diagnosed with an incompetent cervix and confined to bed. She delivered her baby 1 month early. The family became concerned when this new mother grew withdrawn and confused. She complained that the baby was crying even when it was asleep and was ashamed of her “failure” over the premature birth. Local media picked up the story when the mother took the baby to the manmade pond behind their upper-middle-class condominium and drowned him. Reactions in both the Japanese community and among American health care system professionals were strong. The Americans described the Japanese as insular and non-communicative, whereas the Japanese asserted that the American health professionals needed to make efforts to understand and deal with Japanese language as well as cultural differences. This research sought to clarify how culture defines and shapes both help seeking and social exchange. Specifically, it explored how Japanese women temporarily residing in the United States with their husbands seek help and provide social support within their Japanese community.

Intimacy and Social Exchange in Japanese Culture

Research shows that two opposing dynamics are central in Japanese social interactions (Bachnik, 1994; Hendry, 1992). One dynamic is the perception of relative intimacy between oneself and another. Shared group membership and a commitment to group harmony and solidarity foster intimacy among group members. The opposing dynamic is the hierarchical organization within any given group. This hierarchy arises from differences in age, social status, and social roles (Bachnik, 1994). Appropriate behavioral style and norms about social exchange in a given situation depend on the accurate perception of relative social distance between any given two participants (*kejime*). Interaction between intimates (*uchi*) includes relatively free expression of emotions and needs (*honne*) and nonverbal, unrestrained exchange of support (*amae*). Social distance decreases intimacy, prompting people to communicate using polite deference (*enryo*) in order to avoid offending the higher status person. Strict rules of reciprocity between nonintimates include the edict that each favor incurs a reciprocal exchange. Therefore, the social exchange norm in Japanese culture is to ask for help only within one's intimate social group (Bachnik, 1994; Hendry, 1992).

Social Support and Culture

The construct of social support encompasses broad theoretical frame-works and foci (Hupcey, 1998). This study is informed by the theoretical construction of social exchange theory (Gouldner, 1960), which posits social exchange based on the principle of equity, or balanced exchange: People prefer and seek out relationships in which they give and receive more or less equal amounts of support (Antonucci, 1990). A discrepancy or imbalance in the exchange of support threatens the continuation of the relationship (Neufeld & Harrison, 1995). This theory views social exchange to be contractual, with each individual an exchange agent and relationships maintained in part due to the personal benefit each individual receives from the interaction (Klein Ikkink & van Tilberg, 1999;Rusbult & Buunk, 1993).

Recent cross-cultural research on social support is beginning to challenge the universality of the contractual social exchange model. The relationship assumptions and exchange norms of the Japanese group-oriented relationship model are an example of this problem. Within such a group-oriented model, personal benefits may not be the primary reason for affiliation, nor may meeting individual needs be the overriding concern. Rather, engagement within a group offers the benefits of security, despite the obligation of personal sacrifice. Nemoto (1998) studied social exchange norms in a sample of elderly Japanese in New York and found that received support required reciprocity. Furthermore, individuals experienced shame when asking for support outside of their close family. Those who valued these cultural norms and were unable to reciprocate were more depressed, showed more symptoms of aging, and were less likely to feel satisfied with their lives than those who valued these cultural norms less. This finding is similar to that reported by Antonucci and Akiyama (1987) in which nonsymmetrical support exchanges in Japanese samples resulted in feelings of loneliness, dissatisfaction with relationships, and unhappiness.

Although these studies support the general concept of social exchange equity in Japanese culture, they challenge the fundamental assumptions about the nature of the social exchange relationship. They show that culture defines the dynamics of both the relationship and the exchange. The norms of reciprocity in these Japanese samples depend on the relationship context—that is, the norms are different if the exchange occurs with in-group or out-group members. Inequity in social exchange did not result in the termination of relationships; individuals remained in their relationships but experienced depression, dissatisfaction, and shame. These findings suggest the need for more studies on the relationship context of social exchange and the mechanisms by which social exchange is influenced by culturally defined factors such as the level of intimacy between participants, obligations, and the social roles ascribed to various group affiliations.

Research Question

This research sought to clarify how culture defines and shapes both help seeking and social exchange. Specifically, it explored how Japanese women temporarily residing in the United States with their husbands seek help and provide social support within their Japanese community.

Method

Design—The research design used grounded theory methodology (Strauss, 1987) because although there was theoretical and anecdotal speculation about how a Japanese community might organize itself, there was little research as to the actual community organization or interaction, particularly regarding the question of help seeking and social support.

There were three phases of the research process used for this study. First, data gathering included informal interviews of key community leaders and health care providers, observation at public Japanese centers such as restaurants, bookstores, grocery stores, Japanese Saturday schools, English as a second language (ESL) classes, and informal interviews with Japanese company wives about their lives in America. The second phase consisted of semistructured, intensive, individual interviewing about social organization, social networks, and social interactions between these women. The third phase consisted of the data analysis and theory generation and overlapped the interviewing phase.

Sample—Theoretical sampling generated a diverse sample of women who could help test the hypothesis generated in previously coded data. Data collection stopped after 25 interviews because analysis reached theoretical saturation, that is, the interviews were yielding no new information or insights (Strauss, 1987).

The average age of the sample was 36 years, with a range from 25 to 59 years. Twenty-four percent either had no children or had preschool-aged children, 40% had school-aged children, and the remainder (36%) had grown children either living in Japan or attending college in the United States. The average length of time they had spent abroad, including the present international venture, was 6 years, with a range from 1 to 14 years.

The women in the sample held conferred status from their husbands' positions within their companies. About one third of the sample were high status (i.e., vice-presidents' or presidents' wives), and 2 women were middle-status (i.e., (managers' and administrative assistants' wives). More than one third of the sample (40%) were engineers' wives, whereas the remainder (12%) were either wives of professors or executives outside of the automotive industry.

Interview process—A university human participants review board approved the research plan before data collection. Participants learned about the study from public presentations or from recruitment fliers posted in grocery stores, bookstores, and restaurants; women received fliers from ESL instructors, childbirth classes, or Japanese Saturday-school staff as well. Interested women initiated phone contact with the researcher, and interviews were scheduled at a location of their choice. With few exceptions, the researcher and translator conducted interviews in the women's homes, and all but 3 of the women were interviewed in Japanese. At the time of the interview, confidentiality was assured both orally and in a written informational letter retained by the participants. Interviews ran 2 to 3 hours in length and all but three were tape-recorded. Most interviews were conducted with only 1 participant; however, we arrived at one interview to find 3 women eager to discuss themselves and their situation.

The general structure of the interviews was the same for all participants. First, participants were asked for demographic information. Next, they were asked to describe three occasions in which they needed help and asked for it and then to describe three occasions in which they needed help and did *not* ask. Finally, they were asked to compare their roles in the United States and in Japan.

Data analysis and theory generation—A native speaker transcribed each interview, first into Japanese and then into English. A second native speaker translated the first three interviews to establish the reliability of the transcriptions. Consistent with grounded theory methodology, each interview was coded before additional data were collected. Data coding used NUD*IST data management software (Qualitative Solutions and Research, 1997). Theory generation used the constant comparison method (Strauss, 1987), which contrasts similarities and differences in the data. Over the course of the project, the relationships among the concepts were clarified and the conditions necessary for their operation more fully defined.

Findings

Communication of need within a formal helping network—The automotive corporations configured wives into regional support groups. The wife of a company boss headed each of these groups. When asked to give examples of situations in which they needed help or provided help to others, 20 of the women (80%) gave examples of the support between the boss's wife and the rest of the group. Sometimes they spoke about the relationship they had with their husband's boss's wife. In other cases, they themselves were the boss's wife and spoke about the help they gave to others. The type of help received was usually information. Other examples included functional support such as cooking, shopping, or providing transportation. In one case, the example was of a wife who was ill and had been cared for by another wife for a few days. The tragedy of the woman who drowned her baby mentioned earlier was an ever-present backdrop in the interviews and frequently referred to as an example of the need for the company wives' community. Participants also suggested that Japanese women should not isolate themselves but should use the support provided by the company wives' community.

Participants described the communication of need between the boss's wife and the community of company wives as “indirect.” One woman stated,

In my case, I can talk about various matters with my husband's boss's wife ... maybe because she already knows what is going on through my husband—maybe I feel a stronger relationship with my husband's company [than I do with my tennis group or my ESL partners].

As an example of the process of communication, another woman stated, “For example, when some family members of my husband's coworkers get sick, I know that through my husband, so ... I can call that wife—‘Are you OK? Do you need some help?’ ... Naturally, the information flows through my husband [to me].”

Clarifying the types of problems that might elicit the communication pattern above, one woman stated:

Of course, it doesn't include very small things ... it's more for medical emergencies ... around health ... or the feeling of distress—For example, while having lunch with a coworker, a husband might say that his wife has recently had a kind of feeling of distress because she cannot speak with Americans, or that she cannot take messages over the phone, or that kind of thing. This coworker might tell his wife this kind of thing. That is the way we learn what is going on.

Referring to why she seeks help from within the community of company wives, another woman stated,

In my case, I feel more comfortable seeking help from this company group than from any other group ... if I get sick, my husband will leave his work, so his boss knows that I have some problem, so he tells his wife, and she calls me.

The use of a vignette helps to illustrate how this communication process occurs. The vignette is a composite of some of the stories told through informal conversations during participant observation or by key members of the Japanese community about mental health.

A company wife has been having trouble coping with this overseas assignment. Her husband expresses his concern for her to his boss or to his other coworkers and they tell the boss. The boss mentions this to his wife. The boss's wife might call some of the other wives who live nearby or some who are of the same age. These company wives might visit or phone the troubled wife to provide her general support. This general support might take the form of suggesting that she come out to lunch with

friends, or they might drop off some food ‘they happened to have.’ These fellow company wives rarely offer specific concern for the troubled wife because that would be presumptuous or insulting to her for them to do so. They offer her help in such a way that she would not take offense.

This vignette demonstrates several cultural features discussed by the women in the interviews. One feature is the indirect nature of communication of needs described above. Another feature is the roles that company members—the troubled wife, her husband, his boss, the boss's wife, and fellow employees' wives—play in mobilizing support. Finally, the nature of the support given may not be specific to the problem but may be general empathy. The women do not seek specific and direct support, because they choose not to share matters of such a personal nature with those to whom they do not feel close. Nor do the helpers give specific advice, because they understand they cannot presume to speak so personally lest they offend the other.

Reciprocity and Polite Hesitation

Another composite vignette summarizes the women's discussions of the Japanese customs that govern the exchange of favors.

To meet her needs, a woman will first ask her husband for help. This is her first choice because her husband is her only intimate relationship, especially because she is new in the United States and may not have any very close friends yet. In a marriage, the couple can rely on each other. She feels that she should focus on her role as a wife. One of the roles of the wife is to create an environment that will minimize her husband's burdens. Therefore, she only asks for help from her husband if it is a large problem or one that she feels she cannot deal with on her own. As a good wife, she is more likely to offer help to her husband than she is to ask for help for herself. The second option available to her is the wives in her company wives' circle. Despite this formal network, a woman in need may not want to burden the others. She knows that if she asks for help from another wife she puts the other woman in an awkward position. By making her request she assumes that they have a close enough relationship to begin to exchange favors. She also may not want to get into a situation in which she will owe others return favors.

Women frequently spoke of using *enryo* when considering whether to express needs within the company wives' circle. This concept implies matching the type of conversation to the level of intimacy between the parties. Women preferred to keep the conversation on a more superficial level when they were with people with whom they were not intimate. Barriers to intimacy include differences in social status or age. For example, one participant discussed the inability to ask for help because of her older age, even though she needed help and support, because of the status differences that her age introduced. She felt that the younger women deferred to her age and did *enryo*, stating,

I felt as if I was here alone [when I first came to live here]. Other company wives were much younger than I was. I was the only one [of the company wives] who was in her forties. They do *enryo* to tell me how to live in this area, because I am older than they are and this is my second time in America. They assume I know everything.

The concept of *enryo* also connotes the awareness of the bother or burden imposed on the relationship when seeking help. When discussing how they used the help available from the company wives' groups, women generally stated that they preferred not to ask for help. They indicated that they hesitated to ask for help or would not ask for help because giving and receiving help would become a burden to both the other woman and to herself. The participants indicated that asking for or giving specific help made everyone uncomfortable. For example, when wishing to offer specific help to a woman who was ill, one respondent said that she had to find a way to prevent the feeling that she had “forced her help” onto the other. The woman

in need did not ask for any help nor would she have. If she did, then she would owe a favor in return. The woman offering help knew that the receiver would not ask but that the help was needed, so the favor was done in such a way that the other could accept it without becoming indebted. Another participant illustrated concerns about help seeking and social support in this comment:

Even if I got sick, I could not ask for help. Although I could offer help, if someone were sick. Maybe I am a kind of perfectionist, so I would like to offer help as much as I can when being asked for help, but if someone offered me help, I would be grateful, but sometimes that would become a burden to me. Therefore, I would only depend on my husband even if I got sick.

In a conversation between 3 interviewees about help seeking, these women stated,

[Woman 1] I'm not a perfectionist, but I am afraid to tell others what is troubling me ... something small, like I have a cold.... [Woman 2] I would be glad if my friends called me and asked how my cold was. I feel I cannot call them and tell them that I am not well, or ask them for their help. This is maybe what every Japanese person has.... [Woman 3]... afraid of troubling others...

One woman, while describing a current situation that was very troubling to her, stated, "but I am careful not to put anything on [my friends] to make sure that I don't presume on their friendship ... I also try not to complain too much to my husband [either], since he works so hard."

When asking a woman specifically about help and intimacy in her relationships, she stated, "I haven't had such an intimate relationship yet. Many of my friends, especially those from the adult high school, understand others very well, though ... [and they prefer to avoid getting too involved in the needs of others]." Another woman referred to how she dealt with the needs of others:

When I have to help someone, I fly away to the person immediately. I do not want to do the things that impose a burden on the other person, though. The first thing I have to do is to put myself in that person's place ... I think that I would prefer to maintain a comfortable relationship with the other person [so I am careful that I offer help in such a way that she will not be offended]. Sometimes I ask myself whether I am cutting corners [by not offering help in case I will insult them].... Anyway, I do not like it when someone interferes in my business, so I think that I should not interfere in someone else's business either, so I avoid forcing help onto others.

Finally, a participant described her issues around help seeking saying, "I'm not good at asking for help. If it is a small thing, like asking for some information, I can do that. But I don't have courage to ask for help that could bother the other person."

Discussion

The women in this sample engaged in a structured, semi-intimate network of social support designed by the Japanese companies and implemented by the company wives. Conferred status influenced the roles that the women played within the community of company wives. This helping network included a predefined channel for communication of needs within the social group. This communication relied on accurate perception of need by the husband, communication of that need to the boss's wife via his boss, and her mobilization of support among the fellow wives.

Several features of this formal structure limited its function in meeting women's needs. The first was that the communication channel relied on indirect and nonverbal methods of

communication between several people among the company community. The husband had to take the initiative to communicate his wife's need to his superior and he to his wife. Another problem in the communication channel was the matter of specificity. At each point in the communication chain the people involved might be very general about the nature of the need or the possible source of it. Indirect expression limits understanding of the actual nature of the concern. The wife may never admit the true nature of her concerns to her husband in order to avoid increasing his stress and because her role was to support him. The husband, in his turn, may never clearly and specifically indicate to his boss that his wife needs help. He may even have an interest in downplaying her difficulty to demonstrate that his family is doing well. Still, the husband needs to make sure that his wife gets help from the company wives' network.

The third and perhaps primary problem for the women was the fact that the women within a given company wives' group varied in terms of age, social status, length of time in this country, and a host of other factors. These factors became barriers to the development of intimacy necessary for clear and cathartic communication of need and distress. Rules of social propriety between people who have relative differences between them encouraged the use of formal mechanisms of address and polite hesitation (enryo). The cultural rules of social exchange in a semi-intimate social circle such as this formal helping network made giving and receiving help a complicated and burdensome process. Finally, the hesitation to honestly express needs created by these social barriers compounds the indirect and nonspecific communication pattern described above.

The participants in this study evaluated social support (whether expressing needs or providing social support) in terms of group-level variables including the hierarchical statuses of the group members, harmony within the group, and the roles of group members. These data provide general support for the concept of reciprocity in social exchange, but they also invite cultural comparisons with the equity theory of social support proposed by Gouldner (1960) and others (see Table 1). Concepts such as fairness and equity were not the critical issues governing social exchange for the women in this sample. The primary concern was the level of intimacy between the parties involved and the burden placed on the other should she engage in reciprocal exchange. Unrestricted social exchange and emotional expression were limited to the intimate social circle. Culturally defined hierarchical factors such as social status, age, and company affiliation increased social distance and decreased intimacy. Because the primary social unit for these women was the group, social exchange evoked a burden on group members. Both the help seeker and the support giver are obligated. Inability to give or return a favor created an imbalance in the relationship—an imbalance in the context of the group affiliation. The primary group bound individuals in this social network such that they were not free to terminate relationships, as they may be in a contractual social milieu.

Social support, the understanding of needs and how they should be met, and the act of seeking help are a unified set of phenomena that co-occur and are in dynamic relation with each other. Each person is one who experiences needs and asks for, receives, and gives help. Cultural beliefs and norms guide individuals understanding of the meanings of these acts. The mutually understood cultural frame directs appropriate need-related behaviors and practices. The interchanges of need expression, help seeking, and social support occur in varying contexts—contexts that depend on the intimacy of the parties, the roles and obligations of those parties, and a host of other contextual variables. Therefore, social support models that fail to account for culture are neglecting the ways that the participants understand need and help and the social and contextual rules for seeking and giving help. Nurses must research the phenomena that not only govern the exchange of support but also the meanings and rules attached to that exchange. Culturally competent nurses must evaluate the cultural relevancy of the assumptions of normalcy and health within widely accepted conceptual models. As nursing research, assessment, and practice attend to these contextual and meaning dimensions of help seeking

and social support in a variety of cultures, we can begin to discover what is universal and what is culturally specific.

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Table 1

Comparison of Models of Social Exchange

	Western Model	Japanese Model Depending on Intimacy	
Relationship context	Contractual Individual	<i>Uchi</i> In-group	Semiformal In-group
Cultural norms, beliefs, or values	Autonomy Independence	Solidarity Dependency	Harmony Hierarchy
Cultural principle guiding social exchange	Balanced exchange	Mutual responsibility	Social distance (<i>kejime</i>)
Culturally constructed helping behavior	Balanced reciprocity	Giving and receiving help freely (<i>amae</i>) Generalized reciprocity	Polite hesitation (<i>enryo</i>) Balanced reciprocity