

Family Dynamics and Mental Status of Japanese Families in Thailand

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Abstract: The purpose of this study was to identify family dynamics and their relationships to selected socio-demographic characteristics and mental status among Japanese families who live in Thailand.

Data were collected with two kinds of measurement tools: the Family Dynamics Measure II (FDM II) and a socio-demographic questionnaire. The sample selection method used was convenience sampling. Participation was voluntary. Samples were consisted of 103 participants (male=36, female=65, unknown=2). Average age of participants was 44.31(SD=9.83). They were married (n=93, 90.3%) with children (n=44, 47.3%). Average family size was 3.20 (SD=1.28). Most of them use Japanese at home and were temporary stay (n=80, 77.7%). They indicated having health problems and health changes, 14% and 30% respectively. Average scores of six dimensions of FDM II and mental status were: Individuation=56.17, Mutuality=50.64, Flexibility=39.25, Stability=41.08, Clear communication=47.09, Role reciprocity=49.52 and Mental status=31.46. The strong magnitudes of relationship were found between Mutuality-Communication (.764, $p<.01$), Stability-Communication (.661, $p<.01$), Flexibility-Communication (.629, $p<.01$), and Mutuality-Stability (.624, $p<.01$). Mental status showed moderate to small magnitude of relationships with Stability, communication, and Role.

These findings share characteristics and family dynamics of Japanese families in Thailand with Thai nurses to understand and provide appropriate care to Japanese families who need care.

Keywords : Family Dynamics, Japanese family, Thailand, Mental status, FDM II

Introduction:

Statistics reported by Ministry of Foreign Affairs¹⁾ indicates that worldwide there has been an increase of 5.5% of Japanese living overseas. Particularly the rapid increase in Asian countries is notable. Aggregate increase in Asian countries is 24.4%, next to North America (39.6%). However, compared with the rate of increase from last year, this is the rate of highest increase (i.e. 13.7%) among other areas ; Middle/East Europe and old USSR (10.2%), Africa (8.8%), Oceania (7.7%), West Europe (4.4%), Middle east, Middle America/Carib, North America (2.9%), etc..

Changing family structure, family size, family dynam-

ics, parental roles etc. create a problem among family members. It is proposed here that these changes/problems would be quite exaggerated among Japanese families who live overseas. When Japanese family lives in another country, they are likely to experience in cultural adaptation problems to that country: language barriers, cultural conflict, life style adjustment, food, religious custom, social custom etc. to name a few. It is understandable that to maintain Japanese identity while adapting to a host culture may result in conflicts and confusion. In this regard, it is essential to investigate the characteristics of Japanese family functioning and mental status in an Asian country given the challenges of adapting to a host country.

Thailand and Japan have had a long standing historical friendly relationship for the last 600 years. Presently there are about 40 thousands Japanese staying in Thailand³⁾.

In 2005, there were about 1.2 million tourists to Thailand. Japan ranks first in amount of trade, investment, and assistance with Thailand. The Japanese Chamber of Commerce in Bangkok has registered members of 1,251 companies²⁾. The Japanese Association in Thailand located in Bangkok has memberships about 10 thousands. Roughly, two thirds of Japanese lived around Bangkok area²⁾. This trend had been continued and around Bangkok area reached about three quarter of Japanese lived in this area³⁾.

Purpose:

The purpose of this study was to identify family dynamics (functioning) and their relationships to selected socio-demographic characteristics and mental status among Japanese families who live in Thailand.

Method:

Sample: The sample selection method used was convenience sampling. There were 103 participants (Male=36, Female=65, unknown=2). These participants were contacted through various Japanese groups in Bangkok, Thailand. Participation was voluntary. One member of the family reported his or her perceptions of his own family dynamics.

Instruments:

1) Two kinds of measurement instruments were used to obtain data:

- ① The Family Dynamics Measure II (FDM II) and
- ② a socio-demographic questionnaire.

These measurement instruments were distributed through various Japanese groups in Bangkok, Thailand.

2) Each of six dimensions of the Family Dynamics Measure II (FDM II) indicates that the higher score, the more positive are the family dynamics. A socio-demographic questionnaire (inclusive of mental status items) was used to obtain background information.

3) Scores of six dimensions were calculated: 6= strongly agree to 1= strongly disagree marked on each statement with negative statement being reversed at scoring. Mental status scores were calculated: 6=all of the time to 1= none of the time with negative statement being reversed at scoring.

Findings:

Characteristics of Participants:

Most of participants were married and spoke Japanese at home, and during their temporary residence in Thailand. Nearly half of the families wished to stay in Thailand permanently. (See table 1-1)

Average age of participants was 44.31, ranging from 26 to 72 years old. The average number of persons in a family was 3.20. One-half of the families had stayed in Thailand for 3.3 years, ranging from 3 months to 37.8 years. (See Table 1-2)

Table1-1: Characteristics of participants (N=103)

Gender	female	64.4% (n=65)
Married		90.3% (n=93)
With children		42.7% (n=44)
Illness in family		13.6% (n=14)
Problems/changes in family		31.4% (n=32)
Language at home		88.0% (n=88)
Temporary stay		77.7% (n=80)
Spouse Ethnicity		77.0% (n=77)
Wish to stay in Thailand		43.4% (n=43)
Other		11.7% (n=12)
(relative, friend, employee, etc.)		

Table1-2: Characteristics of Participants (N=103)

Age of participants		mean=44.31
(Age range of participants 26 to 72years old)		
		SD= 9.83
Number of persons in family		mean= 3.20
(Ranging from 2 to 7)		
		SD= 1.28
Education of participants (years)		mean=15.67
		SD= 2.88
Education of other family members (years)		mean=16.02
		SD= 3.10
Length of stay in Thailand		
	median	40.00 mos.(3.3years)
	mode	17.00 mos.(1.4year)
(Ranging from 3 to 454 mos.(37.8years))		

The largest age group is 30-49, followed by 50-69. Under 30 age groups also had a considerable numbers in aggregate (n=87, 32.5%) and three quarter of families belonged to the under 50 age group (n=202, 75.4%). One out of two persons belonged to 18-49 age group which is the productive population. (See Table 2)

Mean score(SD) and reliability of six dimensions and mental status:

The Cronbach’s reliability coefficients were all around 80’s and quite satisfactory. Mutuality had the highest score, followed by Stability, Individuation, Clear communication and Role. Flexibility was the lowest. (See Table 3)

Table2: Age groups of family members (N=87)

Age groups		
over70	1.9%	(n= 5)
50-69	22.8%	(n= 61)
30-49	42.9%	(n=115)
18-29	6.3%	(n= 17)
12-17	14.9%	(n= 40)
5-11	7.5%	(n= 20)
under5	3.7%	(n= 10)
Total		n=268

Correlation between selected socio-demographic variables, mental status and 6 dimensions:

Moderate magnitude of relationship was found between spouse ethnicity and Flexibility and Mutuality. When their spouses were of different ethnicity, it was correlated with less flexibility and mutuality. A small magnitude of relationship was found between Flexibility and number of persons in family, education of other family member, and Japanese spoken at home. That is, the greater number of persons in the family and with Japanese spoken at home, less flexibility; and the longer education of other family member, the greater flexibility. When Japanese was spoken at home it related negatively with 5 dimensions except Role. The more that Japanese is spoken at home results in less positive Individuation, Mutuality, Flexibility, Stability, and Clear communication. Spouse ethnicity was related negatively with 4 dimensions except Individuation and Role. Different spouse ethnicity showed less positive with Mutuality, Flexibility, Stability, and Clear communication. (See Table 4)

Table3: Mean score (SD) and reliability of six dimensions and mental status

Dimensions	Number of items	Range of scores	Mean scores	Reliability
Individuation-Enmeshment	13	13 - 78	56.17 (6.06)	.85
Mutuality-Isolation	11	11 - 66	50.64 (7.01)	.82
Flexibility-Rigidity	10	10 - 60	39.25 (5.07)	.84
Stability-Disorganization	9	9 - 54	41.08 (5.06)	.82
Clear communication- Unclear communication	11	11 - 66	47.09 (6.16)	.79
Role reciprocity-Role conflict	12	12 - 72	49.52 (7.13)	.86
Mental status	7	7 - 42	31.46 (5.15)	.81

Table4: Correlation between selected socio-demographic variables and 6 dimensions

	Number of persons In Family ¹	Education of other Family member ²	Language at home ²	Spouse Ethnicity ²
Individuation-Enmeshment			-.230*	
Mutuality-Isolation			-.229*	-.315**
Flexibility-Rigidity	-.225*	-.198*	-.290**	-.379**
Stability-Disorganization			-.300**	-.272**
Clear communication- Unclear communication			-.233*	-.225*
Role reciprocity-Role conflict				

* P< .05 ** P< .01

1 Pearson r correlation

2 Spearman’s Rho correlation

Relationship among mental status and selected socio- demographic variables:

The wish to stay in Thailand and Illness in the family showed small magnitude of negative relationships. The wish not to stay in Thailand was associated with lower mental status. Illness in the family also showed lower mental status. When there was a family member in the 12-17 age category the mental status was higher. Older the participants scored higher on mental status. (See Table 5)

Relationship among selected socio- demographic variables:

Spouse ethnicity showed a strong positive relationship with length of stay and language used at home. Length of stay and other showed a moderate magnitude of positive relationship. Japanese spoken at home shows moderate magnitude of positive relationship with length of stay and ages over 70. Length of stay shows a small magnitude of relationship with age of participants and number of persons in the family. Japanese spoken at home shows a small magnitude of relationship with number of persons in the family and other. (See Table 6-1)

Relationship among selected socio- demographic variables:

Education of participants and education of other family member, most likely spouse, shows a strong magnitude

of relationship. Spouse ethnicity and number of persons in the family shows somewhat strong magnitude of relationship. Other shows moderate magnitude of relationship with number of persons in family and spouse ethnicity. (See Table 6-2)

Correlation among 6 dimensions and mental status:

Clear communication shows a strong magnitude of positive relationship with Mutuality, Flexibility, and Stability. Stability and Mutuality also shows a strong magnitude of positive relationship. Mental status shows moderate to small magnitude of relationships with Stability, Clear communication, and Role. (See Table 7)

Discussion:

Overall characteristics of Japanese families who lived in Thailand did not differ from Japanese families who lived in Japan and in the United States⁴⁽⁶⁾⁽⁷⁾⁽⁸⁾. However, a unique difference found among Japanese families in Thailand was that of other, that is others beside the participant who live in the family. These “others” did not comprise the same categories of family members in Japanese families in the United States⁴⁾. In Japan they were described as grandfather/mother, mother/father-in-law and daughter/son-in-law⁴⁾. In Thailand they were relatives, friends, and employees. One might speculate that living expenses and wages for labor

Table5: Relationship among mental status and selected socio-demographic variables

	Age of Participants	Age 12-17 ²	Illness in family ²	Wish to stay in Thailand ²
Mental status	.234*	.223*	-.227	-.279**

* P< .05 ** P< .01 1 Pearson r correlation 2 Spearman’s Rho correlation

Table6-1: Relationship among selected socio-demographic variables

	Age of Participants ¹	Length of stay ²	Number of Persons in family ¹	Spouse Ethnicity ²	Ages over 70 ²	other ²
Length of stay	.219*		.265*	.622**		.442**
Language At home		.482**	.258**	.685**	.442**	.247**

* P< .05 ** P< .01 1 Pearson r correlation 2 Spearman’s Rho correlation

Table6-2: Relationship among selected socio-demographic variables

	Education of Other family member ¹	Ages 18-29 ²	Age over 70 ²	Problem/change In family ²	Language at home ²	Spouse Ethnicity ²	Other ²	Occupation of Participants ²
Education of participants	.647**	.301**	.500**	-.265**				.245*
Number of Persons in family				.258**		.590**	.415**	
Illness in family				.208**				
Problem/change in family							.281**	
Ages over 70					.442**			
Spouse Ethnicity							.451**	
First time oversea				.223*				
Wish to stay in Thai land					-.241*			

* P< .05 ** P< .01

1 Pearson r correlation 2 Spearman's Rho correlation

Table7: Correlation among 6 dimensions and mental status

	Individuation-Enmeshment	Mutuality-Isolation	Flexibility-Rigidity	Stability-Disorganization	Clear communication-Unclear communication	Role reciprocity-Role conflict
Individuation-Enmeshment						
Mutuality-Isolation	.415**					
Flexibility-Rigidity	.426**	.510**				
Stability-Disorganization	.491**	.624**	.415**			
Clear communication-Unclear communication	.540**	.764**	.629**	.661**		
Role reciprocity-Role conflict	.310**	.370**	.360**	.485**	.585**	
Mental.				.403**	.305**	.218**

* P< .05 ** P< .01

1 Pearson r correlation 2 Spearman's Rho correlation

were relatively low so that a Japanese family could afford to have not only relatives, but non relatives living in their house.

Thailand has a low rate of elderly population⁵⁾. In this study families in Thailand were of a younger age group. According to Health and Welfare Statistics Association⁶⁾, in Japan 38.5% families had a family member over 65 years of age. Whereas, in Thailand only 24.7% of families had a member over age 50. However, almost 80% of them were in temporary stay, having been transferred as employees of their company. This fact also added to the understanding that a high rate of Japanese was spoken at home and that they

were married to a Japanese spouse. Since families lived in Thailand a short time (median 3years, mode 1 and 1/2 year), they may have had insufficient opportunity to acquire a foreign spouse or gain a command of Thai. Furthermore, there was readjustment on return to Japan. Thus, they had dilemma of adopting to a host culture. They could not acculturate full-heartedly knowing that they would go back home to Japan in short time regardless of their wish to stay in Thailand. This was also shown with family dynamics.

Cronbach's alphas of 6 dimensions and mental status were quite satisfactory. They ranged from .79 to .85, while similar studies of family dynamics they were .47

to .86 in the United States and .50 to .83 in Japan^{7,8)}. Individuation and Flexibility were two dimensions that indicated adequate yet low reliability in studies in the United States and Japan. It's quite a challenge try to give an interpretation for the finding. In previous studies^{7,8)} when Individuation and Flexibility showed relatively low reliability, the researcher interpreted this as a cultural reason⁹⁾. However, Japanese families in Thailand clearly denied that explanation. Perhaps families in this study had different characteristics from Japanese in the United States and in Japan.

However, what were the differences was beyond this study and could not be elaborated.

A greater amount of Japanese spoken at home and the presence of Japanese spouse were related to less mutuality, flexibility, stability, and clear communication. These findings were different from the findings of Japanese in the United States⁷⁾. A further interpretation of these finding will require comparative analyses between Japanese families in the United States and in Thailand.

Mental status was related positively to age of participants and negatively to illness in the family. This is supported by studies of Japanese in the United States and Japan⁴⁾. This finding can mean that the older they became they experienced less struggle and conflict in Thailand. On the other hand, one could speculate that illness in the family contribute to the burden of care to the ill person which then led to family conflicts. Participants who wished to stay permanently or as long as possible in Thailand had a higher level of mental status. One wonders if they might have achieved their mental balance through adaptation. There is some support in the literature that indicates mental problems/disorders among Japanese who lived overseas^{10,11,12,13)}. Most health problems identified among Japanese who live overseas were concerned with mental status. In this study, fortunately, Japanese participants who lived in Thailand did not seem to report lower mental status despite indicating that about one-half had a family member illness or health problems. This percentage was approximately the same as

Japanese in the United States; Japanese in Japan had a lower percentage⁴⁾.

Conclusion:

1. Japanese families in Thailand consisted of couples and they were relatively young families.
2. They were sent as employees of a company for a short period of time.
3. Mental status was found to be associated with similar family dynamics and socio-demographic characteristics as Japanese in the United States and Japan.
4. Family dynamics were affected by four selected socio-demographic variables: Number of persons in the family, education of other family member, language at home, and spouse ethnicity. Japanese spouse ethnicity and Japanese spoken at home showed a close relationship to 4 to 5 dimensions of FDM II, respectively.
5. Adaptation problems were speculated to contribute to mental health problems.

Implications:

These findings of family dynamics and socio-demographic characteristics of Japanese families in Thailand may assist Thai nurses to assess and provide care to families challenged by living in a foreign country.

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要 旨

本研究の目的は、タイ在住日本人家族の家族力学と精神状況を把握することである。データ収集には家族力学尺度 II (FDM II 日本語版) と家族現況調査を使用した。対象者は任意で研究に同意した 103 名 (男性 = 36, 女性 = 65, 不明 = 2), 便利標本である。対象者の平均年齢は 44.3 才, 結婚しており (97.9%), 約半数に子供がいた (47.3%)。家族数の平均は 3.20 人であった。家庭では日本語を話し, 短期ステイが多数を占めた。家族内の疾患は 14%, 健康問題は 30% にあった。FDM II の家族機能 6 側面に関しては, 相互依存-コミュニケーション, 安定性-コミュニケーション, 柔軟性-コミュニケーション, 相互依存-安定性, に高い関係性があった。精神状況に関しては, 安定性, コミュニケーション, 役割相互依存との間に小から中程度の関係性があった。タイ在住日本人家族の家族力学と精神状況の理解は, 彼らが, タイにおいて適切な看護支援の提供を受けるために, 大切な基礎情報になると考える。

キーワード: 家族力学, 日本人家族, タイ在住, 精神状況, 家族力学尺度 II (FDM II)