

The Mental Health and Sexual Orientation of Females : A Comparative Study of Japan and Taiwan

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<https://doi.org/10.15017/15690>

出版情報 : 九州大学心理学研究. 6, pp.141-148, 2005-03-31. 九州大学大学院人間環境学研究院
バージョン :
権利関係 :



The Mental Health and Sexual Orientation of Females

—A Comparative Study of Japan and Taiwan—

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The purpose of this study is to compare the mental health and sexual orientation of females in Japan and Taiwan by analyzing the results of former research using the Internet as a research tool. Differences in history of mental health, suicidal tendencies, stress levels in the public environment, and self-acceptance have been seen to vary depending on culture, sexual orientation, and gender roles. In this study, sexual minority females showed higher rates of past depression and thoughts of suicide, while heterosexual females reported higher stress levels in the public environment. Regarding the age of identification and acceptance of being in the sexual minority, Taiwanese minority females reported an earlier age of identification and higher acceptance than Japanese minority females.

Keywords: mental health, sexual orientation, comparative study

1. Problem and goal

After homosexuality was removed in 1973 from the official list of mental disorders included in the *Diagnostic and Statistical Manual of Mental Disorders* by the American Psychiatric Association, in 1975 the American Psychological Association (APA) subsequently adopted the official stance that homosexuality *per se* does not constitute a mental health impairment. Thus, from then on homosexuality was not treated as a stigma in psychological fields, but rather an arena of psychological and scientific inquiry. In the last decade, the focus toward sexual minority females has shifted to the relationship between social stress and lesbian mental health. Research about sexual orientation and mental health has recently begun to focus on social oppression as a factor contributing to depression and hence risk of suicide among homosexual and bisexual females and males (Cochran & Mays, 2000). This research found that lesbians are significantly more likely than heterosexual women to report that they have issues with identity and psychosocial development, social support, and social stress (Bradford, Ryan, & Rothblum, 1994).

The mental health of sexual minority females in Asia still remains a neglected subject. Compared with research in the United States and Europe, the mental health of Asian lesbians needs further study (Mathy, 2002). In particular,

the issue of lesbian mental health in Japan and Taiwan has been long neglected and related studies are still very few in number. In Japan, of the 4 major Japanese clinical and counseling journals from 1990 to 2003, totaling 1070 articles, only 6 articles focused on LGB issues, with one focusing on lesbian issues, one on the LGB issue as a single concept and four on the issue of gender identity disorder (Kuang & Nojima, 2004). In Taiwan, some studies also focused on the areas of counseling and guidance (Kuang & Nojima, 2003). However, data from non-clinical populations are extremely rare, and therefore research about sexual minority females in the general population is needed to provide a non-clinical baseline regarding lesbian mental health.

The purpose of this study is to compare the results of former studies conducted in Japan and Taiwan in 2004 and 2002 in order to clarify the characteristics and relationship between mental health and sexual orientation in the two countries (Kuang & Nojima, 2003). In addition, this study wants to analyze lesbian mental health, coming out status, and stressors by contrasting the gender roles of lesbians in Japan and Taiwan. This study does not discuss the intrinsic issue of gender roles. Instead, it analyzes the mental health status of lesbians by their self-identified gender roles. Several gender roles of lesbians have been categorized, and these normally include butch, femme, and undifferentiated.

2. Research method

2.1. Background

This study is based on the results of two studies of mental health and sexual orientation of females conducted in Japan (2004) and Taiwan (2002). Both were adapted and revised from a prior study of sexual orientation and mental health by permission of its senior methodologist (Mathy, 2002; Cooper, Morahan-Martin, Mathy, & Maheu, 2002). The questionnaires have been revised and translated into Japanese and Chinese in order to fit the study's goals and local culture. Due to social oppression and stigma, sexual minority populations are not very visible in three-dimensional space. The two studies used the Internet as a research tool in order to establish contact with sexual minorities as well as heterosexual females and to use the confidential nature of the Internet to help respondents feel comfortable when answering sensitive questions about their sexual orientation and mental health status. Two versions of questionnaires were used in order to test and compare the self-identified heterosexual and sexual minority females, and there are slight differences between them for the two countries. There are 58 questions in the homosexual version and 46 questions in the heterosexual version of the Japanese questionnaire. Due to culture differences, there are 55 questions in the homosexual version and 45 questions in the heterosexual version of the Chinese ques-

tionnaire. When studying the lesbian population, one of the common challenges is the lack of a control group for comparison. This research used the heterosexual versions of the questionnaires to compare the heterosexual with the sexual minority respondents. It should be stressed, however, that the heterosexual females should not be taken as the 'normal' group in relation to the sexual minority group.

2.2. Statistical analysis

To compare the hypothesized relationships between sexual orientation and mental health in the two countries, the *T*-test was used to evaluate differences in mean percentages while the *F*-test was used to assess the analyses of variance when comparing multiple groups of sexual orientation and lesbian gender roles. The alpha level of .05 was implemented, such that $p < .05$ indicated statistically significant evidence of independence.

2.3. Samples

In the study of Japan, 170 participants answered the heterosexual questionnaire, and 295 participants responded to the sexual minority version during a two month period in the spring of 2004. In the study of Taiwan, within seven days 305 participants answered the heterosexual questionnaire and 302 participants responded to the sexual minority version in late summer of 2002. Any data given as minority sexuality

Table 1
Mental health and stresses by sexual orientation in Japan and Taiwan (Percent).

	Japan Hetero (N=141)	Japan Homo (N=266)	Taiwan Hetero (N=271)	Taiwan Homo (N=279)	F / p
Past psychiatric meds	17	16	8	10	3.851 / .009**
Past depression	11	21	11	15	3.869 / .009**
Past wondered about depression	23	30	44	49	14.545 / .000***
Considered counseling	46	45	36	38	2.605 / .051
Currently psychiatric meds	9	5	6	5	0.898 / .442
Currently wondering about depression	8	18	22	21	4.777 / .003**
Currently considering counseling	16	14	19	17	.981 / .401
Thoughts of suicide	50	66	45	49	9.588 / .000***
Serious suicide attempt	15	20	27	35	8.083 / .000***
Really wanted to die	26	36	34	38	2.178 / .089
Pressure being female, family	48	41	38	44	1.542 / .202
Pressure being female, work/school	55	47	41	29	10.004 / .000***
Happy being female	84	74	89	80	5.341 / .001**

* $p < .05$, ** $p < .01$, *** $p < .001$

responses in the heterosexual questionnaire or as heterosexuality and transgender in the homosexual questionnaire was excluded in the following analysis. After the filtering process, the data of homosexuals (n=266 & n=279) and heterosexuals (n=141 & n=271) in Japan and Taiwan remained.

3. Results

3.1. Mental health vs. sexual orientation

According to the results of previous research in Japan, there are statistical differences for the items of past depression, currently worry about depression, thoughts of suicide, really wanted to die when did attempt suicide, and happy being female (Kuang & Nojima, 2004). The Japanese sexual minority females reported statistically higher percentages of depression history, currently worry about depression, and

lower self-acceptance. As for the results for Taiwan, there are the statistical differences for the items of serious suicide attempts, knowledge for seeking psychological help, happy being female, and pressure to be female in the work/school environment (Kuang & Nojima, 2003). While the sexual minority females in Taiwan expressed higher percentages of suicide attempts and lower self-acceptance, the heterosexual females reported less knowledge about psychological services, and higher stress levels in work and school environments.

This study compared the two countries with regard to the four groups of different nationality and sexual orientation (Japanese heterosexual, Japanese homosexual, Taiwanese heterosexual, and Taiwanese homosexual), and found statistical differences for the items of history of psychiatric medication and depression, past concerns and currently concerns

Table 2
Items with stat. diff. by heterosexual females in Japan and Taiwan (Percent).

	Japanese Heterosexual (N=141)	Taiwanese Heterosexual (N=271)	t / df / p
Past psychiatric meds	17	8	2.60 / 410 / .10*
Past wondered about depression	23	44	4.326 / 410 / .000***
Past considered counseling	46	36	2.037 / 410 / .042*
Currently wonder about depression	8	22	3.631 / 410 / .000*
Serious suicide attempt	15	27	2.707 / 410 / .007**
Pressure being female, family	48	38	2.002 / 410 / .046*
Pressure being female, work/school	55	41	2.581 / 410 / .01*

* p < .05, ** p < .01, *** p < .001

Table 3
Items with stat. diff. by homosexual females in Japan and Taiwan (Percent).

	Japanese Homosexual (N=266)	Taiwanese Homosexual (N=279)	t / df / p
Past psychiatric meds	16	10	2.150 / 543 / .032*
Past wondered about depression	29	49	4.901 / 543 / .000***
Thoughts of suicide	66	49	4.166 / 543 / .000***
Serious suicide attempt	21	35	3.597 / 543 / .000***
Pressure being female, work/school	45	29	3.937 / 543 / .000***
Pressure being lesbian, work/school	48	75	6.682 / 543 / .000***
Pressure being lesbian, friends	49	32	4.184 / 543 / .000***
Happy as being lesbian	76	87	3.269 / 543 / .001**

* p < .05, ** p < .01, *** p < .001

Table 4
Mental health and stresses by gender role of sexual minority females in Japan and Taiwan (Percent).

	J B (61)	J F (79)	J U (113)	T B (134)	T F (62)	T U (76)	F / P
Past psychiatric meds	10	15	20	7	8	14	2.324 / .041*
Past depression	10	20	27	13	13	20	2.555 / .027*
Past wondered about depression	18	32	35	45	52	55	5.881 / .000***
Past considered counseling	39	41	53	31	37	49	2.888 / .014*
Currently psychiatric meds	5	6	4	5	3	5	.244 / .943
Currently wondering about depression	7	19	21	16	23	24	1.765 / .118
Currently considering counseling	8	11	19	13	18	22	1.558 / .170
Thoughts of suicide	59	67	72	42	56	53	5.538 / .000***
Serious suicide attempt	10	23	27	31	42	34	3.906 / .002**
Really wanted to die	26	39	41	33	39	47	1.676 / .139
Pressure being female, family	43	35	43	47	44	37	.749 / .587
Pressure being lesbian, family	51	42	50	84	71	61	1.161 / .327
Pressure being female, work/school	52	35	46	28	32	25	4.083 / .001**
Pressure being lesbian, work/school	51	42	50	84	71	61	11.835 / .000***
Happy being female	57	87	79	71	95	83	7.397 / .000***
Happy being lesbian	66	80	81	85	92	86	3.507 / .004**

● p < .05, ** p < .01, *** p < .001

Table 5
Items with stat. diff by butch gender role in Japan and Taiwan (Percent).

	J B (61)	T B (134)	t / df / p
Past wondered about depression	18	45	3.705 / 193 / .000***
Thoughts of suicide	59	42	2.252 / 193 / .025*
Serious suicide attempt	10	31	3.209 / 193 / .002**
Pressure being female, work/school	52	28	3.328 / 193 / .001**
Pressure being lesbian, work/school	51	84	3.161 / 193 / .002**
Happy being lesbian	66	85	5.250 / 193 / .000***

* p < .05, ** p < .01, *** p < .001

Table 6
Items with stat. diff by femme gender role in Japan and Taiwan (Percent).

	J F (79)	T F (62)	t / df / p
Past wondered about depression	32	52	2.431 / 139 / .016*
Serious suicide attempt	23	42	2.471 / 139 / .015*
Pressure being lesbian, work/school	42	71	2.033 / 139 / .044*
Happy being lesbian	80	92	3.587 / 139 / .000***

● p < .05, ** p < .01, *** p < .001

Table 7
Items with stat. diff by Undifferentiated gender role in Japan and Taiwan (Percent).

	J U (113)	T U (76)	t / df / p
Past wondered about depression	35	55	2.873 / 187 / .005**
Thoughts of suicide	72	53	2.713 / 187 / .007**
Pressure being female, work/school	46	25	2.978 / 187 / .003**

● $p < .05$, ** $p < .01$, *** $p < .001$

about depression, thoughts and attempts of suicide, preference for female counselors, stress from being in work/school, and self-acceptance as being female (Table 1). In order to clarify the influence of the culture differences in these four groups, the *T*-test was used to analyze the heterosexual and homosexual groups between the two countries. In the heterosexual groups, the Japanese females reported statistically higher percentages of past experience in using psychiatric medication, $t(410) = 2.60$, $p < .05$, and past consideration of counseling, $t(410) = 2.037$, $p < .05$. The Taiwanese heterosexual females showed higher percentages of concern about past depression, $t(410) = 4.326$, $p < .001$, concern about current depression, $t(410) = 3.631$, $p < .001$, and suicide attempts, $t(410) = 2.707$, $p < .001$ (Table 2). In addition, the Japanese females reported a higher percentage of stress as being female both in the family and at work/school, $t(410) = 2.002$, $p < .05$, $t(410) = 2.581$, $p < .05$. Regarding the comparison of homosexual females in the two countries, the Japanese sexual minority females reported statistically higher percentages for the items of past experiences of taking psychiatric medications, $t(543) = 2.150$, $p < .05$, thoughts of suicide, $t(543) = 4.166$, $p < .001$, the stress as being female in the work/school environment, $t(543) = 3.937$, $p < .001$, and lower self-acceptance as being lesbian, $t(543) = 3.269$, $p < .01$ (Table 3). On the other hand, the Taiwanese sexual minority females showed higher percentages for the items of concern of past depression, $t(543) = 4.910$, $p < .001$, suicide attempts, $t(543) = 3.597$, $p < .001$, and stress related to being lesbian in the work/school environment, $t(543) = 6.682$, $p < .001$.

3.2. Mental health vs. gender role

There were six groups identified in the comparison of the gender roles of sexual minority females in Japan and Taiwan: Japanese Butch, Femme, and Undifferentiated; and Taiwanese Butch, Femme, and Undifferentiated. There were statistically significant differences found between these gender role groups in Japan and Taiwan, according to the *F*-test,

for the items of history of psychiatric medications and depression, past concerns of depression, current considerations of counseling, thoughts of suicide, suicide attempts, stress as being both female and lesbian in the work/school environment, and self-acceptance as being female and lesbian (Table 4). In order to analyze the cross-culture influences in gender roles, the *T*-test was used to examine the butch, femme and undifferentiated groups. In the butch groups, the Japanese butch group showed higher percentages for the items of thoughts of suicide, $t(193) = 2.252$, $p < .05$, pressure to be female in the work/school environment, $t(193) = 3.328$, $p < .01$, and lower self-acceptance as being lesbian, $t(193) = 5.250$, $p < .001$ (Table 5). The Taiwanese butch group reported higher percentages for the items of past concerns about depression, $t(193) = 3.705$, $p < .001$, suicide attempts, $t(193) = 3.209$, $p < .01$, and stress as being lesbian in the work/school environment, $t(193) = 3.161$, $p < .01$.

In the femme groups, there were fewer differences seen. The Taiwanese femme group showed higher percentages of concerns about depression, $t(139) = 2.431$, $p < .05$, serious suicide attempts, $t(139) = 2.471$, $p < .05$, and stress as being lesbian in the work/school environment, $t(139) = 2.033$, $p < .05$, but it also showed a higher percentage of self-acceptance as being lesbian, $t(139) = 3.587$, $p < .001$ (Table 6). The Japanese sexual minority females in the undifferentiated groups reported a statistically lower percentage for the item of past concerns about depression, $t(187) = 2.873$, $p < .01$, but a higher percentage for thoughts of suicide, $t(187) = 2.713$, $p < .01$, and pressure to be female in the work/school environment, $t(187) = 2.978$, $p < .01$ (Table 7).

3.3. The age of identification and worries vs. sexual minorities

The sexual minority females of Japan and Taiwan differed with regard to age of the first notification and identification of sexual orientation (Table 8). The Taiwanese females reported earlier notification and identification for the modal

group of the ages under 10 to 15 years old when compared to the 11-20 years old groups of Japanese females. The Taiwanese females also showed earlier identification ages than the Japanese females. Regarding the comparison of the worries of the sexual minority females in Japan and Taiwan, the main worries in the present were money, girl friend, work/school and future (Table 9). The Japanese sexual minority

females were concerned more about the future while the Taiwanese were more concerned about work/school. On the other hand, the two main reasons for serious consideration of suicide were the 'girl friend' and 'other'.

Table 8
The ages and sexual orientation identity in Japan and Taiwan (Percent).

			Under 10 years old	11-15	16-20	21-25	26-30	31-35	Above 35
First notice	Japan	Butch	34.4	41.0	18.0	4.9		1.6	0.1
		Femme	8.9	43.0	36.7	8.9		1.3	1.2
		Undifferentiated	20.3	43.3	30.1	1.8	1.8	2.7	0.0
	Taiwan	Butch	64.2	18.7	6.7	3	2.2	2.2	3.0
		Femme	27.4	24.2	14.5	4.8	9.7	6.5	12.9
		Undifferentiated	61.8	10.5	3.9	6.6	2.6	6.6	8.0
Identification	Japan	Butch	16.4	19.7	42.6	13.1	1.6	3.3	3.3
		Femme	5.1	25.3	40.5	19	6.3	1.3	2.5
		Undifferentiated	10.6	29.2	37.2	8.8	7.1	7.1	0.0
	Taiwan	Butch	37.3	19.4	12.7	8.2	3.7	6.7	12.0
		Femme	8.1	25.8	11.3	14.5	1.6	12.9	25.8
		Undifferentiated	27.6	7.9	6.6	13.2	5.3	9.2	30.2

Table 9
The worries of the sexual minority females in Japan and Taiwan (Percent) (cut off version).

			Money	Girl friend	Family	Work/ School	anxiety	Future	Stress	Other
current main worry	Japan	Butch	24.6			21.3		18.0		
		Femme	16.5	31.6				17.7		
		Undifferentiated	20.4	16.8				19.5		
	Taiwan	Butch	27.6			19.4		13.4		
		Femme	35.5	8.1		24.2				
		Undifferentiated	22.4	14.5		31.6				
reason of thought of suicide	Japan	Butch	16.4	18						32.8
		Femme		12.7					13.9	22.8
		Undifferentiated		15.9			12.4			23.9
	Taiwan	Butch		25.4	11.9					25.4
		Femme		32.3				17.7		24.2
		Undifferentiated		21.1					19.7	15.8

4. Discussion

In the comparison of the mental health and sexual orientation of females between Japan and Taiwan, there were found to be several statistically significant differences depending on culture and sexual orientation. First, there are the differences between these two countries without including the variable of sexual orientation. Japanese females reported more experiences than Taiwanese regarding the history of psychiatric medication use and the pressures related to being female in the work/school environment. However, Taiwanese females showed more worries regarding past depression and serious suicide attempts. Further, these results could be influenced by national mental health services, public environments, and culture differences. The relationship between available psychiatric services and stress about being female in the work/school environment in Japan could be a possible research orientation toward Japanese female mental health. In addition, the past worries about depression and the serious suicide attempts reported by the Taiwanese females brings up the possibility of media influence related to the depression issue, depression-related experiences, and suicide attempts. However, there were found to be no differences regarding thoughts of suicide and having the intention to die during serious suicide attempts between the two countries.

Second, when considering sexual orientation as a variable, both of the groups of sexual minority females showed the higher percentages of past experiences of depression and lower self-acceptance of being female. Such relationships between sexual orientation and mental health were seen in both countries. Moreover, the opposite results were found in the analysis comparing heterosexual and homosexual females in Japan and Taiwan. The Japanese homosexual females reported higher percentages of thoughts of suicide, but the Taiwanese homosexual females reported higher rates of serious suicide attempts. These results indicated the possible influence of cultural differences between Japan and Taiwan. For example, the traditional notions, religious concepts, and media attitudes toward suicide may have impacts on the results.

Third, in this study the sexual minority females were divided into six groups according to their gender roles and nationality. The undifferentiated group in both countries reported relatively higher percentages of mental health concerns as well as having a history and future intention of receiving psychological services. The Japanese butch lesbian showed the lowest rate of self-acceptance as being lesbian. In the analysis of the groups according to gender roles, the

Japanese butch and undifferentiated lesbian group showed the higher percentages of having suicide thoughts and stress related to being female in the work/school environment. The Taiwanese butch and femme groups showed the higher percentages of serious suicide attempts and stresses related to being lesbian in the work/school environment. Thus, gender roles in the different cultures could be related to such suicide issues and stressors in the public environment. Results also indicated that both of these sexual minority female groups expressed feeling stress as a lesbian in the family, but this was not statistically different between the two countries. This indicates that sexual minority females experiences similar pressures in the family in both Japan and Taiwan.

Regarding the ages of first realization and identification of minority sexual orientation, the Japanese butch and Taiwanese sexual minority groups reported their first notification at the ages of under 10 and 11-15 years old. The Japanese femme and undifferentiated groups, by comparison, tended to be a little later as the modal groups were from 11-20 years old. Related to the first notification, the Taiwanese butch and undifferentiated groups reported earlier ages of identification of sexual orientation by the modal group as under 10 years old. The Japanese groups showed the modal group of identification as 16-20 years old, which is at least 5 years different from the Taiwanese results.

In trying to better understand the suicide issue, the main reasons given for thoughts of suicide were analyzed, and the results showed that the 'girl friend' and 'others' were the main two reasons. However, regarding the question about current worries, the problem of money was the most common response. Apart from this, 'work/school' and 'future' were the other main current worries for both Japanese and Taiwanese respondents. According to these results, it can be suggested that the sexual minority females expressed more practical and economic worries in the present but suffered more from romantic relationship (love and sexual relationship) worries in the past, including thoughts of suicide. These results also show that mental health issues can change throughout the life span of sexual minorities.

5. Conclusion

In this cross cultural study of the mental health and sexual orientation of females in Japan and Taiwan, statistically significant differences were seen for the items of suicide, depression, stress in the public environment, and self acceptance issues. The sexual minority females tended to have higher percentages of depression related experiences but

lower stress levels in the work/school environment. The Japanese undifferentiated lesbian group reported a higher percentage of depression experiences. Cultural differences, religions, sexual orientations, gender roles, and research method all could have influenced the results of this study. The inner structure of environmental stressors, self-acceptance as being lesbian, and the relationships with depression are possible future research orientations. This study provides us with a start and shows possibilities for better understanding the mental health of sexual minorities in Asia.

Note: The authors would like to express special thanks for the kindness and comments of Professor Kitayama of the faculty of human-environment studies at Kyushu university.

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