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of Foreign English Teachers in Japan

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In order to understand the health experiences of Assistant Language Teachers (ALTs) of English in Japan, I conducted ten in-depth interviews with native English-speaking ALTs in Japan. Throughout the interviews, ALTs expressed strong privacy concerns, perceived violations, and ways in which they managed privacy boundaries. Through reflexive thematic analysis (Lindlof & Taylor, 2002), I utilized Petronio's (1991, 2000, 2002) Communication Privacy Management theory as a lens to make sense of ALTs' privacy management. ALTs not only identified private information they concealed from their supervisor and coworkers, potential resources of assistance, but they also revealed factors that influence their privacy boundary management choices as well as actions they take in order to ensure privacy.

"I mean something of and in Japan, [is that] it doesn't matter about who you are. Your health is never private. They [Japanese] don't see health as a privacy thing. So you know, if you want to keep it private, don't talk to anyone about it."

Alice

Thus begins the tales of *gaijin* (外人)[1], Japanese for *foreigner* or *foreigners*. Alice is one of the nearly 1,250,000 *gaijin* who live in Japan (Statistics Bureau of Japan, 2009). Like many Assistant Language Teachers (ALTs) in Japan, Alice must constantly manage intercultural interactions as she attempts to oversee her overall well-being and health, as well as her privacy. Most ALTs, like Alice, find themselves in rural settings, where they are usually the only native English speakers. In order to ease cultural stressors, ALTs are expected to consult with their supervisors for both work and non-work related issues that arise. This has the potential to put ALTs

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1   "*Gaijin*" is both singular and plural.

in a double bind where they desire not just health information or treatment, but also their privacy within the workplace. This study serves as an initial exploratory endeavor to uncover what health experiences *gaijin* ALTs report as problematic or salient to their experiences living in Japan.

Several intercultural communication scholars have advocated the utility of examining problematic intercultural interactions amongst emotionally vulnerable situations (e.g., Ting-Toomey, 2005; Oetzel, 2005). For scholars of culture and communication, health privacy boundary management among *gaijin* ALTs is an important focus for at least three reasons. First, understanding how this particular, predominately western, population manages privacy boundaries may produce heuristic value regarding intercultural implications for similar populations around the world (e.g., ESL/EFL teachers around the world, western expatriate populations). In Japan, the government encourages and mandates English education in latter primary and throughout secondary education; the Japan Exchange and Teaching (JET) Programme is an example of one government initiative to enhance English learning education and foster internationalization. Now in its 25th year of operation, the JET Programme currently has over 54,000 alumni spread across the world. In 2011, JET welcomed 4,330 ALTs from 39 countries (JET Programme, 2011a). ALTs assist Japanese teachers of English with classroom instruction, material development, and serve as a native example for language usage and pronunciation (Jet Programme, 2011b).

Second, few studies exist examining the western expatriate population in subordinate roles from a communication perspective (Peterson, Milstein, Chen, & Nakazawa, 2011; Komisarof, 2006; Masumoto, 2004). Further research can expand and enhance current communication theory and practice. As a former ALT, I believe scholars of communication and culture should be particularly interested in this population due to significant tensions individuals face throughout the acculturation process.

Finally, due to the aging of Japan's society and the projected population decline due to a low birthrate, Komisarof (2006) reports that the Japanese government "plans to partially address the declining population through accepting more foreign workers" (p. 20). Therefore, the rate at which the local, prefectural, and national Japanese governments utilize ALTs is likely to increase. Because the ways in which cultures manage privacy varies (Petronio, 2002), importing *gaijin* will increase intercultural interactions in Japanese schools. In this paper, I first explore Japanese conceptions of privacy, then I discuss how Petronio's (2002) Communication Privacy Management (CPM) theory is useful for understanding how ALTs manage privacy boundaries within an intercultural context. Lastly, I analyze tales from *gaijin* which offer important contributions to how intercultural and interpersonal communication scholars understand ALT privacy management.

Concepts of Privacy in Japan

Fundamental differences between individualist and collectivist cultures inevitably impact how privacy is expressed, enacted, and interpreted (Mizutani, Dorsey, & Moor, 2004). It is important to note that collectivist and individualist societies vary as in the case of Japanese and western English-speaking countries. The concept of privacy differs cross-culturally (Altman, 1977; Ngula & Miller, 2009; Petronio, 2000), as do the ways in which one culturally expresses privacy values (Westin, 1967). The concept of privacy in Japan is largely based on a collectivistic orientation (Hofstede, 1991); Japan stresses the importance of cohesive groups. For instance, most Japanese value the needs and interests of the group over the needs and interests of the individual (Benedict, 1946; Hendry, 2003; Mizutani, Dorsey, & Moor, 2004). For individuals living in a collectivist society, the very notion of privacy may be viewed as one that is selfish and values the individual over the group. Japanese people in general view individualistic societies' right to privacy as an imported idea as well as a timeserving and subjective concept (Orito & Murata, 2005). Modern day Japanese speakers imported *puraibashi* (プライバシー) directly from the English word for privacy. To denote its foreign context, *puraibashi* is written in katakana, which is "the Japanese syllabary used primarily for words of foreign origin" (Mizutani, Dorsey, & Moor, 2004, p. 121). The traditional Japanese language has no word for privacy, which results in a unique cultural meaning for the concept (Mizutani, Dorsey, & Moor, 2004). For many Japanese people, the concept of privacy rights, or "'the right to be let alone,' indicates a lack of cooperativeness as well as an inability to communicate with others" (Orito & Murata, 2005, p. 4). In fact, being able to control one's private information may be considered a "shameful excess of mistrust" in relation to the cooperative society (Orito & Murata, 2005, p. 4). This doesn't equate to western privacy concepts (Takada & Lampkin, 2011). Westernized Americans may find this "ideal level of group interdependence for Japanese … suffocating" (Mizutani, Dorsey, & Moor, 2004, p. 124).

Japanese language utilized to discuss privacy often confuses *gaijin*. Nakada and Takanori (2005) explain two distinct but interrelated meanings of Japanese privacy: *shakai* (社会), or public, and *seken* (世間), or world/society. These terms reveal Japan's collectivist values which stress the importance of relationships, interdependence, and harmony. For example, *shakai* contributes to the absence of detailed negative aspects of crimes in newspapers and media in order to protect victims, or the family of the victim (Nakada & Takanori, 2005). Breaking *shakai* would mean speaking publically about private matters which may harm the public reputations of others; such action would be contrary to Japan's collectivist traditions of protecting individuals within the group (Mizutani, Dorsey, & Moor, 2004). The *seken* form of privacy emphasizes "human relations as defining the

world of meaning for individuals, families, and the larger society" (Nakada & Takanori, 2005, p. 30). Through *seken's* emphasis on human relations, Japanese come to understand, or partially explain, what went wrong in a given circumstance (Nakada & Takanori, 2005). For example, if an ALT obtains a sexually transmitted disease in Japan, a Japanese person may seek to explain, make sense of, and understand the meaning of the illness of the ALT by examining their home life or culture. However, an ALT may perceive this examination as a privacy violation.

Nakada and Takanori (2005) suggest that "'privacy' or the concepts of individualism related to privacy function only as a needless veil for Japanese people" (p. 32). When over 1,800 Japanese were interviewed in 2006 regarding their conception of privacy, only about 41% reported "medical record and physical disability" as personal information that one does not wish to disclose (Asia-Pacific Economic Cooperation, 2008). Thus, the majority of Japanese view health information as potentially public. Nakada and Takanori (2005) reveal that privacy and individualism "remain outside the lists of the most important values for Japanese" (p. 31). This culturally-specific idea of privacy in Japan warrants our attention as we consider its influence on *gaijin* privacy management. In contrast to the Japanese, *gaijin* from western nations such as the United States view privacy as inherent to their individualism (Althen, 2003). Now that I have provided an understanding of Japanese privacy concepts, I next explore the theoretical framework of CPM in order to introduce ways in which privacy is managed in intercultural interactions for *gaijin* ALTs.

Communication Privacy Management

As an applied, western, rule-based theory, Communication Privacy Management (CPM) theory gives us a glimpse into the construct of privacy based on western sensibilities. According to CPM, private information management is an ongoing process (Petronio, 2007; Petronio & Ostrom-Blonigen, 2008). Bute and Vik (2010) refer to privacy management as "unfinished business that calls for ongoing attention" (p. 5). My goal is to extend CPM's usefulness to understand *gaijin's* experiences in Japan. This will shed light on intercultural interaction as ALTs reveal their notions of privacy, expressed violations, and how they manage privacy in a foreign context.

Petronio (1991, 2000, 2002) developed five suppositions for CPM useful to this study. First, people believe their private information belongs to them. Second, CPM claims a boundary metaphor to illustrate demarcations between private information and public relationships. People work to strengthen these boundaries in order to protect private information. People believe they own their private information, and they also believe they have the right to control and protect what is considered private. Third, people believe private information is owned or co-owned with others, which leads to a desire for boundary control as individuals reveal and conceal information.

Fourth, CPM utilizes a rule-based management system in boundary regulation to provide structure for understanding the management of private information. Lastly, CPM treats privacy and disclosure as dialectic in nature. In order to understand privacy's dialectical nature, Petronio (1991, 2000, 2002) developed five criteria individuals utilize to create privacy rules that protect and allow access to their private information. These rules include and are related to culture, gender, motivations, context, and risk-benefit ratio. All of these criteria influence privacy rule development and rule revisions.

Disclosures of ALTs' health information may lead to awkward and uncomfortable situations for all involved, but particularly for ALTs due to differing cultural understandings of privacy. Thus, ALTs might have to assess the risks and benefits to disclosing and concealing their private information. If ALTs conceal health information from those in a position to help them receive adequate health care, potential consequences exist. For example, the ALT may be unaware of local resources or differing medications and treatments which may lessen his or her ailment. Not disclosing information may also involve the risk of missing out on enacted social support (Goldsmith, 2004).

Second, cultural criteria, norms, and expectations of appropriate social behavior play an important role in privacy rule development (Petronio, 2002). Cultures vary in how privacy is treated (Moore, 1984; Roberts & Gregor, 1971). In fact, every culture develops methodologies for privacy regulation as well as to what degree privacy is important (Altman, 1977). The degree to which one believes privacy is important influences the degree to which one manages privacy boundaries. Interculturally, individuals have differing privacy rules and definitions of privacy as well as assumptions as to what is considered private information. Therefore, it is highly plausible to accept that an individual from a non-western culture may violate western privacy boundaries because she or he is following a different set of privacy rules (Petronio, 2002).

The third major criterion that is particularly relevant to understanding ALT privacy management is contextual criteria. Depending upon the context, privacy rules may alter and appear different. For example, it is likely privacy rules will look much different for a traumatic event versus a normal day-to-day event. If an ALT develops cancer or a sexually transmitted infection versus a common cold, he or she will likely develop different privacy rules to manage such boundaries. Greene, Derlega, Yep, and Petronio (2003) claim even the "physical environment can make a difference in decisions to disclose" (p. 24). Even if a supervisor maintains an ALT's confidentiality, the office setting itself may be problematic for the ALT. In Japan, "workers are rarely separated into private spaces" (Rosen, 1990, p. 172). My own experience as an ALT showed me that the typical office space in Japanese schools is composed of a large, shared room with desks directly next to each other without cubicle walls common in western office spaces which create some presumption of privacy. If the ALT does not have a private location

in which she or he may speak with their supervisor, health disclosures on various levels may be limited. Petronio (2002) tells us "reducing exposure means more privacy and more boundary control" (p. 41). For an ALT it might be nearly impossible to reduce one's exposure to cultural and contextual criteria that influence privacy rules and boundaries. Even in their home countries, westerners have reported privacy concerns in rural locations (Warr & Hillier, 1997). This inability to blend in as well as the term *gaijin*, which linguistically denotes an *other*, may lead ALTs to feel othered and become hypersensitive to one of the few factors they might be able to control: their privacy. This study advances CPM as I expand its usefulness to populations which have decreased ability to reduce exposure to outside factors. Now that I have shared an understanding of the theory guiding my research, I now turn to my research methodology and questions.

Methodology & Research Questions

A *gaijin* is an individual who finds his or her self "simultaneously enmeshed in two social realities whose logics of meaning and action conflict at some important points" (Pearce, 1989, p. 21). Japan has been described as a "complicated country—even for Japanese people themselves (Nakada & Takanori, 2005, p. 27). The day to day life of a gaijin may therefore be more complicated than Japanese as they live in a space where two social realities collide. When a health situation arises, the world of the *gaijin* becomes even more complex and problematic, particularly in rural settings. Since western ideas of privacy may well be misplaced in Japan (Rosen, 1990), it is important to learn how ALTs manage privacy interculturally. Thus, this study seeks to address the following:

> RQ1: *What health related experiences do ALTs in Japan report as salient to their experience?*

> RQ2: *What might intercultural scholars gain from learning about privacy management issues within this context?*

In order to explore my research questions, I use the following qualitative research methods.

Utilizing an insider informant, I solicited participants via a regional Google groups posting. The study was identified as investigating *gaijin* health experiences in Japan. As I initiated contact with ALTs, I asked if they knew of other ALTs who might be interested in participating in my study. This resulted in a snowballing technique which received an eager response. After gaining approval through my university's Institutional Review Board (IRB), I began the interview process. Upon gaining formal consent from participants, I conducted interviews.

Ten Assistant Language Teachers of English participated in this study. All were native speakers of English from two western countries: nine participants were from the United States and one was from New Zealand. Five men and

five women participated in this project. Although eight participants identified as Caucasian, two identified as Japanese-Americans. All participants self-identified as middle class and obtained at least a bachelor's degree prior to obtaining their teaching position within Japan. Participants' duration of stay within Japan ranged from four months to nearly four and a half years at the time of interview. I spoke with two individuals via a continuous back and forth email based conversation, one via a Skype video call, and seven in face-to-face interviews.

The interview was semi-structured and contained a series of open-ended questions designed to investigate *gaijin* ALT health experiences. I asked about each individual's personal health literacy in Japan, salient health experiences, and how she or he responded to or managed problematic health experiences or issues. Additionally, every participant willingly discussed health privacy issues without initial solicitation. Participants brought up the topic of privacy within their workplaces and communities as they reported instances in which they perceived privacy violations. Interviews ranged from 30 to 120 minutes and were voice recorded. Upon completion, I transcribed interviews via Dragon Speak, a voice recognition program. I double-checked each transcript, correcting and ensuring that what was transcribed matched the original recording. This ensured accuracy for data analysis purposes. Additionally, I recorded field notes during and after the interview sessions in which I noted initial themes that seemed to emerge throughout the interviews.

As a qualitative researcher, I realize that an "indefinite number of interpretations could be constructed from any research experience" (Lindlof & Taylor, 2002, p. 240). Fitch (1994) notes that "data and analysis should include consideration of inferences and interpretations, as well as concrete phenomena" (p. 36). For this project, I conducted a thematic analysis (Lindlof & Taylor, 2002) of interview transcripts and field notes. I repeatedly read all transcriptions and field notes in order to see what themes emerged throughout the data. This process helped me to meet Fitch's (1994) call that "claims should be saturated in data" (p. 36); I noticed data which "relate to each other in such a way that they seem to belong to a category" (Lindlof & Taylor, 2002, p. 215). In the interviews, participants constantly brought up privacy issues and perceived violations within their workplace. Strong emotions were shared as I asked follow-up questions regarding this topic.

Per Lindlof and Taylor (2002), I used a manual method of analysis. This allowed me to "engage all the data in their original form" (Lindlof & Taylor, 2002, p. 226). I began by making notes in the margins of each interview transcript. As my notes began to repeat and clarify themes, I grouped similar instances into one consolidated area. For example, I was able to place all instances of privacy management, regardless of how the privacy was managed, together in one location. This process ensured my interpretations would be guided by the participants' own words as I was able to examine each theme in its entirety.

Throughout this entire process, I engaged in Lindlof and Taylor's (2002) approach for reflexive analysis as I continually discussed my own former role in the social situation. I informed participants that I served as an ALT in a rural setting at the start of each interview. I believe this helped the participants to feel more at ease, as I could relate to many of their stories, even if I had not experienced the specific health issue they encountered or struggled with in Japan. I believe this helped the conversation to feel more like one with a friend, versus a subject for research gathering. In order to obtain a clear research perspective apart from my own experiences as an ALT, I continually checked back with participants to ensure we were discussing their situations and experiences, not mine. I avoided leading questions and communicated continuously with participants to ensure I understood their stories and was not injecting my own. In addition, I withheld my own health experiences from those I interviewed until we finished our conversation. I did this in order to not influence ALTs' perspectives or stories. In addition, I reflected upon how I was asking and wording questions to ensure I was not leading participants toward any particular responses that expressed similarities with my own experiences as an ALT. Next, I discuss my analysis and interpretations of the data.

Analysis and Interpretations

My analysis reveals not only participants' concepts of privacy, but also areas in which ALTs perceived privacy violations, and how they managed their health privacy. Because maintaining confidentiality is important to me, I utilize pseudonyms throughout my analysis to protect the identity of my participants. Overall, this study revealed three themes: contextual criteria, perceived violations, and boundary management.

Contextual Criteria

Nearly half of all ALTs interviewed asserted contextual criteria influenced their individual autonomy and the extent to which they may obtain a sense of privacy, drawing particular attention to the physical settings of medical professionals and rural location. Chad, for instance, informed me that the physical environment of his physician didn't meet his contextual criteria for privacy.

> The curtain is not a lot of privacy… so usually [in my country] you go in a different room [from everyone else], and the doctor comes in to see you, but here you walk through the door and there's a curtain, so next to you people are sitting on a bench outside [of the curtain]. And they can hear everything that's being said on the inside, which is not an issue for me but I can imagine for other people that it is [an issue], or in the future that it could be.

Chad's testimony visually showcases *shakai*. Here, Japanese were permitted to hear details of the medical encounter beyond the curtain, but should not speak of it. This heavily contrasts with the individualized privacy efforts of Chad's western home. Chad's testimony also showcases that different health issues may influence to what extent ALTs may enforce privacy boundaries. Chad mentions that "the curtain is not a lot of privacy" thus demarcating potential contextual criteria that may influence one's willingness to reveal personal health matters. At the same time, Chad tells us that in this specific instance it does not influence his privacy management, but it could in the future dependent upon his health issue. In short, context matters to Chad and the severity of his health issue influences what he will conceal and reveal in a given context.

Several ALTs reported their rural location as being a determinant as to what is private as well as limiting their capacity for privacy. As Mike filled out a required health questionnaire for work, a nurse offered him answers based on her local knowledge of his activities.

> We get to a question about if you exercise on a regular basis and I hesitated a bit. Strenuous exercise for 30 minutes per session three times a week? I wasn't so sure I did. Then the nurse offers, "I know you go running, so you can check yes." So much for privacy huh?! But I guess that's probably more a comment on how country the place I live in is more than anything.

Mike attributes his countryside living experience in Japan as being the primary contextual factor that limits the amount of privacy he is able to maintain. Although in this instance Mike does not explain to what degree living in a rural environment affected his privacy management, Mike does reveal that living within a rural setting in Japan minimizes his sense of privacy as well as his ability to maintain it. Danielle echoes Mike's sentiment. She feels she had no privacy "partially to do with where I am." Danielle not only lives in a rural setting, but she also was one of the first ALTs to live and work in her specific location. Danielle suggests that if she was in another part of Japan, she believes she would be able to maintain a sense of privacy that would meet her cultural standards.

Jamie said that place influenced the extent of autonomy she holds as a *gaijin* in Japan. When reflecting on being brought to the hospital by her supervisor for stomach pain, she said, "If I was back home I wouldn't have gone and no one would've checked up and called. It would've been my choice." Within this statement Jamie contrasts Japan from her home country. She notes that in her home land she has more privacy than she does in Japan. She distinguishes being in Japan versus her home country as being a place with less autonomy, thus revealing a lack of privacy from her perspective due to the context in which she now resides.

In addition to physical setting, Chad believes he has less privacy due to his nationality. He said, "There's definitely less privacy for me because in

this [rural] town I'm the only person who is not, I don't say not Japanese, but I'm the only person from America." Even though he is part Japanese by blood, being born and raised in the United States makes him othered, or *gaijin*, in Japan and therefore one who has less privacy than Japanese. Throughout the interview process, ALTs reported their foreign residency status and location as prime factors which limited their ability to obtain as well as maintain desired privacy levels in Japan.

Perceived Privacy Violations

Perceived privacy violations were revealed as ALTs highlighted experiences that showed how a "lack of barriers" from Japanese influences ALTs' privacy boundaries. Half of all ALTs interviewed perceived privacy violations within their communities and workplace. After a routine dentist appointment, Danielle told me about the aftermath of her visit.

> A couple of days later I went to do sports practice … and this guy comes up to me and says, "So I heard you went to the dentist!" And I was like, WHAT? We live like an hour away from this place. And he said, "Oh, yeah, yeah. I heard there was nothing wrong with you." And I was like, WHAT!? … but who? What kind of doctor tells other people about what's wrong with me? I was really angry about that. But it just doesn't seem right…. I just thought that was like a confidentiality thing … I didn't think I was gonna go and have other people find out my personal health things.

Danielle's concept of privacy was violated due to her cultural belief that such information should not be shared, even if positive. Danielle did not expect a dentist to share her health information and became angry when her positive health information was shared with a man who lived in the same town as her.

Jamie had her own comments on patient confidentiality. After Jamie broke her leg she not only felt her privacy was violated, but she also learned the chain of disclosure within her community.

> There were no barriers. Every person in the village, every school, you know everyone in the Board of Education, the whole school knew that I broke my leg and what days I was going to the hospital, and medication I've been given. There's no quiet, patient confidentiality.

When I asked Jamie how they knew this information, she replied, "They talk." I asked for clarification in terms of "who talks." She said, "No, all of them." She explained further:

> So, it starts off with the supervisor who tells the Board of Education, they then informed the schools, and well, the schools tell the teachers, and the students ask, they tell the

> students, the students tell the parents, the parents go to
> the restaurant down the road and tell them, and the whole
> village knows. Which is a little...

She couldn't finish her sentence because she erupted in laughter. Although able to laugh about her interesting cultural experiences, Jamie was upset by this perceived violation, and this experience affected her future health choices in Japan. Jamie later had appendicitis and after being diagnosed by her doctor chose to forego his medical advice and not visit the local hospital for treatment. Instead, she told her employer nothing was wrong, but that she needed to just sleep it off. However, her story continues:

> I got a phone call from my Board of Education! [The]
> Doctor called the hospital when I didn't turn up. So, the
> doctor then called the Board of Education and told them
> everything, what he thought, and that I needed to go to
> the hospital. The Board of Education called me and I said
> "No I just want to sleep," and they are like, "It's too late
> your supervisor is coming to your house to pick you up,
> to take you to the hospital."

This violated Jamie's cultural expectations of privacy. She believed the doctor overstepped his lines to inform her employer of her medical condition and treatment recommendations. Although a privacy violation in Jamie's eyes, the doctor's decision to disclose Jamie's condition potentially saved her life. Jamie's decision not to share her health condition with her employer reveals extremes a *gaijin* may go to in order to maintain confidentiality.

Although Devin and Chad did not report what they perceived to be major privacy violations, they both shared perspectives that suggest serious health issues (as defined by the ALT) may cause privacy boundaries to be less permeable. Devin revealed that those without health issues may pay less attention to privacy concerns than those with health concerns. Devin claimed he didn't have any privacy concerns because he did not "really have any [health] issues." Chad echoed a similar sentiment. He suffers from extreme allergies which are heightened due to his rural, humid location in Japan.

> For me, it's [privacy] not a problem at all. Because it's not
> like I have irritable bowel syndrome or something. So,
> I'm lucky that way. I mean, it is just people think I have
> a cold all the time. So honestly it's better to explain it so
> that way they realize that it's not contagious and they are
> more understanding if I lose my voice one day. So for me
> explaining it is a good thing.

His comments reveal that for others, explaining is not a good thing. Chad recognizes that in his case it is better to share his health condition with his coworkers in order to achieve understanding if his allergies affect his work performance. At the same time, Chad suggests that the type of illness he experiences influences his privacy boundaries. For Chad, the benefits of

sharing his extreme allergies outweigh the risks; at the same time, he notes that if he had a more severe health condition, the risks may outweigh the benefits of disclosure.

Devin told me about how his personal school health check reports were examined while he was teaching. He described the following situation as a time in which his privacy was violated.

> When we get our school health reports back those are pretty much just for everybody to see. When we get them back everybody looks at everybody else's and is talking about it. I've gone to class and come back and someone obviously had opened up my health report [it was laying open with his medical information showing versus closed and concealed how he left it]…. I opened it. [health reports come with sealed tear-away edges] I left it on my desk and they [other teachers/staff] obviously had been looking at it, which is fine because I had all one's [a perfect health score] and none of the other teachers do.

Devin denotes a privacy violation, but was not upset by this perceived violation because of his perfect health scores. Similar to Chad, Devin's action reveals that if his health was not positive that it would in fact be an issue which underscores the importance of privacy to ALTs with more "serious" health concerns. Devin also underscores a conception of health within his statement. He reveals that this particular type of health information is deemed public by his co-workers, a sentiment he does not share.

One of the largest perceived privacy violations for ALTs like Skyler may very well lie within the structure of the health care organization of Japan. Every ALT's situation is different, including one's holiday and sick leave. ALTs who don't want to use *nenkyu* (年休), or holiday pay, may have the option of using a sick day. However, to utilize a sick day versus *nenkyu* requires a doctor's note called *shindaisho* (診断書). Skyler explained his perception of *shindaisho*:

> It's kind of a pain in the ass just because in my situation they don't have strictly medical leave at my work so in order to take time off for being sick I have to get a doctor's note, basically like a little sheet that has my total diagnosis on it, and I always have to present that to my employer. Which is just, it's horrible! It cost 20 bucks. They cost more than the visit. It has the diagnosis and it has a recommended treatment. So like it will say he came and he had a throat infection as well as the date and I'm recommending five days of bed rest or three days of bed rest whenever signed, etc.

Although specific medications are not listed on *shindaisho*, diagnosis is recorded. Skyler views this as a "horrible" privacy violation. In order to

meet employment requirements, Skyler must also pay the equivalent of $20 for his privacy to be breeched. This reality leaves ALTs like Skyler with several decisions of how to manage their health care privacy. Implications of revealing diagnosis as well as decisions such as to use or not use *nenkyu* versus sick leave cause the need for ALTs to manage their health privacy boundaries.

Boundary Management

In this study, all interviewed ALTs managed boundaries through strategies such as keeping quiet, relying on others for medical assistance, and smuggling. One type of boundary management includes choosing to not disclose private information within the workplace. Alice's management strategy is to keep quiet. She said, "If you want to keep it private, don't talk to anyone about it." I asked Alice her views on *shindaisho*. She told me that if something was wrong with her that she didn't want someone to know, she would just take *nenkyu* instead. However, this strategy was not without consequences. After suffering from chronic bronchitis, Alice's supervisor enacted *seken* as she told her she needed to reconsider her lifestyle after missing several days of work. Alice, an active gym member and health enthusiast, became extremely angry as her supervisor said, "I don't know your lifestyle, but you need to change it." Alice tried to protect her privacy, but her management strategy influenced her relationship with her supervisor. This example reveals the unforeseeable relational costs of Alice's management strategies. Another strategy Alice utilizes to ensure her privacy is not to ask her supervisor to come with her to the doctor to assist.

> If you let someone in your work know what's going on in your life, then they know and no one can keep a secret. No matter what. No one can keep a secret, so unless you want, unless it is a health condition or problem that you want everyone to know, suck it up, deal with the Japanese, and go by yourself. Or find a really close good friend and have them go with you. I would never [ask for assistance from her supervisor] if it's something private, because there are a few private things I have gone to the doctor for [and] I went by myself. I'm like, I know I'm gonna have to do some gymnastics in Japanese for this, but I have my dictionary in my hand for that. I'd rather do that than have my supervisor with me.

Due to Alice's experiences she perceives that her privacy will be violated if she involves her supervisor in her health experiences. Therefore, she chooses to go alone with only the company of her Japanese dictionary. Although Alice goes alone, she reveals permeable acceptance to her privacy rule. Alice discloses that having a close Japanese friend would be permissible if translation or language assistance was required.

Instead of withholding medical information from the workplace, several ALTs found relying on others for medical assistance a beneficial and appropriate way to maintain confidentiality. Devin, Chad, and Jared reported relying on other ALTs for translation assistance during medical visits and for locating basic information regarding various health issues ranging from persistent diarrhea to cancer scares. Jamie and Sarah both had negative experiences with doctors. Instead of speaking with a supervisor or someone within their school system, they choose to fly to their home country for gynecology visits.

When Jamie broke her leg, her grandfather came to stay with her in Japan to help care for her. Prior to her grandfather's arrival, she was living with her supervisor. She mentioned, "My grandfather flew over, so I can be in my own home and have someone to do all the cooking and cleaning. I don't mind my grandfather washing my undies, but I mind my supervisor washing them. [It's] a little close for [a supervisor to] like checking in on me in the shower." Fortunately for Jamie, her grandfather was able to help her regain a sense of the privacy she had prior to breaking her leg. However, Jamie explained that even her students knew about his visit without her consent. "Kids would like, come up to me and asked me weird questions, you know, like, 'Is your father here?' And I was like, 'How do you know this!?'"

For some ALTs, health privacy management is not a one-time event or episode that cures and goes away. Sally, an ALT with Attention Deficient Hyperactivity Disorder (ADHD), must continually manage her medical history secret. She said, "Before applying for this job I made a conscious decision under my medical history not to list that I had ADHD." She based this decision off of a former Japanese instructor's guidance. "He told me never bring up mental health as an issue in Japan because there is no gray area to it." Such cultural perceptions of Japanese and the legality of her prescription of choice, Adderall, influence her boundary management.

> You can get Ritalin in Japan but you cannot get Adderall. All amphetamine products have been banned in Japan since the 50s … it is completely illegal. So I had to bring my own with me, which is very, very, very nerve-racking, but it has lasted me. . . . Whenever someone asked me what I'm taking in the middle of the day I'm like, "Oh, it is an allergy pill. I have horrible, horrible allergies." I thought about trying to switch to Ritalin but I've had problems with it before. It just didn't work for me. So that is something I'm always worried about. Because theoretically, that could get me kicked out of the country, or worse sent to jail …

Sally navigated her privacy by refusing to disclose her true medical history and smuggling a three-year supply of Adderall into Japan. She claimed, "I just checked it in my luggage. I actually, I emptied out two vitamin bottles and put the seal back on [with glue], because, I mean,

they look like pills. Because they are pills! So they just get swiped right through." Sally realizes the severity of smuggling prescription medication into Japan. She also loves her job and doesn't want an early exodus. Therefore, lying about her condition and smuggling seem less risky than other alternatives. To manage this scenario, she made her American doctor a co-owner of her private information, who agreed to help her as he prescribed the three year supply.

Discussion and Conclusion

Stories such as Sally's reveal lengths ALTs will go to in order to protect their privacy as they attempt to manage their health and well-being in jobs they love. With 5.2 million children ages 3-17 diagnosed with ADHD in the United States (Bloom, Cohen, & Freeman, 2011), conceptualizing ADHD as a mental health disorder may prove difficult for ALTs. Sally understands the implications of her decisions. She could lose her job in Japan, be removed from the country, and/or be incarcerated. Sally doesn't see herself as a drug smuggler, but she does see hiding her ADHD as vital for her health and privacy. However, not all ALTs understand the implications of their management tactics. In situations such as Alice's, unforeseen relational costs accrued which damaged her supervisor-ALT relationship. It is not uncommon for western women in rural communities to withdraw participation in community relationships to enhance their privacy (Coakes & Bishop, 1998). In order to reinforce her privacy boundaries, Alice withdrew further from this relationship after her supervisor attempted to make sense of her health issues via *seken* by examining her lifestyle.

Reliance on fellow ALTs for health information, access to medication, and translation assistance implies a close-knit community amongst ALTs in Japan. Omitting information from one's application not only reveals determination to obtain a coveted ALT slot, but it also reveals a western cultural perception that Japanese view mental health concerns negatively, and that having a mental health condition may prevent an ALT from gaining employment in Japan. Lastly, choosing to withhold medical information may be costly. Throughout my conversations with ALTs, three women elected to fly to their home country for genecology visits to avoid the Japanese health system. Two women in this study chose to forego gynecological health checks while living in Japan. This was due in part to procedural differences; however, maintaining confidentiality regarding ovarian cysts and gynecological health were concerns after prior perceived violations. Such management strategies may raise the question that "If Japanese employers are unaware of the full medical status of their resident *gaijin*, how can they help if something goes awry at work?" In an extreme case, it is plausible an ALT may even attempt to hide a health condition due to embarrassment, thus rendering an ALT with an infection or disease which may later become life threatening.

This study contributes not only to the broader literature on privacy management of health information by providing specific intercultural examples, but also contributes to interpersonal and intercultural literature examining the western expatriate population from an interpersonal-intercultural communication perspective. My interviews with ALTs reveals management of health-related privacy concerns within the workplace through various tactics such as omission, withdrawal from the supervisor/ ALT relationship as indicated by lack of trust that the supervisor will maintain confidentiality, lying, and seeking care through another—be it another ALT, non-work-related Japanese friend, family member, or home land medical professional. Additionally, ALTs reported their rural location and othered *gaijin* status as two influencing factors which prohibit obtaining and maintaining their desired privacy levels thus leading to ongoing maintenance of privacy boundaries. When individuals experience othering, access barriers are created (Johnson et al., 2004). In this study, CPM helps intercultural and interpersonal scholars better understand the dynamics at play in ALTs' boundary management in specific context.

Rosen (1990) claims "it is hard to avoid the conclusion that there is very little privacy at all in Japan, at least privacy of the sort that we have become accustomed to in the West" (p. 173). As individuals in intercultural interactions operate on differing values of privacy, it is plausible to assume perceived violation experiences may lead to negative assumptions or stereotypes about Japanese. This study reveals that cultural conceptions of privacy may be violated without the other's intent or knowledge of doing so. *Shakai* and *seken* may be commonplace for Japanese, but they may not be for *gaijin*. Such violations may harm interpersonal interactions amongst ALTs and their supervisors. This study raises numerous theoretical, practical, and future implications that merit attention.

Theoretical Implications

This study contributes to interpersonal and intercultural communication theory in three primary ways. First, this study reinforces and contributes to Bute and Vik's (2010) notion of privacy management as "unfinished business" by extending their argument to intercultural interactions. Although based on western assumptions of privacy, CPM proves useful for highlighting how this particular western expatriate population conceptualizes and manages privacy violations in a foreign environment. Thus, this contributes to CPM's cultural criteria by proving CPM is a useful and plausible tool for analysis amongst other western expatriate populations. As ALTs in this study coped with perceived privacy violations or the threats of violations, they adjusted their privacy boundaries in response. At times this was taken as a precautionary method which resulted in boundaries becoming less permeable. ALTs detailed a variety of reasons for changing their privacy boundaries, such as their rural location, otherness, and prior perceived violations.

Second, this study contributes to understanding CPM's contextual criteria as future researchers consider the added challenge of being an *othered local figure*, which in this instance refers to ALTs in rural locations who feel under the spotlight due to their rural location and inability to hide their resident *gaijin* status due to racial and ethnic differences. Each ALT I interviewed was a visible foreigner in their area. No other *gaijin* lived in or near their town. They stood out as they traveled back and forth to school, to other parts of Japan, and even as they went to the local grocery or convenience store. This study highlights the health, financial, and relational risks foreigners may take in order to ensure their confidentiality and privacy. In Japan, it may be difficult for ALTs to obtain their desired level of privacy due to the context in which they are placed.

Third, this study contributes to intercultural theorizing by revealing the utility of applying predominately-based interpersonal theories into the intercultural context. By utilizing CPM in intercultural contexts, communication researchers gain a better understanding of how individuals within a dyad create, mold, and shift their privacy boundaries; this reveals practical implications for improving intercultural relationships. As scholars consider the role of individuals communicating in non-native languages, this study highlights how differences in the semantics of "privacy" may lead to undesirable intercultural interactions. Thus, privacy violations perceived by populations like ALTs merit further inquiry.

Practical Implications

In order for westerners to feel assured of quality health care, "patients need to know that personal medical information disclosed in the process of seeking health care will be kept confidential" (Lev, 2008, p. 3). Johnson et al. (2004) claim that understanding "ways in which people's responses to health and illness are shaped by culture can help providers to adapt their practices to be more responsive to specific groups" (p. 267). As understanding evolves regarding ways in which privacy rules develop and boundary management is shaped by culture, health providers might be better equipped to adapt their practices to this specific expatriate population, and this could improve the quality of care this particular immigrant population experiences (Rosenberg, Richard, Lussier, & Abdool, 2006). ALTs might also benefit by increasing their knowledge of their host country's conceptions of privacy in preparation for immigration. Providing intercultural training on both sides of this interpersonal, intercultural relationship will provide participants with tools and vital information as they navigate such interactions.

Additionally, I see implications for the broader western expatriate community. Future and current ALTs and their employers might specifically benefit from the knowledge this study offers. For example, reading this study may help employers of ALTs to begin to understand ALT perceptions

of privacy violations and workplace management. This could also lead to beneficial conversations that result from a "reach out first approach," which entails individuals being proactive about cultural differences and attempting to lessen a problem before it begins (Qayyum, 2012, p. 229). Discussing privacy management with one's supervisor or ALT at the start of the relationship may provide the potential to limit privacy violations and/or lower expectations of privacy in the future which may harm the relationship and work environment. However, it is important to beware of conceptualizing another only within their cultural identity, or *identity freezing* (Imahori & Cupach, 2005), as individual health needs and employer perception and treatment of an ALT's privacy may vary from larger group concerns and experiences.

The participants I interviewed received no intercultural training regarding Japanese conceptions of privacy. Providing training for ALTs will better equip them to navigate the cultural mazes of living and working within a foreign context. Programs and private organizations which hire and recruit ALTs should implement intercultural training which explains conceptions of privacy and steps to take if an ALT perceives a privacy violation. Such training will help ALTs manage the host country's privacy conceptions as knowledge will increase mindfulness and a potential explanation of the perceived violation. Intercultural trainers will also benefit from this study by increasing their awareness and knowledge that will allow them to better craft privacy management trainings as they continue to identify and balance complications within intercultural relationships (Pederson, 1983).

Implications for Future Research

The tales of *gaijin* are just beginning to be told. Within these tales, it is vital for future studies to include perspectives of the Japanese who ALTs frequently interact with such as supervisors, colleagues, and medical professionals. This will provide potential to understand their concept of privacy and to what degree they feel responsible for an ALT's privacy management. Future studies might also explore the extent to which *gaijin* experience otherizing and how otherization (of ALTs and Japanese) experiences influence privacy management. Additionally, examining the role of culture shock and the acculturation process may further enlighten understanding of ALTs' privacy boundary management.

Researchers could conduct further studies with a myriad of research methods to ensure a deeper understanding of *gaijin* privacy management within and beyond the health arena. The results obtained in this study could be refined through additional study with a more diverse sample of ALTs, including ALTs with less or no Japanese language experience. Seeking ALTs with less-developed language abilities may provide interesting insights as they may be more reliant upon their supervisor and coworkers for access to medical care within Japan. It would be interesting

to see how Petronio's (2002) risk-benefit ratio may play out in privacy management decision making for ALTs in such a case. Similar research could also be expanded to other countries which utilize ALTs (e.g., South Korea and China), and longitudinal studies could explore ways in which privacy boundaries and perceived violations evolve and change over time. It would also be interesting to consider how ALTs are affected by various privacy discourses they encounter pre-arrival, during Japanese studies, via their host program, or from other ALTs. As the English language continues to spread globally, many more ALTs might leave their home countries for a new life in another, thus increasing intercultural interactions. Such movement provides a rich context of inquiry for communication and cultural scholars.

References

Althen, G. (2003). *American ways: A guide for foreigners in the United States.* Yarmouth, ME: Intercultural Press.

Altman, I. (1977). Privacy regulation: Culturally universal or culturally specific? *Journal of Social Issues, 33*, 66-84.

Asia-Pacific Economic Cooperation (2008). *A Japanese culture of privacy.* Retrieved from http://aimp.apec.org/Documents/2008/ECSG/SEM1/08_ecsg_sem1_008.pdf

Benedict, R. (1946). *The chrysanthemum and the sword: Patterns of Japanese culture.* Boston, MA: Houghton Mifflin.

Bloom, B., Cohen, R. A., & Freeman, G. (2011). Summary health statistics for U.S. children: National health interview survey, 2010. *Vital Health Statistics, 10*(250). Retrieved from: http://www.cdc.gov/nchs/data/series/sr_10/sr10_250.pdf

Bute, J. J., & Vik, T. A. (2010). Privacy management as unfinished business: Shifting boundaries in the context of infertility. *Communication Studies*, *61*, 1-20. doi: 10.1080/10510970903405997

Coakes, S. J., & Bishop, B. J. (1998). Where do I fit in? Factors influencing women's participation in rural communities. *Community, Work, & Family, 1*, 249-271. doi: 1366-8803/98/030249-23

Fitch, K. (1994). Criteria for evidence in qualitative research. *Western Journal of Communication*, *58*, 32-38.

Goldsmith, D. J. (2004). *Communicating social support*. UK: Cambridge University Press.

Greene, K., Derlega, V. J., Yep, G. A., & Petronio, S. (2003). *Privacy and disclosure of HIV in interpersonal relationships*. Mahwah, NJ: Erlbaum.

Hendry, J. (2003). *Understanding Japanese society*. Oxford, UK: Routledge.

Hofstede, G. (1991). *Culture and organizations: Software of the mind*. New York, NY: McGraw-Hill.

Imahori, T. T., & Cupach, W. R. (2005). Identity management theory: Facework in intercultural relationships. In W. B. Gudykunst (Ed.), *Theorizing about intercultural communication* (pp. 195-210). Thousand Oaks, CA: Sage.

JET Programme. (2011a). Welcome to the Jet Programme. Retrieved from http://www.jetprogramme.org/

JET Programme (2011b). ALT handbook. Retrieved from http://www. jetprogramme.org/documents/pubs/ALT_Handbook_2011.pdf

Johnson, J. L., Bottorff, J. L., Browne, A. J., Grewal, S., Hilton, B. A., & Clarke, H. (2004). Othering and being othered in the context of health care services. *Health Communication, 16,* 253-271.

Komisarof, A. M. (2006). Facilitating positive acculturation outcomes amongst American sojourners teaching in Japanese schools. *Human Communication, 9,* 37-55.

Lev, E. (2008, November). *So what's bringing you in today? Exploring privacy management within a small town Express Care Clinic.* Paper presented at the ninety fourth National Communication Association Annual Conference, San Diego, CA. Retrieved from http://www. allacademic.com/meta/p254907_index.html

Lindlof, R. R., & Taylor, B. C. (2002). *Qualitative communication research methods* (2nd ed.). Thousand Oaks, CA: Sage.

Masumoto, T. (2004). Learning to 'do time' in Japan: A study of US interns in Japanese organizations. *International Journal of Cross Cultural Management, 4,* 19-37. doi: 10.1177/1470595804041523

Mizutani, M., Dorsey, J., & Moor, J. H. (2004). The internet and Japanese conception of privacy. *Ethics and Information Technology, 6,* 121-128.

Moore, B. (1984). *Privacy: Studies in social and cultural history.* Armank, NY: M. E. Sharpe.

Nakada, M., & Takanori, T. (2005). Japanese conceptions of privacy: An intercultural perspective. *Ethics and Information Technology, 7,* 27-36.

Ngula, K., & Miller, A. (2009). *Self-disclosure of HIV seropositivity in Kenya: Boundary management by HIV-positive Kamba men and their families.* Paper presented at the ninety-fifth National Communication Association Conference, Chicago, IL.

Oetzel, J. G. (2005). Effective intercultural workgroup communication theory. In W. B. Gudykunst (Ed.), *Theorizing about intercultural communication* (pp. 351-371). Thousand Oaks, CA: Sage.

Orito, Y., & Murata, K. (2005). Privacy protection in Japan: Cultural influence on the universal value. Proceedings of Ethicomp, Sweden. Retrieved from http://168.96.200.17/ar/libros/raec/ethicomp5/docs/ htm_papers/52Orito,%20Yohko.htm

Pearce, W. B. (1989). *Communication and the human condition.* Carbondale, IL: Southern Illinois University.

Pederson, P. (1983). The transfer of intercultural training skills. *International Journal of Psychology, 18,* 333-345.

Peterson, J. C., Milstein, T., Chen, Y.-W., & Nakazawa, M. (November 2011). Self-efficacy in intercultural communication: The development and validation of a sojourner's scale. *Journal of International and Intercultural Communication, 4,* 290-309. doi: 10.1080/17513057.2011.602476

Petronio, S. (1991). Communication boundary management: A theoretical model of managing disclosure of private information between marital couples. *Communication Theory, 1,* 311-335.

Petronio, S. (2000) *Balancing the secrets of private disclosures.* Mahwah, NJ: Erlbaum.

Petronio, S. (2002). *Boundaries of privacy: Dialectics of disclosure.* Albany: State University of New York Press.

Petronio, S. (2007). Translation research endeavors and the practices of communication privacy management. *Journal of Applied Communication Research, 35,* 218-222. doi: 10.1080/00909880701422443

Petronio, S., & Ostrom-Blonigen, J. (2008). *Privacy boundaries breached by illness: Impact on privacy regulation in families, communication privacy management perspective.* Paper presented at the annual meeting of the National Communication Association, San Diego, CA.

Qayyum, M. A. (2012). Designing an intercultural training framework for information professionals. *Reference & User Services Quarterly, 51*(3), 226-230.

Roberts, J. M., & Gregor, T. (1971). Privacy: A cultural view. In J. R. Pennock & J. W. Chapman (Eds.), *Privacy* (pp. 199-225). New York: Atherton Press.

Rosen, D. (1990). Private lives and public eyes: Privacy in the United States and Japan. *Florida Journal of International Law, 6,* 141-175.

Rosenberg, E., Richard, C., Lussier, M.-T., Abdool, S. N. (2006). Intercultural communication competence in family medicine: Lessons from the field. *Patient Education and Counseling, 61,* 236-245. doi: 10.1016/j.pec.2005.01.002

Statistics Bureau of Japan. (2009). Population: Registered aliens by national and status of residence. Retrieved from http://www.stat.go.jp/english/data/chouki/02.htm

Takada, N., & Lampkin, R. L. (2010). *The Japanese way: Aspects of behavior, attitudes, and customs of the Japanese* (2nd ed.). New York: McGraw Hill.

Ting-Toomey, S. (2005). The matrix of face: An updated face-negotiation theory. In W. B. Gudykunst (Ed.), *Theorizing about intercultural communication* (pp. 71-92). Thousand Oaks, CA: Sage.

Warr, D., & Hillier, L. (1997). 'That's the problem with living in a small town': Privacy and sexual health issues for young rural people. *Australia Journal of Rural Health, 5,* 132-139.

Westin, A. F. (1967). *Privacy and freedom.* New York, NY: Athenaeum Publishers.