

# A Literature Review on Mental Health Among Japanese War-Displaced Orphans and Their Families Returned from China

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**Abstract—Purpose:** This study is focusing on the mental health issue of Japanese who had been left behind in mainland China in confusion after World War II in 1945, then returned to Japan due to the policy with the normalization of diplomatic relations between Japan and China in 1972. Their language, customs, values, etc., are tinged with the temperament of the Chinese cultural region. This study reports on the changes in mental health issues among the returnees over time. **Method:** This study investigates original papers published after 1972 when diplomatic relations between Japan and China were normalized. Moreover, we quote *Ichushi (Japan Medical Abstracts Society)- Web*, the most used medical publications database in Japan. As an ethical consideration, we quoted the original text as faithfully as possible so as not to infringe copyright. **Result:** Eleven prior research from the original papers were analyzed in this study. The research at that time were peaked in 1990. Also, the period of the research was conducted in three separate times, 1<sup>st</sup>, over three and ten years after returning to Japan. In the early years, many studies focused on psychological adjustment and analysis of background factors. Since the beginning of the 2000s, health concerns increased due to the aging. Many returnees had mental health problems, language barriers and cultural differences economic anxiety and the lack resources, and they had continued to be psychological causes of mental health. **Conclusion:** Mental health problems among China returnees remained a serious health problem even after a long period of time. For aging Chinese returnees to lead safe and happy lives in Japan, it is important to provide Chinese-language care services and have an abundance of spirituality. In addition, the effort to take cultural differences into account for the health supports and nursing care services is also essential.

**Index Terms—**Mental health, returnees from China, Japanese war-displaced orphans, literature review

## I. INTRODUCTION

In the chaos after World War II, many Japanese were left behind in mainland China because they had been omitted from the Chinese repatriation program and having lost the opportunity to return home. While the normalization of diplomatic relations between Japan and China did not take place, about 25 years, the issue of returning home was left unresolved, and these people were referred to as "Japanese

War-Displaced Orphans in China. With the normalization of diplomatic relations between Japan and China in 1972, the policy of returning Japanese orphans in China and their families to Japan was initiated, and as of August 2022, 20,911 people have returned to Japan permanently [1]. They are now known as "China returnees" after their moving to Japan. Chinese returnees spent more than 30 years in China after the end of World War II and until returning to Japan after the restoration of diplomatic relations between Japan and China. Their language, lifestyle and social system were unfamiliar to Japanese culture because they had lived in the Chinese cultural sphere. Japan, which was supposed to be their homeland, had a different culture and society for them, so they encountered many perplexities and difficulties when they returned to Japan permanently. Therefore, in previous research on Chinese returnees in the early stages of their return to Japan, the main theme was the problem of adaptation. It was reported that they had not had the opportunity to learn Japanese during their life in China before returning to Japan permanently, and that they experienced a "sense of loss of their home country" upon returning to China, where they had lived for a long time, and were unable to fully adjust to Japan [2], [3]. It was also reported that the adjustment of Chinese returnees was easier to integrate for the younger the age of settlement and more difficult for the older the age [4], [5]. These studies on the mental health of Chinese returnees began in the 1980s, according to the Central Journal of Medicine web, and have been conducted intermittently since then. However, no systematic study of the mental health of Chinese returnees has been found. Now, 77 years after World War II, the average age of first-generation Chinese returnees is over 80 years old, and the importance of mental health is expected to increase as the population gets old. Therefore, the purpose of this study is to identify research trends on the mental health of Chinese returnees and their families through a literature review. We will then discuss future issues and necessary support.

## II. RESEARCH METHODS

### A. Definition of Terms

The terms used in this study are defined as follows. The term "returnees from China" refers to Japanese nationals and their families who had remained in China after World War II in 1945 and returned to Japan following the restoration of diplomatic relations between Japan and China in 1972 and the survey of visits to Japan that began in 1981.

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B. Selection of Target Literature

The literature search was conducted by using the Central Journal of Medical Science, a database of medical publications commonly used in Japan. The search period was from 1981 to 2022, when the return from China began in earnest with the restoration of diplomatic relations between Japan and China in 1972 and the survey of visits to Japan that began in 1981. Keyword searches were conducted by using the terms “Chinese returnees,” “Chinese residual orphans,” “mental health,” “adjustment,” “psychology,” and “nursing”. The screening was conducted in the list of literature extracted from the result of the literature search, and it was based on the following selection criteria.

The three selection criteria were as follows. (1) the article reported on mental health issues, which is the theme of this study, (2) the research was limited to Chinese returnees themselves and their families, and (3) the full text of the article was available online or via the library.

Exclusion criteria were as follows. (1) the article did not describe mental health issues, the theme of this study; (2) the research subject was not limited to the Chinese returnees themselves and their families; (3) the full text of the article was not available online or through a library; and (4) the content of the article was duplicative.

The paper selection flowchart is shown in Fig. 1. As the primary selection procedure, duplicate references were excluded. As the second selection procedure, the lead author judged whether or not the paper corresponded to the main theme, “Mental Health of Returnees from China,” based on the subject and abstract, and selected papers that met the criteria. If the lead author was unable to make a judgment, the text was carefully read as the third sampling procedure, and articles with specific descriptions that corresponded to the main theme were selected.

C. Analysis Methods

In order to process the selected literature into an analyzable form, an analysis form was created by using the matrix method [6] with “year of publication”, “research subjects”, and “research methods” as column topics. The number of studies by year was calculated from the “Year of Publication” in the analysis form. Finally, the “Summary of Research Findings” was analyzed by the lead author’s reading the title, abstract, and description of this paper, and then checked from multiple perspectives by several collaborators to qualify the analysis.

D. Ethical Considerations

Each of the references was handled in such a way as to avoid infringing on copyrights and was cited to be faithful to the original paper.

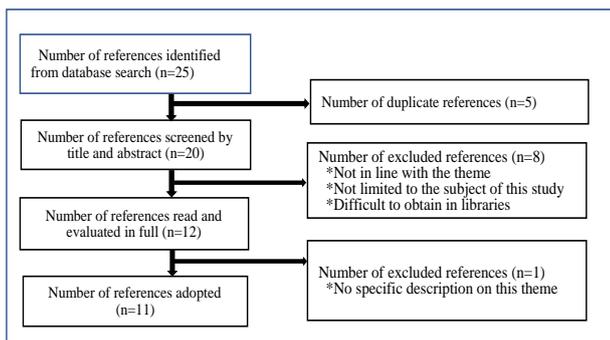


Fig. 1. Flowchart for selecting papers.

III. RESULTS

A. Outline of Literature

The 25 references were identified in the keyword search. 11 references of those 25 references met the selection criteria. Table I shows the results of categorizing the “year of publication,” “research subjects,” and “research methods” of each article.

TABLE I: THE YEAR OF PUBLICATION, STUDY SUBJECTS, AND RESEARCH METHODS OF ARTICLES ON MENTAL HEALTH OF CHINESE RETURNEES

No.	year of publication	study subjects	research methods
1	1989	1st-generation Chinese returnees, spouses, and 2nd-generation (children); 24persons	Qualitative Research
2	1990	1st-generation Chinese returnees, spouses, and 2nd-generation (children); 11persons	Qualitative Research
3	1992	2st-generation (Children) Chinese returnees; 17 persons	Mixed Methods
4	1994	children of China returnees and their parents ; 240 persons	Quantitative Research
5	1995	1st-generation Chinese returnees, spouses, and 2nd-generation (children); 10 Families	Qualitative Research
6	1995	1st-generation Chinese returnees, spouses, and 2nd-generation (children); 867persons	Quantitative Research
7	1996	1st-generation Chinese returnees, spouses, and 2nd-generation (children); 784 persons	Cohort Studies
8	2007	first-generation Chinese returnees and spouses who have returned to their own country for 10 years or more; 99 persons	Quantitative Research
9	2014	1st-generation Chinese returnees, 2nd-generation Chinese returnees, and their spouses; 163 persons	Quantitative Research
10	2015	1st-generation Chinese returnees, 2nd-generation Chinese returnees, and their spouses; 36 persons	Intervention Studies
11	2022	1st-generation Chinese returnees: 76 persons	Quantitative Research

The number of studies by decade is shown in Fig. 2, with the years of publication of papers from the 1980s to the 2020s. The number of studies on the mental health of Chinese returnees by year peaked in the decade 1990-1999 with 6 studies (54.5%), more than half of the total number of studies published. The number of studies after that leveled off, but research has been conducted intermittently up to the present.

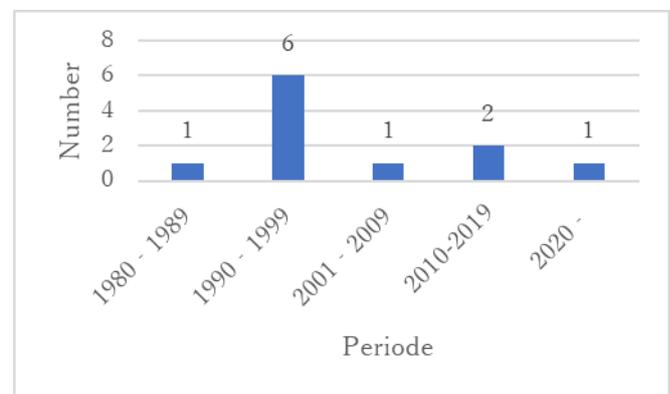


Fig. 2. Number of studies on mental health of Chinese returns.

The majority of the studies, 8 studies (72.7%), dealt with the entire family of the 1st-generation Chinese returnees,

their spouses and second-generation (children). Next were 1 study on 1st-generation Chinese returnees, 1 study on first-generation Chinese returnees and their spouses, and 1 study on children of Chinese returnees.

The most common research method used in the articles was quantitative research with 5 studies (45.4%), followed by qualitative research with 3 studies (27.2%), cohort studies, intervention studies, and mixed methods with 1 study each.

#### *B Summary of Research Results on the Mental Health of Chinese Returnees*

Research on the mental health of Chinese returnees peaked in the 1990s, with 6 studies (54.5%) published in the 1990s, 10 years after the full-fledged return policy began in 1981 with the visitation survey, in which Chinese residual orphans were temporarily returned to Japan and their identities were identified. There were 3 main time periods when surveys were conducted on returnees: the first years after their return to Japan, 3 years later, and more than 10 years.

The study conducted during the first year of return reported that more than a few numbers of first-generation Chinese returnees, their spouses, and second-generation returnees (children) temporarily developed maladaptive reactions and depressive states. The background of these maladaptive states was reported to include difficulties in learning Japanese, discrepancies in motivations for coming to Japan within the family, anxiety about life after settlement, and loss of a sense of home [2]. As the difficulties in psychiatric treatment and care of Chinese returnees, the influence of cultural differences in terms of emotional expression and lifestyle, in addition to language, was suggested [3]. In terms of the adjustment status of child returnees one year after their return to Japan, there were no cases of significant behavioral problems or maladaptive symptoms, and this was attributed to the fact that they learned Japanese more quickly than adult returnees [4]. In addition, it was reported that the friendship and language acquisition status of Chinese returnees became better after one year in Japan, and the younger the age at arrival in Japan, the stronger this tendency was [5].

A study that followed the adjustment process for three years after return reported that the appearance of psychiatric symptoms among returnees rose sharply in the third month after return, remained gradually increasing or leveling off for the next two years, and then declined in the third year after return. Thus, it was reported that it takes almost three years for Chinese returnees to adjust in the place of settlement [7]. A comparison of psychological adjustment three years after return, by study population, revealed that the child generation, the second generation of Chinese returnees, had the best adjustment, while the first generation of Chinese returnees had the poorest. Factors related to adjustment status after three years included economic status through employment and source of income, cultural acceptance, support resources, history of learning Japanese [7], and life stress prior to immigration [8]. It was inferred that the reason for the poor adjustment status of the first-generation Chinese was the large gap between their life in Japan as they thought it would be before returning to their own country and the reality of their life in Japan [7]. The results of an interview survey conducted three years after their return to Japan reported that readiness and planning from the early stages to deal with the realities and difficulties of life in a new social environment

influenced their adjustment [9].

After 2000, as the duration of permanent residence of Chinese returnees increased to 10 or 20 years, an increasing number of them complained of health concerns due to aging [1]. Because of this background, surveys were conducted intermittently not only on physical health but also on mental health. It was reported that the mental health of first-generation Chinese returnees and their spouses who have returned to Japan for 10 years or more reached 40% to 70% of the subjects suspected of having mental health problems [10, 11]. This result was higher in frequency compared to the local elderly in Japan and the local elderly in China, suggesting that mental health is a serious health issue for Chinese returnees even after a long period of time since their permanent return to Japan. Relevant factors included language barriers, cultural barriers, lack of support for health and medical welfare information, difficulties in forming social roles, and low self-assessment of health [10]. Stress coping skills of Chinese returnees were also reported to be lower than those of their Japanese peers and Chinese counterparts [12]. As an effective way to improve both the mental health and physical health of these China returnees, the development of health programs was reported to have a positive impact [13].

The above results indicate that mental health issues among Chinese returnees remain a serious health challenge and need to be supported even after a long period of time has passed since their permanent return to Japan.

## IV. DISCUSSION

### *A. The Current State of Mental Health of returnees from China, and Supports*

The mental health status of Chinese returnees was reported in early studies to be toward adjustment in almost three years, based on the results of a study of the appearance of mental symptoms, which were high from the first to the second year after return and then declined in the third year [7]. However, in reality, the frequency of those with suspected mental health problems was as high as 40% to 70% even after more than 10 or 20 years of permanent return [10, 11], suggesting that, as a whole, the situational severity of the mental health of Chinese returnees continued.

A variety of factors have been reported as influencing mental health, including language barriers, cultural barriers such as lifestyle, economic insecurity, and support resources [2–5], [7–11]. In response to these difficulties faced by Chinese returnees, the Japanese government has established a support system from early on. Since 1984, basic Japanese language education, basic lifestyle training, and vocational training have been provided for Chinese returnees for six months on a residential basis to enable them to integrate into Japanese society and lead stable lives at an early stage [15]. In addition, the Japanese government, taking into consideration the special circumstances of Chinese returnees, has partially amended the law and has provided full pension and support benefits since 2008, thereby stabilizing the economic situation [16]. As for support for community life, the local government and volunteers continue to hold Japanese language classes, cooking and other exchange

salons, and provide opportunities for support and consultation. In addition, to address the need for nursing care due to the aging of Chinese returnees, volunteers have been dispatched to their homes to talk to them in Chinese, and since 2018, the national and local governments have collaborated to create a “list of nursing care facilities that can provide Chinese language services” to create an environment where language and cultural barriers are not perceived [15].

Such ongoing support by the Japanese government, local governments, and volunteers has helped Chinese returnees cope with several factors affecting their mental health, including the fact that more than half of them say they have no difficulty with daily Japanese [1] and have become more financially stable.

However, since the government's return policy finally began in earnest in 1981, more than 30 years after World War II, and the first-generation Chinese returnees were already middle-aged when they returned to Japan, it was thought to have been difficult to completely eliminate the language barrier. The language barrier was thought to have led to their inability to communicate with younger people and to their lack of awareness of their social role in Japanese society, as they were unable to actively participate in the activities of Japanese society. In addition, the fact that they were culturally Chinese in disposition, even though their origins were Japanese, led to ongoing difficulties in adjusting to Japanese culture and society. The stress caused by these changes in living conditions [17], socio-cultural disharmony, and values that did not conform to cultural norms were regarded as factors affecting mental health and peace of mind [18]. In the case of Chinese returnees, socio-cultural disharmony may result from values developed in China that are not consistent with Japanese cultural norms. This can lead to isolation and hindrance in socializing with people in Japanese society. These factors can easily lead to interpersonal problems that prevent the formation of close relationships, and can contribute to the loneliness and poor mental health of Chinese returnees. In Japan, which is not a multiethnic country, the inability to speak Japanese and differing cultural norms can easily create situations that they are not understood as Japanese in the local community. Since the stress coping skills of Chinese returnees are not high, [12] it is thought that these various stresses and burdens have had an ongoing impact on their mental health.

#### *B. Future Efforts Needed to Address the Mental Health of Returnees from China*

Among returnees from China, the first-generation Chinese returnees, who have had the poorest mental health since their initial return to Japan, will age even more in the future, so support for their mental health is considered an important target. Decline in mental health can easily lead to depression and isolation, which may lead to more severe care needs. Therefore, it is necessary to support the maintenance of mental health from the perspective of care prevention, as well as the maintenance of mental peace of mind. In addition, since old age is a time of integration in life, [19] it is necessary to consider support for first-generation Chinese returnees so that they can find positive meaning in their lives in the midst of their tumultuous lives. In a 2015 survey on the living conditions of Chinese returnees after their permanent

return, 76.2% of Chinese returnees felt that they were “happy” or “fairly happy” after returning to their home country, and 54.6% of the respondents were happy to have returned to their home country because “I can now live in my home country” [1]. We believe that it is important to provide support to improve the quality of life among Chinese returnees so that their positive perception of life in their home country can be further enhanced.

Specifically, two important efforts in the future could be initiatives to reduce language barriers and fill their hearts with contentment, and initiatives to respect their cultural backgrounds and utilize them in health support and care services.

#### *1) Efforts to reduce language barriers and fill people's hearts and minds*

For Chinese returnees, Japanese is currently not a barrier in daily life, but access to medical care, such as telling one's symptoms, is still difficult, and many use medical interpretation services [1]. In addition, the national and local governments work together to provide information to Chinese returnees on care facilities that can provide Chinese-language services. However, medical interpretation services are by appointment only and cannot be used in case of sudden illness, and as a result, people are likely to refrain from seeing a doctor. In a previous study, “being able to obtain an interpreter” was cited as a need by Chinese returnees for their physical and mental health needs [11], so access to medical information needs to be improved. There are also regional differences in the establishment of care facilities that can provide Chinese-language services. Therefore, there is a need to develop and improve remote interpretation services and medical interpretation applications so that Japanese interpretation services are available wherever they are.

And nurses, medical and welfare personnel involved with Chinese returnees need to take the approach of using interpretation tools to listen to their problems and provide consultation, even if they cannot speak Chinese. We believe that it is necessary to be aware of the need for cross-cultural nursing to be involved in understanding the feelings of Chinese returnees who have low self-esteem in terms of their health and social roles.

#### *2) Efforts to respect cultural backgrounds and utilize them in health support and nursing care services*

There are requests for a nursing home environment that takes Chinese returnees into consideration, such as “I want Japanese who understand Chinese to be engaged in nursing care,” and “The food and lifestyle of the nursing home do not suit me” [11]. Given the advanced age of first-generation Chinese returnees, it is important to incorporate health methods based on traditional Chinese culture into health classes and nursing care services, without forcing them to assimilate into Japan. Specifically, various ancient Chinese health methods such as tai chi, breathing exercises, pressure points, health mah-jongg, and dance can be considered. In fact, it has been reported that health classes using tai chi were effective in improving physical and mental health [14]. If health classes and care services are based on health methods that are familiar to them while preserving their old culture, they will regain pride in the country they grew up in and in

themselves [14]. We believe that a culturally sensitive supportive environment will be comfortable and help prevent caregiving. Therefore, it is necessary to expand health support and care facilities that are highly convenient for Chinese returnees, in addition to the nursing homes with Chinese-speaking staff that are available in some areas for Chinese returnees. We believe that the accumulation of such efforts in the Japanese community as a whole will help improve the mental health of Chinese returnees.

## V. CONCLUSION

As for trends related to the mental health of Chinese returnees, psychological adjustment was a challenge in the early stages of their return to Japan, and many were suspected of having mental health problems even after a long period of time had passed since their permanent return, making it a serious health issue. In order for aging first-generation Chinese returnees to be able to lead a peaceful life in Japan, it is important to make efforts to fulfill their psychological needs by reducing the language barrier, and to respect their cultural backgrounds and utilize them in health support and care services.

This study focused particularly on the first-generation Chinese returnees. For the second-generation Chinese returnees who settled in Japan with their parents, there has been insufficient research on their actual living and health conditions. Therefore, unlike the first-generation Chinese returnees, they are largely excluded from the assistance provided by the Japanese government. In the future, it will be necessary to clarify and examine trends in the mental health of their descendants, the 2nd and 3rd generations.

In addition, the year 2022 marks the 50th anniversary of the normalization of diplomatic relations between Japan and China in 1972. Therefore, we believe that this study, which systematically clarified the mental health of Chinese returnees, is a valuable resource.

## CONFLICT OF INTEREST

The authors declare no conflict of interest.

## AUTHOR CONTRIBUTIONS

MY conducted the research planning, collected the data, analyzed the data, discussion, and wrote the paper; FA collected the data, analyzed the data and discussion; analyzed the data and discussion; TK analyzed the data and discussion; OS analyzed the data and discussion; all authors had approved the final version.

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