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Stigma associated with autism among college students in Japan and the United States: An online training study

Fumio Someki^{a,*}, Miyuki Torii^b, Patricia J. Brooks^{c,d}, Tatsuya Koeda^{e,f},
Kristen Gillespie-Lynch^{c,d}

^a Department of Educational Studies, College of Staten Island, City University of New York, 2800 Victory Blvd. 3S-208, Staten Island, NY, 10314, USA

^b Graduate School of Human Development and Environment, Kobe University, 3-11 Tsurukabuto, Nada-ku, Kobe, Hyogo, 657-8501, Japan

^c Department of Psychology, College of Staten Island, City University of New York, 2800 Victory Blvd. 4S-108, Staten Island, NY, 10314, USA

^d The Graduate Center, City University of New York, 365 Fifth Avenue, New York, NY, 10016, USA

^e Department of Psychosocial Medicine, National Center for Child Health and Development, 2-10-1 Okura, Setagaya-ku, 157-8535, Tokyo, Japan

^f Faculty of Regional Sciences, Tottori University, 4-101 Koyama Minami, 680-8551, Tottori, Japan

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ABSTRACT

Misconceptions and stigma associated with autism vary across cultures and may be influenced by various factors. Undergraduates in Japan ($N = 212$) and the United States (US) ($N = 365$) completed an online autism training, with pre- and posttest surveys assessing autism-related stigma (i.e., social distance) and knowledge. Aims were to examine differences in autism stigma and knowledge in Japan and the US, while extending prior research demonstrating benefits of an online autism training in the US and Lebanon to Japan. The results revealed that Japanese students indicated greater autism-related stigma than US students, which was not attributable to differences in autism knowledge, prior experience with autism, or college major. In both countries, students majoring in “helping professions” exhibited greater willingness to engage with people with autism. Japanese and US students varied in their misconceptions about autism, with significant differences on about half of the knowledge items. Japanese students showed decreased stigma after completing the autism training, yet continued to exhibit greater social distance towards people with autism relative to US students. Future research should focus on identifying specific cultural factors (e.g., conformity to social norms and homogeneity within communities) that contribute to fear and exclusion of people with autism in different societies.

What this paper adds?

The current study adds to a small but growing body of research examining determinants of knowledge and attitudes associated with autism in the general public. In particular, this study focuses on autism-related stigma among typically developing young adults cross-culturally in Japan and the US. The current study’s findings suggest that Japanese college students distance themselves (i.e., social distance; indicator of stigma) more so from those with autism when compared to US students; however, participation in online autism training with a focus on stigma decreased the social distance for Japanese students. This finding is consistent with the previous reports of efficacy of online autism training decreasing autism-related stigma in the US and Lebanon. At the same time, the current study revealed that stigma associated with autism is more closely tied to local cultural contexts than it is to the availability of autism expertise, as previously reported. Therefore, greater understanding of how cultural factors influence stigma towards people with

* Corresponding author at: 2800 Victory Blvd. 3S-208, Staten Island, NY, 10314, USA.

E-mail address: Fumio.Someki@csi.cuny.edu (F. Someki).

autism is needed to develop anti-stigma interventions that are adapted to local cultural contexts.

1. Introduction

1.1. Stigma associated with autism

Stigma, or negative attitudes toward attributes that do not match culturally established norms (Goffman, 1963), adversely affects access to needed supports for people with autism and their families across cultures by decreasing help seeking behaviors and increasing social isolation (e.g., Divan, Vajaratkar, Desai, Strik-Lievers, & Patel, 2012; Gray, 2002; Grinker, Yeargin-Allsopp, & Boyle, 2011). However, the degree to which autism is stigmatized varies across cultures (e.g., Obeid et al., 2015). Cross-cultural variations in stigma are not surprising given that stigma develops through the process of being socialized into a particular culture (reviewed in Link & Phelan, 2001). However, very little is known about the specific differences between cultures that contribute to cross-cultural variations in stigma associated with autism. To the best of our knowledge, only one prior study has directly compared stigma associated with autism in two different countries: United States (US) and Lebanon (Obeid et al., 2015).

The primary aim of the current study was to compare stigma associated with and misconceptions about autism among college students in the US and Japan to identify specific factors that might contribute to cross-cultural differences in stigma. We evaluated the hypotheses that cross-cultural differences in autism knowledge would mirror the availability of autism resources and expertise (i.e. knowledge would be about the same in Japan relative to the US as both countries have strong autism research traditions; e.g., Office of Autism Research Coordination, 2012) while cross-cultural differences in stigma towards people with autism would be more closely aligned with overarching cultural differences between the two countries (i.e. stigma would be decidedly heightened in Japan relative to the US as Japanese people tend to value conforming to social conventions more than people in Westernized nations do, although variability in value orientations is apparent within countries; Gray et al., 2006; Matsumoto, Yoo, & Fontaine, 2008).

1.2. Japanese culture

Markus and Kitayama (1991) have referred to Japanese culture (as well as other East Asian cultures) as *interdependent cultures*, in which the major cultural task is not to stand out but rather to fit in, and in which there is a need to pay more attention to others than to oneself. In such cultures, *uniqueness* is perceived negatively, as it may threaten relationships and interpersonal harmony within the community. These collectivistic cultures are distinctly different from more *independent or individualistic cultures*, such as the US, in which differentiating oneself from others and being unique is considered desirable. Furthermore, group processes are reported to be qualitatively different in Japan and the US (e.g., Takemura, Yuki, & Ohtsubo, 2010). East Asians are more oriented towards in-group relationships and motivated to maintain harmonious relationships among in-group members (Yuki, 2003); in contrast, North Americans tend to think about social groups as categories of depersonalized members and are motivated to maintain positive intergroup distinctiveness (Yuki, 2003; Yuki, Maddux, Brewer, & Takemura, 2005). Further, North Americans make ingroup-outgroup differentiations based on categorical distinctions, while East Asians differentiate each group based on the presence or absence of interpersonal connectedness (Yuki et al., 2005). Prior work suggests that the desire to conform to social norms leads to heightened stigma towards mental health issues more generally in Japan (Ng, 1997; Gray et al., 2006). When taking cultural differences and their influence into consideration, it is reasonable to assume that stigma associated with autism in particular, a condition marked by pronounced difficulty adapting to social norms, might be more pronounced in a society with more emphasis on harmony (e.g., Japan) than in one that perceives social groups as composed of depersonalized members (e.g., the US) because being *unique* is perceived as a threat in *interdependent* cultures.

1.3. Stigma and social distance

Indeed, recognition of unique characteristics is the first step in the enactment of stigma. Link and Phelan (2001) described that a perception that someone is *undesirably different* from a societal norm results in stigma. Stigma results in social distance, which is a “deliberate effort to avoid another or exclude that other from social interaction” (Lucas & Phelan, 2012; p. 311). The authors explained how stigma leads to social distance: the presence of a stigmatized characteristic causes discomfort for so-called *normal* people (i.e., those who do not have that characteristic) because they do not know what to expect from or how to interact with someone with the stigmatized characteristic (Goffman, 1963; Jones et al., 1984). As a result, to avoid this discomfort, *normal* people try not to interact with the person with the stigmatized characteristic.

The present study uses self-reported social distance towards “people with autism” as an indicator of the autism-related stigma. More specifically, the study focuses on individuals’ willingness (or unwillingness) to interact with people with autism. Stigma associated with autism can be elicited by two different sets of discriminative stimuli: the term autism itself and behaviors associated with autism. These two may seem synonymous, but are, in fact, separate factors. For example, one study found that behaviors associated with autism were linked to stigmatizing conceptions among college students in the US, while the term, “Asperger’s Disorder,” was not (Butler & Gillis, 2011). However, only 59% of the sample indicated having any knowledge of Asperger’s Disorder prior to the study. The term “autism” is probably better known than the term “Asperger’s Disorder” as it has been shown to elicit stigma among college students (e.g., Gillespie-Lynch et al., 2015; Obeid et al., 2015).

Although the term “autism spectrum disorder (ASD)” has been in use in the US since the publication of the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (American Psychiatric Association, 2013), the current study examines stigma

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