

Decreasing Membership Of Japanese Self-Help Organisation: A Case Study Of Alcoholism And Anxiety Disorders (Neurasthenia)

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Various international researchers have studied the decline in membership of self-help groups over the last twenty years. Maton et al. (1989) identified factors related to the demise of self-help groups with survey research, and King et al. (2000) revealed organizational issues affecting the longevity of self-help groups through qualitative interviews with leaders. More recently, Chaudhary et al. (2010) researched the life cycle of self-help groups using the practice database of a self-help support centre. However, there are few case studies that examine the decline of self-help groups in Japan. The purpose of this paper is to examine the factors that have contributed to the decline in membership of two Japanese self-help groups.

This case study focuses on Danshukai, a self-help organization for alcoholics, and Seikatsu-no-Hakken-kai (Hakkenkai), a similar organization for people with “Morita Shinkeishitsu,” which is equivalent to anxiety disorder (Kitanishi, et al., 2002) or neurasthenia (Schwartz, 2002). These organizations have many factors in common. First, both cater for people with mental health issues. Second, they have both existed for over four decades: Danshukai was organized nationwide in the 1960s, Hakkenkai in the 1970s. Third, both are “mature” self-help organizations in the sense that their “meaning perspectives” are well developed (Borkman, 1999). Fourth, their membership both peaked in the 1990s and early 2000s and then decreased rapidly and continuously: Danshukai had 11,159 members in 2000 but only 8,281 in 2013; in 1993, Hakkenkai had 6220 members in 1993, but less than half that number (2523) in 2012. The leaders of both organizations have looked desperately for solutions to revive their memberships. Our study’s aim was to clarify the common causes and social factors related to the decreasing membership of these organizations.

Methods:

We started on-going field research with Danshukai in 2006 and Hakkenkai in 2012. Data was collected via three methods: ethnographic interviews, participant observation, and documentary analysis. We conducted semi-structured and conversational interviews with leaders and members to inquire about the organizational issues and social factors related to decreasing membership. Participant observations were undertaken in meetings at both the local and national levels, in which both organizational and personal issues were discussed. We collected documents published by the organizations, including books, periodicals, newsletters and leaflets, and memorandums delivered to leaders only. To increase the validity of our findings, we used “member checking” asking leaders and members about their opinions on our tentative conclusions, and also

obtaining their feedback on our own essays and lectures based on our findings. In addition, we retrieved various statistics on clinics for alcoholics or people with anxiety disorder and their demographic changes.

Findings and discussion:

The data was analysed within the theoretical frameworks of “organizational decline” (Weitzel & Jonsson, 1989) and “experiential development of groups” (Borkman, 1999). Three major findings emerged from the data analysis.

First, the greater availability of medical and psychotherapeutic services for alcoholics and people with anxiety disorder has reduced the attractiveness of self-help organizations. At present alcoholics and people with anxiety disorder in Japan are able to access professional services at reasonable costs. As these services have increased, more pathologized or medicalized perspectives of alcoholism and anxiety disorder have gained ascendance in the population, and sufferers are no longer attracted to self-help organizations’ “liberating meaning perspectives” (Borkman, 1999), involving the mutual support of others and the redefinition of their social routines and recovery narratives. They tend instead to take a more passive patient role and have less interest in pro-social and voluntary activities, including helping others.

Second, due to the demographic and character changes of the target population, the traditional models for recovery of Danshukai and Hakkenkai have lost their social relevance. Alcoholics were once thought to be all middle-aged men who were self-employed and had families. Now they are more various and include women, retirees, singles (never-married), drug addicts, and the unemployed. In this scenario, the “experiential knowledge” (Borkman, 1999) developed by older members is hardly applicable to the new ones. The character of people with anxiety disorder has also changed. When Hakkenkai started in the 1970s, these people were energetic and socially active. People with anxiety disorder today tend to be more depressive and socially phobic, and therefore have greater difficulty joining organizations.

Third, while many communities, such as those formed by neighbourhood, families, and workplaces, are in a process of disorganization in Japan, people tend to have fewer social skills and customs to support their joining or maintaining a self-help organization as a community. People who have become accustomed to an “atomized society” are satisfied with minimal interaction with others, and attend meetings as infrequently as possible to keep their lives free from alcohol or anxiety disorder. Social activities outside the meetings are avoided and the organizations are facing difficult times because of the low number of contributors and volunteers.