

Pandemics, Surgical Masks, and Japanese Collectivism

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ABSTRACT - This paper explores the history, effects, and responses to the 1918 influenza pandemic and the 2020 coronavirus pandemic in Japan. It argues that the mask wearing culture in Japan has resulted from collectivism in the country. Masks are not very effective in protecting yourself, but only prevent you from spreading viruses to others, and so this is for the benefit of the community and not something selfish. It draws from various sources, including academic papers, news articles, posters about pandemics, and other sources on collectivist theory. Part ethnography, the paper also draws from personal and family experience living in Japan these past few months.

Keywords - collectivism, ingroup, outgroup, pandemics, Japan, coronavirus, 1918 pandemic, COVID-19

INTRODUCTION

Background

The 1918 pandemic, also known as the Spanish Influenza, was a devastating public health crisis that infected an estimated one third of the Japanese population.¹ Of those who were infected, around 200,000 people are estimated to have died. While 200,000 is a large number, Japan's population was around 60 million people at the time, and therefore the death rate in Japan was lower than in most other countries.² To protect against the influenza virus, the Japanese government advised people to wear masks, to gargle, and get inoculated.³ The pandemic ended in 1920, but people in Japan continued to follow these practices long after. One hundred years later, there is a new reason to wear surgical masks globally: the 2020 COVID-19 pandemic.

Thesis and Methods

This paper focuses on masks and why Japanese people continue to wear them. It demonstrates that wearing masks in public is an aspect of Japanese culture that stems from the country's collectivistic nature. It uses scholarly articles from the 1918 pandemic and news articles from 2020 to describe both crises and draw parallels between them. Partly an ethnography, the paper draws from my experiences living in Japan during the COVID-19 outbreak. Finally, it

references scholarly writing about collectivism and individualism in Japan to argue that the practice of wearing masks has persisted after the 1918 pandemic because people care about the greater good more than individual concerns.

OVERVIEW OF THE 1918 PANDEMIC IN JAPAN

The influenza pandemic in Japan had three waves. The first wave was relatively mild, and many brushed it off as a minor influenza. However, the second and third waves were devastating, not only in Japan, but worldwide.⁴ It is estimated that one third of the Japanese population was infected at one point. The flu in Japan was observed to affect young, healthy adults disproportionately, similarly other countries. However, records about mortality and morbidity rates in Japan are hard to find because they have not been preserved very well: many were destroyed in the firebombing in Japanese cities, meaning that it is hard to find reliable statistics.⁵

The Japanese government took some measures to prevent the spread of influenza. For example, a gargle was provided at some train stations for free, and people were also told to gargle after going out. Furthermore, police officers and the military were required to wear masks. The main methods used to communicate with the public about the crisis were printed leaflets and posters.⁶ These posters reveal the attitude of the government during the pandemic: they cautioned Japanese citizens of the dangers of the flu and how they could prevent themselves from catching it. Even though these posters were a good way to spread information, and their tone was often quite urgent, overall the government did not do too much in order to prevent the spread of the pandemic. For example, for reasons that are now lost to historical archives, the Japanese government did not ask businesses to close.⁷



Figure 1: 'Influenza', Ministry of Home Affair, Department of Health. March 1922.⁸

Top left: "If you don't wear a mask..."

Across the center: "Wear a mask inside the train." And "Don't forget to gargle after going out."

Bottom right: "Masks and gargling"

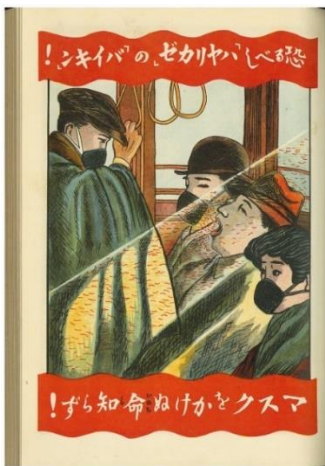


Figure 2: 'Influenza', Ministry of Home Affair, Department of Health. March 1922.⁹

Across the top: "The contagious wind of bacteria that should be feared!"

Across the bottom: "No mask, no life!"

OVERVIEW OF THE 2020 CORONAVIRUS PANDEMIC IN JAPAN

One hundred years later, there is another major respiratory disease outbreak worldwide. The COVID-19 pandemic of today originated in Wuhan, China and the leading hypothesis is that it came from a food market where it is believed to have jumped from bats to humans.¹⁰ It then spread to other countries, and the first large outbreak outside of China was located in South Korea. It then spread to Italy, where in late March, the country was reporting approximately 6,000 new cases per day.¹¹ In Japan, the first case was

observed on January 16th, 2020, although the person that tested positive swiftly recovered. The man, who had just returned from Wuhan, resides in Kanazawa.¹² The country reported its first death on February 13th, when an elderly woman in her 80s died in Kanagawa prefecture.¹³ Any summary of Japan during the coronavirus epidemic would be incomplete without mentioning the Diamond Princess cruise ship, which was quarantined from February 3rd to March 2nd off the coast of Yokohama.¹⁴ Many believe that the government's efforts to stop the spread of the virus on the cruise ship were lackluster, as many passengers caught the disease while the ship was quarantined. This is most likely because people were not effectively contained, and so therefore the virus spread rapidly among those on the cruise ship.¹⁵

The effects of the pandemic have been felt in all aspects of life in Japan. The country experienced its first major wave of cases in April, followed by a larger second wave that came in July. According to the official Tokyo government COVID website, "The number of Tokyo's confirmed coronavirus cases is approximately 18,000, accounting for around 31 percent of its cumulative total."¹⁶ At the time of writing, August 21st 2020, this information was updates daily..” Japan was supposed to host the 2020 Tokyo Olympics, and many people suspect that Japan purposely downplayed infection numbers by reducing testing to attempt to have the Olympics go on.¹⁷ I lived in Japan during the summer, and many people who live here seem to think this way. This is further corroborated by news articles questioning Japan's low testing rates. The Olympics were ultimately postponed on March 24th, 2020, four months before they were set to start. After the Olympics were postponed, the government finally declared a state of emergency across Japan in mid-April, several weeks after the rest of the world had declared theirs.¹⁸ This included asking some businesses to shut down, such as restaurants, movie theaters or indoor recreational facilities. Similarly to the 1918 pandemic, the government could not mandate that businesses shut down, only request it. However, this is because the Japanese constitution forbids the government from telling people to stay home or from shutting down businesses, so the best they could do was to request that people comply.¹⁹ The government also sent masks to every household and asked that people wear them, but the masks were met with ridicule online, nicknamed “Abenomasks.”²⁰

Even though there were 100 years between the pandemics, there are some things they have in common. First, the government appeared to have underestimated the severity of the pandemic, but both outbreaks in Japan were relatively mild compared to the rest of the world. The government also tried to get information about the pandemic out to the public, whether that is with posters in 1918 or with digital media today. Masks and gargling were widespread in Japan, and the government encouraged people to build these habits. Also, the government's response was a lukewarm response and both times it refused to enact a lockdown. In terms of the

viruses themselves, both spread extremely quickly and they both diseases that affect the respiratory system.

This begs the question: why has the impact on Japan been so negligible when compared to the rest of the world? Well, for the Spanish Influenza pandemic, we have a few explanations: One reason given is that the first, less severe wave was quite widespread in Japan, and so many people developed a resistance to the H1N1 virus before the second wave.²¹ However, this explanation cannot be applied universally, as some prefectures that experienced a weak first wave also had a weaker second wave.²²

Overall, there is no definite answer to why Japan was not affected as severely as other countries. Preventative measures in Japan have been rather disappointing. Whether due to lack of trying or legal restraints, there seems to be little to nothing stopping the virus from rampaging throughout the country. The Greater Tokyo area is home to almost 40 million people, but we do not see the rampant infection like we do in other major cities around the world. One answer is that Japan has not been testing very vigilantly, and this means that not many cases will be detected and the amount of cases in the official statistics will be lower. Low test rates during the COVID-19 pandemic cast doubt on the government's official numbers. A BBC article written in April explained that "...testing figures are striking both because the number tested is so small and the percentage tested is so high."²³

OVERVIEW OF MASKS IN JAPAN

Across Asia, masks became popular during the SARS epidemic back in 2003. However, it seems that Japan was spared from SARS, recording a total of 0 deaths. To see where masks in Japan came from, we have to go back much further. The culture of mask-wearing in Japan dates back to before the 1918 pandemic as a luxury item. However, masks only became widespread during and after the 1918 Spanish Influenza, which caused a devastating amount of deaths not only in Japan, but worldwide. One third of the Japanese population was afflicted with H1N1, even though the death rate was relatively low.²⁴

COLLECTIVISM AND SURGICAL MASKS

Individualism and collectivism are aspects of a culture which are defined by how much autonomy members must act outside of their group. Social psychologist Geert Hofstede defined individualistic societies as "emphasiz[ing] 'I' consciousness, autonomy, emotional independence, individual initiative, right to privacy, autonomy, pleasure seeking, financial security, need for specific friendship, and universalism."²⁴ Collectivism usually occurs in countries with more authoritarian, right wing ideals.²⁵ Collectivistic societies "stress "we" consciousness, collective identity, emotional dependence, group solidarity, sharing, duties and obligations, need for stable and predetermined friendship, group decision, and particularism."²⁶ In societies, there are "ingroups" and "outgroups" for each person. A person's

ingroup is those who they care about greatly. In more individualistic societies, this would be just your direct family. In collectivistic cultures, this might extend to more distant relatives. Meanwhile, the outgroup refers to those who you are not related to, from coworkers to people you pass by in the street.

Japan in general is more collectivistic than western societies. This means that in Japan, people tend to have larger ingroups. The size of somebody's ingroup is closely related to how collectivistic the environment they grew up in was. Having a larger ingroup means that there are more people you have a risk of transmitting diseases to, so therefore people will most likely take more precautions. A larger ingroup means that you will be pressured to take care of members of your ingroup. During a pandemic, larger ingroups may lead people to take more aggressive preventative measures, like wearing a mask in public, not only for themselves, but for each other.

It is important to note that even though Japan is more collectivistic than western societies, it is home to around 130 million people, and not all of them hold the same ideals. A study conducted in Japan analyzing collectivism in all 47 prefectures of the country showed that rural areas tended to be more collectivistic than urban areas.²⁷ This study is supported by the fact that Japan has seen a recent resurgence in cases, most of which occurred in Tokyo, which is reported to be one of the least collectivistic prefectures in Japan.²⁸ (Even with the rise of cases in Tokyo, there are still less cases in Japan overall than in most other nations.)

Given how collectivistic Japan is, it is plausible that people in the country wear masks for two reasons: to protect those close to them, and because they value the opinions of their peers more so they feel pressured to wear a mask. In collectivistic cultures, people care more about the greater good and how other people in the community view them so they will wear masks to show that they are caring for others. Furthermore, when you have a larger ingroup, you also have more people you care deeply for and so you will want to wear a mask to make sure none of them will be endangered if you contract the virus.

During the 1918 pandemic, people started wearing masks to protect against the influenza virus. Masks were not widespread in Japan before the pandemic, and were mostly a status symbol.²⁹ However, after a government public health campaign, people started to wear them to protect themselves and each other, showing a concern for the greater good. People continued to wear masks even after the pandemic was over. Today, people still wear masks when they go outside. As the threat of COVID-19 grew between the months of January - May, masks in Japan were sold out at most establishments, and people have been diligent about wearing them throughout the pandemic. It is common to draw disapproving stares if you are out in public without a mask. For comparison, mask mandates have drawn ire in many other countries, such as the US, where a large number of people still refuse to wear masks.³⁰ In the US, which is a more individualistic society, the average ingroup tends to be

smaller, leading to the normalization of refusing to wear a mask, which means people will be more empowered to not wear a mask as opposed to Japan.

CONCLUSION

Analyzing the usage of surgical masks in Japan throughout the 1918 and 2020 pandemics shows that masks are an example of the collectivistic nature of Japanese culture. While I have tried my best to ensure that this paper is as accurate as possible, I recognize that I have had limited access to some resources, especially for the 1918 pandemic, because they are only available in archives with access limited to a small number of people. Also, since COVID-19 is a current event, and due to the unpredictability of pandemics, the information presented here is subject to change rather quickly. However, some key facts remain the same: In 1918, people started wearing masks after the government asked the public to do so in an attempt to stop the spread of the deadly influenza virus H1N1 virus. Through 2020, the culture of wearing masks (especially during the winter) had persisted. Surgical masks were sold out for months after COVID-19 became a global issue.

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In 1918, people started wearing masks after the government asked the public to do so to stop the spread of the deadly influenza virus H1N1 virus. Through 2020, the culture of wearing masks (especially during the winter) had persisted. Surgical masks were sold out for months after COVID-19 became a global issue. People's willingness to wear masks during both of these pandemics in order to protect themselves and those around them shows Japan's collectivistic nature. A larger ingroup means there are more people to care for, and so therefore people will be more careful to not spread the virus to them.

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⁷ Ibid.

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