

Commentary

## “Cultural Exceptionalism” in the Global Exchange of (Mis)Information around Japan’s Responses to Covid-19

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### Abstract

Despite reporting early cases, Japan’s infection rates of Covid-19 have remained low. This commentary considers how a discourse of cultural exceptionalism dispersed across the networked global public sphere as an explanation for Japan’s low case count. It also discusses the consequences for wider public understanding of evidence-based public-health interventions to reduce the transmission of the coronavirus.

### Keywords

Covid-19; culture; Japan; social media

### Issue

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While there has been an uptick in Covid-19 cases in Japan in recent weeks, prompting prime minister Shinzo Abe to declare a nationwide state of emergency on April 16, infection rates have remained low. Many acknowledge that without widespread testing it is difficult to ascertain the extent of Covid-19 in Japan, which at 1.41 tests performed per 1,000 people is lower than many other advanced market economies (Japan Ministry of Health, Labour and Welfare, 2020). Understandably, as the pandemic intensified across Europe then the United States in March, questions were raised about what Japan may be doing differently that has helped to slow spread of the virus. Early interventions included the launch of a public health campaign, in line with recommendations by the World Health Organisation (WHO), emphasising the importance of basic hygiene and advising people to avoid the 3Cs of closed spaces, crowded spaces, and close contact, a focus on the identification and containment of infection clusters, and the closure of schools. Some suggested, however, that Japanese culture may in fact explain its low case count. These include claims that people in Japan may be more willing to follow recommendations, the importance of cleanliness and hygiene, the

widespread use and acceptance of facemasks, and greetings that avoid physical contact.

Presently, beyond what is known about the spread of other respiratory viruses, there is limited scientific evidence for cultural factors—those that underpin the adoption of preventative behaviours—in reducing the spread of Covid-19. Instead, this emphasis on cultural factors indicates a recycling of a common discourse on Japan, one that accentuates the homogeneity of cultural values and practices and its distinctiveness from other cultures. This discourse has a long history shaping how the West view Japan but one that is also repurposed by elites in Japan to underline Japan’s distinction from other countries (Iwabuchi, 1994). This commentary considers why this discourse emerged, both within and outside of Japan, and how these cultural explanations dispersed across the networked global public sphere during the Covid-19 pandemic. It also reflects on the role of critical voices, in particular those on Twitter, that have warned that reductionist cultural explanations may detract from the criticisms of the Japanese government’s response to the epidemic. The consequences for wider public understanding of evidence-based public-health interventions

to reduce the transmission of the coronavirus will be also discussed.

Cultural factors are well established as significant determinants of health, influencing, amongst others, perceptions of diseases and their management, approaches to health promotion, and compliance with recommended treatment options (Pasick, D'onofrio, & Otero-Sabogal, 1996). Health promotion strategies, consequently, often emphasise cultural sensitivity and the importance of tailoring messages to recognise these differences (Kreuter, Lukwago, Bucholtz, Clark, & Sanders-Thompson, 2003). It is important to recognise, however, that there are different conceptions, ideologies, and discourses of a culture, which would suggest caution toward the static, essentialist views of culture that may support and influence such interventions (Grillo, 2003). Culture, alternatively, is theorised as dynamic, socially constructed, and in constant flux. Some argue therefore that is necessary for health communication to shift from notions of cultural sensitivity toward a cultural context approach, where culture-based assumptions are interrogated and culture is seen as a "contextually embedded, complex web of meanings," which can inform the development of effective health communication programmes (Dutta, 2007).

While it is plausible that culture may intersect with public health interventions to reduce the spread of the virus, simply focusing on values or behavioural traits, at this stage, promotes assertions rather than evidence-based explanations. Despite that, early in the course of the pandemic social media were awash with posts claiming that culture may explain Japan's low infection numbers, including tweets that described people's attention to hygiene and hand-washing (Rinley, 2020), stressed the importance of "mask culture," or championed the cleanliness of the environment and people's homes in Japan (sctm27, 2020; also see Klopp, 2020). Prominent users also shared data about Japan's low case numbers in comparison to its near neighbours in the region or simply asked what may make Japan an outlier. A YouTube livestream hosted by popular musician, Yoshiki (2020), which was widely praised for informing the public about that virus, explored its impacts and directly addressed misinformation that was circulating about the virus. Such posts and content online generated substantial debate about what made Japan different and the part played by culture and associated behaviours, a discussion that could be found in comments made in both Japanese and English. These debates were replicated in mainstream media, both within Japan (see Klopp, 2020) and internationally, as a stream of articles and comments across different media contexts explored Japan's apparent outlier status as the pandemic progressed and other countries introduced more stringent measures to reduce the spread of the virus (see Patrick, 2020).

It is not possible to determine the agenda-setting function of these posts and debates that emerged in Japan but the timing of and wider dispersal of these

ideas are indicative of the nature of the contemporary networked media environment and the multidirectional flows of information that may give rise to shared explanations, ideas, and perspectives within different contexts (Heinrich, 2011).

It is important to note that while social media offered a platform to circulate cultural explanations, it also provided an important space for debate and criticism of the Japanese government's strategy and response to the epidemic. Most significant were those that centred on the capacity and strict criteria for testing for Covid-19 (Adelstein, 2020). In recent years, social media, and specifically Facebook and Twitter, have become more significant in Japan as spaces for critical discourse and connective action. Facebook use grew much slower in Japan than in US and Europe, largely due to the popularity of the local social media platform Mixi. Alongside Twitter and other networks, Facebook played a significant role in movements established to address ongoing concerns about nuclear power in Japan after Fukushima, the rise of the Students Emergency Action for Liberal Democracy against proposed security legislation that impinged on Japan's pacifist constitution, and anti-Olympic activism (Tagsold, 2019). Therefore, at a time when Japan's media have been facing greater political pressure, as the Abe-led government has attempted to influence coverage and reduce criticism, social media served as a valuable space for those that may otherwise be excluded from debates to be able to offer comment on the Japanese government's response to the epidemic.

Platforms such as Twitter also provided a space for experts to speak directly to the public. In response to a Twitter thread posted by a journalist writing for the Japan Times, for example, the infection control expert, Kentaro Iwata, downplayed assertions that cultural practices may be contributing to slow the spread of Covid-19, describing it as "valid but unproven theory" and cautioning against overreliance on these behaviours alone to reduce transmission (Ripley, 2020). This aligns with the existing research that shows how social media may serve as a corrective to false information about health issues, whether this is through platform-generated algorithms, social comments, or expert correction (Bode & Braga, 2018).

Others underline the difficulties that the Japanese public face in accessing high-quality health information and its consequences for health literacy. The shortage of international data and information published in Japanese, the absence of a central public health agency to provide "public guidance on how to respond to health threats," and the lack of clinicians in leadership roles that are able to communicate risks effectively to the public, as Nakayama (2020) suggests, work together to encourage people to seek information from other sources. Often this will mean turning to misleading or inaccurate information that may be found online. The absence of evidence-based information and international comparisons in Japanese may have contributed to the prolifer-

ation online and across social media of speculative information that placed undue emphasis on the role of culture and associated behaviours in minimising the spread of Covid-19.

The WHO has declared that the pandemic also sees an accompanying ‘infodemic’ and emphasised the importance of evidence-based information. While cultural factors facilitate and might have intersected with the adoption of Covid-19 prevention behaviours recommended by the WHO, there is currently insufficient evidence to support the weight afforded to such claims, and the extent to which they have dispersed across the networked global public sphere. It is a familiar discourse but one that contributes to the noise circulating around this public health emergency. Later, evidence may emerge to confirm that the progression of the virus in Japan was slowed due to the adoption of preventative behaviours. Equally the opposite may be found, with evidence emerging that other behaviours attributed to culture may have contributed to its transmission. Nevertheless, we should remain cautious about confining such behaviours to particular national characteristics due to the problematic essentialist notion of culture upon which these assumptions are made. For broader public understanding of Covid-19, asserting the influence of culture may serve to obfuscate failures in governance and the response to this global health crisis, especially when barriers to the public accessing high-quality health-related information are at work. It may also contribute to perceptions that some preventative behaviours and interventions that have confirmed positive outcomes are culturally limited and, as a consequence, impact on people’s willingness to engage and follow such recommendations.

### Conflict of Interests

The author declares no conflict of interests.

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