

**The influence of self-derogative communication on mental health:
An examination from the viewpoint of internalization of cultural norms.**

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In 5 studies, the author examined the effects of self-derogative communication on the personal mental health (e.g., positive self-attitudes) and interpersonal mental health (e.g., harmonious interpersonal relations) in Japan. The label *self-derogation* is used here for the tendency to tell the person the negative aspect about self and does not talk about own desirable aspects actively. Previous research indicated that, because of the cultural presentational norms, self-derogation is carried out frequently in Japan (e.g., Muramoto & Yamaguchi, 1994). To examine the predicted influence, I focus on the interaction partners' reactions to derogator and also focus on the derogators' internalization level of cultural self-derogative presentational norms.

Study 1 found that the interaction partner generally return the denial reactions, such as "I do not think so", to the derogative presenter. And the result also showed that, when Japanese people become derogative presenter, they have the motive that want to maintain or increase self-evaluation. Moreover, study 1 suggested the possibility that the derogative presenter who could receive the denial responses from partners may raise self-evaluations.

In study 2, to examine the individual difference of the influence of self-derogative communication on mental health, I developed *The Cultural Self-Presentational Norms Internalization Scale*, and confirmed the reliability and validity.

In study 3, I investigated the hypotheses that people high in norm internalization foster their mental health by the execution of self-derogative presentation, whereas people low in norm internalization deteriorate their mental health. Hypothesis was supported in the longitudinal study and the generation comparative study. Furthermore, the result shows that, as the generation increases, internalization of cultural norms increases. The degree of the execution of self-derogative presentation, however, had no generation differences. It was confirmed that the cultural pressure to the self-derogative presentation is strong.

In study 4, an experimental study, interacted partner rated the self-derogator as attractive and kindly. And also the self-derogator rated the denial responded partner favorably. It was suggested that the formation of favorable impression by derogative communication might promote interpersonal adaptation.

In study 5, I tested the full process model by assessing the effects of self-derogation, partners' reaction, and the degree of internalization on self-ratings of personal and interpersonal mental health.

The hypotheses were as follows. Those who derogate themselves in front of other people promote adaptation directly; while others who receive responses to derogation such as "I do not think so" from other people promote adaptation indirectly. These processes may be moderated by the degree of internalization of self-derogative presentational norms. Denial responses to

presentation mean that other people regard the presentation as “self-derogation”. In derogative communication, people high in norm internalization (NH-Ss) take denial response as a matter of course, whereas people low in norm internalization (NL-Ss) do not. For this reason, denial responses to derogation are more important for NL-Ss than NH-Ss. As a result of longitudinal study, hypotheses were supported.

These findings point to the role of self-derogation as personal and interpersonal adaptation tactics in Japan. In addition, the present research indicated that the influence of culture and interpersonal relationship is very important in the study of mental health.

Key words: self-derogation, mental health, internalization of cultural norms, partner reaction