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4

SUICIDE AMONG THE CHINESE AND JAPANESE

Linquistic custom in the United States tends to group all peoples who have migrated from the Far East under the label "Asian-American," just as we group a variety of Latin Americans as "Hispanic-Americans" or "Hispanics" (see Chapter 5). However, it is important to keep in mind that Asian-Americans consist of immigrants and their descendants from different countries, with diverse ethnic backgrounds, speaking different languages, and coming from widely disparate cultures. As a group, Asian-Americans include Chinese, Japanese, Koreans, Filipinos, Southeast Asians, Indians, Pakistanis, Sri Lankans, Pacific Islanders, particularly the Samoans, a substantial number of whom have recently migrated to California, and others. Some, such as the Japanese, have lived in the United States for generations (Yamamoto & Wagatsuma, 1980). Others, like the Chinese, include both recent arrivals and those who came to this country in the nineteenth century. Still others, like the Southeast Asian refugees fleeing from the consequences of the Vietnam War, have arrived in large numbers in the last two decades. The Asian population as a whole is one of the fastest growing ethnic groups in the United States; it has doubled in number in the last 10 years.

In a report on suicide in ethnic groups, it would be desirable to examine suicide rates and their causes for all these groups. From a public health point of view, it would be particularly desirable to review the situation for the Southeast Asians. It is well known, for example, that the Cambodians have suffered severely from high rates of post-traumatic stress syndrome as a result of their experiences under the Pol Pot regime. Many of them have undergone atrocities at the hands of the Vietnamese invaders; some have had

devastating pirate attacks following their escape from Cambodia. It would have been helpful to compare the reactions of these survivors' with those of the Koreans, who are well-known for their high motivation and economic success in the US. Similarly, it would have been interesting to review the suicide rates for the Filipinos, most of whom are Catholic and consider themselves closer to the culture and traditions of the United States, and for whom the stress of acculturation following migration to the US would therefore presumably be less severe.

Unfortunately, such examinations have been impossible because of the lack of reliable data on suicide among these groups. The most consistent data on Asian-American groups are on Chinese- and Japanese-American populations. This chapter will, therefore, focus on these two groups. There are, additionally, some particular advantages in comparing the two groups. One is the fact that some suicide data exist for the Chinese and Japanese in their countries of origin, providing some insight into the consequences specific to their migration and acculturation. Another is the striking difference in the attitudes toward suicide in the countries of origin. As will be described below, ritual suicide in Japanese culture has been a socially sanctioned practice, fostered in obedience to the Emperor or as an honorable solution to certain social dilemmas (Benedict, 1946; Iga, 1986). In contrast, Chinese tradition has not codified suicide as socially acceptable. These contrasting traditions are reflected in patterns of suicide demonstrated by these groups in their adjustment to American society.

ACCULTURATION EXPERIENCES OF CHINESE-AMERICANS AND JAPANESE-AMERICANS

During the mid-nineteenth century, Chinese laborers were recruited to provide low-paid manual labor for building railroads, for mining, and for farming in the western United States. Because of the Boxer Rebellion and for other political reasons, the Chinese were never treated with the same courtesy accorded immigrants from European nations. There is a long history of both official and unofficial discrimination against them. Official discrimination accounts for

the fact that there were two basic waves of immigration. The first began during the Gold Rush years in California in the 1850s and continued until the passage of the Oriental Exclusion Act in 1924.

Chinese immigrants experienced strong discrimination and bias that prevented them from working toward an integrationist mode of adaptation to culture contact with the dominant society, and that enhanced their proclivity to maintain separate communities resistant to close contact with the surrounding majority population. Racial, linguistic, and other cultural differences made early attempts at integration almost impossible (Cheung, 1978). Most of the Chinese who came to Hawaii and the West coast of the United States were recruited from peasant backgrounds. They came as sojourners hoping to make a fortune and return with money to their families. Discriminatory legislation reinforced their sending money home, since it became illegal for Chinese men to bring their wives over during their work stay in the United States.

Chinese civilization is old and long influenced by the teachings of Confucius, which emphasize harmony in the home, propriety between husband and wife, and a traditional, sexist, hierarchical society. Transition to the U.S. communication-oriented, individualistic society, is a very major and stressful change.

At the turn of the century, Japanese workers were also recruited from peasant communities. However, despite the anti-Oriental attitudes which prevailed at that time in the Western United States, Japanese men were allowed to bring their wives with them and to settle. They were treated with more respect, probably because of Japan's naval victory over Russian forces during this period. From 1924 to 1965, however, the Oriental Exclusion Act prohibited further legal immigration of Asians into the United States. Since immigration law was reformed in 1965, large numbers of Chinese, Filipinos, Koreans, Japanese, and Southeast Asians have come to America. Most of the Asian population (56%) is still concentrated on the West Coast (US Bureau of the Census, 1981).

The second wave of Chinese immigration began in 1965 with the reform of the Immigration Act and the provision for 20,000 new immigrants from each nation. Since there are Chinese in Hong Kong, Taiwan, the People's Republic of China, many Southeast Asian nations, and the Philippines, there has been a remarkable

increase in the number of ethnic Chinese who have immigrated to the United States. In contrast to the early immigrants, the recent Chinese, mainly from Hong Kong and Taiwan, are primarily from affluent backgrounds. Among post-1965 Chinese immigrants to the US, 71% have had a high school education or above and 37% are college graduates. Many are professional people. This higher socioeconomic status is exemplified in the Monterey Park area of California, where businesses are burgeoning and upper-middle-class developments are expanding (US Bureau of the Census, 1983).

According to the 1980 census, 59% of the total Asian/Pacific Islander population are foreign-born (US Bureau of the Census, 1983). Japanese-Americans, in contrast, are for the most part third- and fourth-generation Americans (only 28% are foreign-born). Third- and fourth-generation Japanese-Americans are, like recent Chinese immigrants, generally well educated; 82% have been to high school or above and 26% have completed college. Japanese-Americans have the highest family income levels, averaging $27,354. The Chinese-Americans are not far behind with average family income of $22,559. There are over 3,500,000 Asian-Americans currently living in the United States, with a median age of 29.4 years, in contrast to 31.2 for the total US population. Given the rising rates of youth suicide in the United States as a whole, the younger age of this population might be a factor in predicting high suicide rates.

One index of the acculturation process is religion. Despite two to three centuries of active American and British Christian missionary efforts in China and Japan, conversion to Christianity in the homelands was relatively uncommon. Within the United States, however, there has been a trend toward giving up such traditional religions as Taoism, Buddhism, and Shintoism and turning to Christian churches. At first glance such movement could appear to be assimilationist. However, on closer inspection, many of these Christian churches are specifically designated as Asian-American.

TRADITION OF SUICIDE IN JAPAN

Altruistic suicide has been a time-honored practice in the history of Japan, as in the story of The Lady Tekona, a beautiful woman

highly sought after by two young men. Both young men proposed marriage to her, but she could not choose between them, nor could she refuse either one. She resolved her dilemma in a way to avoid embarrassing either of her suitors, by committing suicide. Immediately thereafter, one of her suitors followed her in suicide; shortly thereafter the second suitor also killed himself (Yamabe & Takahashi, 1981). Today, there is a shrine to honor The Lady Tekona and a Shinto temple to memorialize this woman who, even to this day, is honored as one who exemplifies the importance of saving face in interpersonal relationships.

Another famous story concerns the 47 samurais who plotted together and finally killed the persons responsible for their master's death. All 47 of them then committed suicide in the ritual manner of *seppuku* (also called *hara-kiri*), thus atoning for the crime of killing all those who had wronged their master.

A more recent example is the case of Admiral Nogi, who led Japanese naval forces to victory over the Russians at the turn of the 20th century. Miserable because so many of his men died in battle, Admiral Nogi wanted to atone and commit suicide. His Emperor prevailed upon him not to precede him in death. Thus, Admiral Nogi waited to commit suicide until after the Emperor had died of natural causes.

The traditional methods used in Japan for committing suicide not based on *seppuku* (which was for warriors) were hanging, cutting, jumping off high places, drowning or suffocating (Yamamoto, 1976). Certainly, the powerful ethos among Japanese that one must be of use to one's society, and must achieve in order to be worthwhile, leads to feelings of worthlessness and shame when achievement has not been attained. In some cases suicide is an honorable alternative to failure.

CURRENT SUICIDE IN JAPAN AND CHINA

Suicide is not uncommon today among highly competitive Japanese schoolboys and schoolgirls following failure of college admissions examinations. This is regarded by Japanese authorities as a serious social problem. In the current atmosphere, even mature

Japanese men, depressed by the materialistic competitiveness of their economy, frequently choose to kill themselves in order to escape the "rat race" (Matsugi, 1986).

Yap, writing on suicide in Hong Kong, (1958a, 1958b), emphasized many of the dynamic issues in the precipitation of both suicide attempts and completed suicide, but he did not comment on the degree of social acceptability of suicide in Chinese culture. We can therefore assume that Yap viewed suicidal behavior as related to intrapsychic and interpersonal factors and not as culturally acceptable behavior.

Yap also compared rates of suicide between Chinese in Hong Kong and Japanese in Japan. He found Japanese rates to be 23.4 per 100,000, compared to 14.2 for the Hong Kong Chinese. Similarly, Japanese rates are also higher in comparison to rates of Chinese in Taiwan (Kato, 1981; Yeh, 1981). From 1977 to 1980 the rates were approximately 17.8 per 100,000 in Japan versus 9.8 per 100,000 in Taiwan (Yamamoto & Kato, 1982; Yeh, 1981).

SUICIDE AMONG JAPANESE-AMERICANS AND CHINESE-AMERICANS

From 1970 to 1975, suicide among Japanese-Americans was 9.7 per 100,000 and among Chinese-Americans, 8.9 (Frederick, 1978). During this period the rate among Americans generally was 12 per 100,000. Thus, both Asian populations manifested rates lower than other Americans, despite the relative youthfulness of the Asian-American groups. Women commit suicide in a much greater proportion among Chinese-American and Japanese-American populations than among the non-Asian population, especially after the age of 55. Nevertheless, their rate remains lower than the rate of Asian-American males (Liu & Yu, 1985b). The rate of suicide among Asian-American women tends to increase with age, as shown in Table 12. Above the age of 45, the rate for Chinese-American women becomes higher than for White American women (13.9 vs. 11.2). The rate for Chinese-American females continues to increase until, for those 85 years of age and older, it is 49.9 per 100,000. In contrast, among White American women, the rate for those 85 years and older declines to 4.9.

TABLE 12
US Average Annual Age-Specific and Age-Adjusted Suicide Rates
per 100,000 Population, for Specified Race, 1980

Age Group	Chinese			Japanese			White		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages, crude	8.27	8.26	8.28	9.08	12.57	6.14	13.31	20.57	6.43
Age-adjusted	7.97	7.93	8.02	7.84	11.08	5.00	12.54	19.41	6.20
5–14 years	0.30	–	0.61	0.86	1.69	–	0.52	0.75	0.28
15–24 years	6.39	8.07	4.65	9.41	14.09	4.52	13.55	21.91	5.00
25–34 years	7.13	8.59	5.72	12.18	16.72	7.82	17.48	26.99	7.98
35–44 years	9.01	8.94	9.09	9.10	12.68	6.39	17.03	24.27	9.93
45–54 years	12.28	10.77	13.89	8.75	9.81	8.22	17.69	24.55	11.18
55–64 years	12.34	9.37	15.32	9.93	12.38	7.78	17.54	26.52	9.59
65–74 years	24.35	25.85	22.61	6.61	11.17	2.17	18.28	32.41	7.45
75–84 years	33.51	21.82	44.32	25.01	39.56	15.75	20.91	46.18	6.03
85+	56.13	64.10	49.93	62.59	139.76	19.50	19.45	53.28	4.92

Sources: Liu & Yu (1985a, 1985b)

Japanese women have lower rates of suicide than White women overall until age 75; they also have lower rates than Chinese women in every decade after age 35. By age 85 and over, the suicide rate has climbed only to 19.5, which is higher than among White women, but considerably lower than among Chinese women.

Among males, the Japanese rate of suicide is higher than the Chinese. Both increase with age, however, peaking at the 85+ age group at 139.76 per 100,000. For this age group, the Japanese male/female combined rate is 62.59, higher than the combined rate for the Chinese of 56.13.

Among Asian-Americans, there may be a tendency for others to react as if the aging individual is not as worthwhile as a younger person. Asian-Americans have been socialized to be exquisitely sensitive about interpersonal needs. With advancing age, the demise of a spouse, limitations of productive capacity, lowered status in the household, and finally, feeling that they are no longer accorded an honored position of respect by their family and community may engender the hopelessness, shame and sense of worthlessness that may lead to suicide.

Yamamoto (1976) described the cultural beliefs among Japanese-Americans that are involved in their suicidal behaviors. They often use traditional methods such as hanging, cutting, jumping from high places, drowning, or suffocating. The relative degree of separatist and deculturation modes of acculturation may contribute to a tendency toward suicide. Japanese-Americans who do commit suicide may be from a first-generation group, lacking ability to speak English and having low socioeconomic status. Women in this situation, who have lost their husbands and whose children have adopted an Americanized lifestyle, would be especially vulnerable. Asian-American women who have lived all of their lives in China-towns and Japantowns of the United States may find it difficult when they no longer have family members living nearby. If they have never learned English nor earned an independent living, they can easily feel alienated and alone in a strange culture when their spouses die. In addition, many second-generation Asian-American offspring have departed from Confucian and other traditional values and may not be willing to reassure their elders that they will

be taken care of in their old age. Traditional Asian women will perceive such a shift of values as a lack of filial piety and respect, and as the ultimate rejection. In this situation, some might choose suicide as an honorable alternative.

Substance abuse is relatively uncommon among Asian-American populations; however, it is not unknown. During World War II, kamikaze pilots sacrificed their lives in the traditional samurai spirit. Their acts were facilitated by the use of amphetamines and sake (rice wine) to bolster their courage and maintain their resolve. The role of chemical substances in facilitating an altruistic suicide in an elderly person is a subject requiring further exploration. There are no data to suggest that this is a significant problem. In any case, Asian-American suicidal behavior is not associated with impulsive acts following substance abuse, but rather is planned with considerable forethought and organization.

Yamamoto and Iga (1975) cited several recent examples of such contemplated long-term planning for the suicide act. The famous Japanese author, Yukio Mishima, committed suicide after haranguing the Japanese self-defense forces (army) about the need to return to samurai values. Shocking people not only in Japan but all over the world, he committed suicide by ritual *seppuku* (abdominal disembowelment) in the classical samurai manner using a sword, and was immediately decapitated by his friend and trusted companion (Abel, 1978; Lifton, 1982; Yamamoto & Iga, 1975). Yamamoto gave another example when a chef of a major Japanese airline committed suicide because the food he had prepared had resulted in passengers becoming ill from food poisoning.

The suicide rate among Asian-Americans is, for most age groups, relatively low compared to other Americans. The figures no doubt reflect the relatively high socioeconomic and educational status of these populations and the relative success of integrative and assimilative acculturation modes. A smaller proportion of the overall Asian-American population, however, has maintained a separationist or resistive acculturation position. This group of traditionalists seems to function relatively successfully until their elderly years, when the new cultural values of the greater society begin to clash harshly with traditional Confucian values. People become isolated and alienated from their younger, integrated or assimilated family members and, adhering to their cultural ideals, commit suicide in the manner and for the reasons found in the old country.

Group figures, however, provide us only with averages; they tell us nothing about an individual case. From this point of view, it may be helpful to include an illustrative vignette.

In 1984 in Los Angeles, a Japanese women attempted to commit suicide. She was 35 years old, married, and distraught because her husband was having an affair with another woman. She became progressively more depressed and dysfunctional. On a bright spring morning she went to see a doctor because one of her two young children was ill. Because of the long lines of patients waiting to see the doctor, she left and went to the beach. There she bought lunch for herself and the two children (one still nursing, one 4 years old). She then walked into the ocean with the two children in order to commit family suicide. The attempt was only partially successful: She survived, but, tragically, the infant and the 4-year-old drowned. Subsequently the mother was confined to jail and accused of murder. In response to this legal process, there was a large outcry from the Japanese-American community. They were sympathetic to the motivations of a Japanese mother attempting to solve her dilemma through suicide including her children. In traditional Asian communities, the family is the unit, not the individual. This was Japanese suicide, not American murder (Iga, 1986; Reese, 1985).

DISCUSSION

This discussion of suicide among Asians/Pacific Islanders is limited to the two groups for whom there are data available in the United States: the Chinese and the Japanese. There are many other Asians in the United States who are very important members of this minority group.

A contrast between the Chinese and Japanese is of interest because of the difference in acceptance of suicide as a solution to life's problems. In Japan, for the last several hundred years, suicide has been considered an acceptable solution to certain problems; there are heroic stories of suicides for altruistic purposes. In China, this has not been true. Among the Chinese there is no modern tradition of suicide as a socially acceptable response to particularly

troublesome circumstances. In fact, there is a traditional expectation of troubles as fate that must be borne. It is not surprising then that the overall rate of suicide is relatively low. We hypothesize that these differences may result in suicide being more frequent among the Japanese than Chinese. As we have demonstrated, suicide rates in Hong Kong and in Taiwan are lower than in Japan. Unfortunately there are no recent suicide rates available for mainland China.

Suicide rates among Chinese-Americans, though generally lower than those for White Americans, are similarly distributed by age, with peak rates among those aged 65 and over. The ratio of male-to-female rates is particularly distinctive among Chinese-Americans, with slightly higher overall rates among females because of the high incidence of suicide among older Chinese-American women.

The acculturation experience of Chinese-Americans is relevant to the phenomenon of suicide. The earliest Chinese immigrants to the United States were peasants brought over to work as laborers in the 19th and early 20th centuries, prior to the Oriental Exclusion Act of 1924. There were relatively few women among this group of early migrants. Not until 1965, when the Exclusion Act was repealed, did the majority of Chinese-American women have the opportunity to immigrate.

Thus, some of these new immigrants to the US from China are elderly females, unable to speak English and unable to cope with the majority society. They maintain a separatist mode of acculturation, many living in the Chinatowns across the United States. They may become depressed because they lack traditional familial support. Feelings of worthlessness and psychological isolation in older years may be important factors in the high rate of suicide in this cohort.

Although more of the recent Chinese immigrants are affluent, a substantial proportion is impoverished. This includes many older women, most of whom possess few marketable skills. Poverty, combined with conflict between traditional Chinese values that emphasize the importance of the family (with its central female role) and those of the dominant culture (which espouses greater equality between the sexes), places greater stress on traditional Chinese-American women. As they survive as widows, this source of stress is reflected in the relatively high rates of suicide among women, particularly aged ones.

The combination of value conflict and economic pressure, in the absence of the support expected in traditional families, may contribute to relatively high rates of suicide among aged males as well. That is, for elderly Chinese females and males experiencing acculturative stress, traditional culture and identity are of value and to be retained; whereas, positive relations with the larger dominant society are not sought. The result is separatist or resistive acculturation.

Among the Japanese there is a tradition of suicide as a way out of difficult circumstances. Consequently, suicide rates in Japan are consistently higher than for the general population of the United States. "Since 1950, the suicide rate of Japanese older persons of both sexes has been decreasing significantly (males aged 65–74, 45; ages 75+, 79; females 65–74, 31; ages 75+, 54). In 1950, the suicide rate of those aged 65–79 was 80.6 per 100,000. In 1982, it was 42.4 per 100,000, a decrease of approximately one half in about 40 years . . . But it is very hard to explain why the suicide rate of older women only is higher in Japan" (Maeda et al., 1988).

However, rates among Japanese-Americans are generally lower than those of White Americans. The distribution of suicide rates by age for Japanese-Americans also differs from that of White Americans. Among Japanese-Americans, there is a minor peak among young adults and a major peak among the elderly. Unlike the case for White Americans, however, there is no consistent increase in rates concomitant with increasing age. Among Japanese-Americans, the ratio of male-to-female suicide rates is approximately 2.2 to 1.

The relatively high socioeconomic status that characterizes Japanese-Americans today must be taken into account when looking at suicide rates. Japanese immigrant peasants prior to 1924 included a substantial proportion of women, and the majority of Japanese-Americans today are descended from this original immigrant group. Acculturation has been ongoing through two, three and four generations. Thus, the acculturative stress is of a chronic nature.

In viewing the age of Japanese-American suicides, it is important to realize that the distribution is bimodal, that only the most elderly over the age of 75 would be first generation (*issei*). There is a minor peak of suicide among young adults and a major peak

among the elderly. The peak among the youth and young adults may be explained, in part, by the fact that the age cohort of Japanese-Americans represent a highly educated and culturally integrated group, for whom the psychosocial issues leading to suicide are similar to their age cohort in the majority population. Even among the elderly Japanese-American females and males, most are second or third generation. Instead of the separation mode of the *issei*, the second and third generations have adopted the integration mode of adaptation to the stress of acculturation. This would explain how the pattern of suicide among Japanese-American females is generally lower than among White American females, with the exception of those 75 years and older.

There are three possible explanations for the lower suicide rates of Japanese-American women younger than 75 years old compared to White American women: 1) acculturation overrun—becoming more American than Americans; 2) positive integration in the American culture with socioeconomic adaptation; and 3) strong family ties that continue into the second and third generations.

The comparison of the Chinese and Japanese suicides in the United States is not of the same generation or of cohort of English-speaking Asian immigrants. On the contrary, many of the Chinese have come recently to the United States. Although many of these recent immigrants are more affluent, well educated, and with intact families, nonetheless, they are mixed statistically with the original cohort of Chinese immigrants, who were mostly males who were not permitted to bring their families to the United States. The Japanese, on the other hand, are mostly descended from the original cohort of immigrants prior to 1924. There are many more Japanese than Chinese who are American-born, in the second or third or fourth generation, speaking English, educated in the United States, and adapting with an integrative mode of acculturation.

The cultural dynamics in this case—and in our analysis of suicide rates among Chinese-Americans and Japanese-Americans—bring us finally to the questions of public health policy, which will be discussed more fully in the last chapter. Should the United States pursue a multicultural and multiethnic policy in regard to health as it does in education? Should we attempt to nurture self- and ethnic confidence? Should we try to promote intergroup

sharing? If such policies reduce acculturative stress, it is likely that they would also reduce the incidence of suicide. This is a matter that requires thoughtful consideration from public policymakers.

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