

**HOW PSYCHIATRISTS LOOK
AT AGING**

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Monograph 1

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Nevertheless, there are old people who develop new coping strategies and changes in their defensive structure, with or without treatment, which bring them to new levels of psychic maturity.

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An Aging Asian Psychiatrist

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INTRODUCTION

I was born in the Year of the Mouse more than five cycles ago. Those familiar with the Chinese animal calendar will realize that I am now in my middle sixties. Having qualified for Medicare, I am "An Aging Asian Psychiatrist."

My focus on cross-cultural psychiatry permits me some insight about the differences between Asians and Americans. Frequent trips to Asia have augmented my early impressions of basic cultural differences. For example, when invited to discuss creativity in Japan, I was able to reflect upon the different influences that have impacted upon Asians compared to Americans.

Perhaps a disclaimer is indicated, for Japanese are not like all Asians, even though Americans tend to stereotype Asians as all being alike. There are distinct differences between, for example, Chinese, Koreans, and Japanese, all of whom share a common heritage, including the use of Chinese characters; the influence of the Chinese philosophers, Confucius and Lao Tzu; Buddhism, which arrived from India by way of China and Korea to Japan; the use of chopsticks; and rice as a basic food (Hong, Yamamoto, Chang, and Lee, submitted). Nonetheless, there are many differences, for the Koreans are the "Irish of the Orient," while the Chinese remain the most "clan-oriented," and the Japanese tend to be the most

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family oriented (Yamamoto, Yeh, Lee, and Lin, 1988). Let me explain that I realize that all these are shared values among traditional cultures, and that Asians, whether they come from China, Korea, and Japan, or other parts of Asia, tend to come from very traditional backgrounds.

In talking about creativity in Japan, I compared the culture of the Japanese and the culture of Americans. This has also been noted by others, including Julian Leff (1988), who contrasted traditional and Westernized, industrialized cultures.

TABLE 15.1
Comparison of Cultural Values and Traditions

American Civilization	vs.	Japanese Civilization
Individualism	vs.	Familism
Independence	vs.	Interdependence
Protestant ethics: emphasis on work, science and technology; man's ability to control his environment; religious support of man's endeavors toward economic and material progress	vs.	Confucian ethics: loyalty between lord and subordinates; intimacy between father and sons; propriety between husband and wife; order between elder and junior; trust between friends
Present and future orientation	vs.	Past, present, and future orientation
Tolerance of differences	vs.	Tolerance for similarities
Emphasis on self-fulfillment, self-development	vs.	Emphasis on interpersonal relationships
Emphasis on individual achievement	vs.	Emphasis on group achievement
Emphasis on newness, change	vs.	Emphasis on newness and change in the context of tradition

Yamamoto, J. (1982). *Scientific Bulletin*, 7(2):84-85.

To return to my origin in the Year of the Mouse, five cycles ago, I should explain specifically that I was the youngest of six children. First my father came as an immigrant from Wakayama-ken, Japan, then he sent for his bride to join him. She was a "picture" bride, from the same region in Japan, whom my father chose on the basis of her picture and information from his relatives. They hoped to make their fortune and then return to Japan. Consequently, neither

of them really learned to speak English very well, although they lived most of their adult lives in America. It was the custom that the children of immigrant Japanese be sent to Japanese School (after American school) to learn the Japanese language, values, and culture. I was the only one in my family who did not attend Japanese school. This is an omission which I have come to regret in recent years because of my frequent visits to the Orient and specifically, to Japan. My Japanese vocabulary is that of a five-year-old boy, plus psychiatric terms I have learned over the last two decades. I always have to start a conversation with a new Japanese acquaintance with the disclaimer that I only understand simple (*yasashi*) Japanese. Since most educated Japanese have had at least six years of English, and many of them are able to read English fluently, I can converse with my limited Japanese interspersed with English words.

TABLE 15.2
Polar Attributes of Traditional and Modern Societies

Traditional Society	Modern Society
Group oriented	Individual-oriented
Extended family	Nuclear Family
Income-producing linked to kinship ties	Income-producing independent of kinship ties
Economic functions non-specialized	Economic functions specialized
High mortality, high fertility	Low mortality, low fertility
Status determined by age and position in family	Status achieved by own efforts
Relationships between kin obligatory	Relationships between kin permissive
Relationships determined by role and position in family	Relationships determined by individual choice
Arranged marriages	Choice of marital partner
Individuals can be replaced by others filling same roles	Individuals unique and irreplaceable
Extensive classification terminology for distant relatives	Restricted classification terminology for close relatives only
Behavior to specific kin prescribed	Great variation in kin behavior

Leff, J. (1988). *Psychiatry Around the Globe*, p. 79.

EARLY ROOTS

I was born in Los Angeles and grew up in Little Tokyo, a portion of Central Los Angeles very close to City Hall. Little Tokyo is an island of Japanese culture. All the neighbors were Japanese, as were almost all of the students in elementary school. Of course, all the teachers were white since these were American schools. Students who went to Japanese school, after American school and on Saturdays, were exposed to role models who were Japanese, both male and female.

Within Little Tokyo there were no experiences of racial prejudice, so that a child could grow up believing that the universe was Japanese and safe, since he or she lived in a culture and environment which was consonant with the values learned at home.

Once one had graduated from elementary school, it was time to attend a high school outside the Little Tokyo community. There was exposure to the greater American culture and experiences of stereotyping in various ways. In high school, the feeling of ethnic pride among the Japanese stood them in good stead. Indeed, even the teachers stereotyped the Japanese as quiet and hard-working. I remember complaining to one teacher that she expected too much homework, and she admonished me saying that she was surprised that I, a Japanese student, would complain about the amount of work since in her experience she had always found them to be not only hard-working, but uncomplaining. A non-Japanese friend said to me one day that he was going to swim at the Bimini Pools that afternoon after school, and he was sorry that he couldn't invite me to join him since I was Japanese and therefore not permitted to swim there.

Gradually, one became aware of the structure and substance of the racial prejudices prevalent in prewar California. Racism was rampant to the extent that even college graduates had difficulty obtaining positions in appropriate occupations. The predominant jobs available were as gardeners, as workers in the vegetable and fruit stands in supermarkets, or as farmers. There were small businesses in the ethnic communities, but Japanese were not permitted to own land, even though their American-born offspring were citizens. Since the people of my parents' generation were not citizens, nor were they allowed to become citizens at that time, only their children, who were born in the United States and therefore

citizens, could own real estate. This, despite the fact that the children may not be adults.

WORLD WAR II

On December 7, 1941, the Japanese bombed Pearl Harbor. I had been invited to the birthday party of a friend in a college club. With the news of the bombing of Pearl Harbor, of course, I didn't attend the party, nor did I communicate with non-Japanese friends. The atmosphere became stridently anti-Japanese. The media participated in this response to the local Japanese, including Japanese Americans.

In a few weeks, it became apparent that the government was planning to force the relocation of the Japanese from the western coastal cities where they mainly lived. In the spring of 1942, the wartime relocation began. First, Japanese and Japanese Americans were taken to Assembly Centers, then subsequently to the Wartime Relocation Centers in desolate parts of California, Utah, Wyoming, Idaho, Arizona, and Arkansas.

Today our children ask why we didn't fight against the relocation during World War II. I remember that there was a demonstration at the Santa Anita Assembly Center (Yamamoto, 1968; Yamamoto, Machizawa, and Steinberg, 1986). This happened a few weeks after we were taken to the hastily built camp. There, some had to live in stables which had recently been occupied by horses. The director of the camp decided that they must be sure there were no contraband materials such as cameras, radios, and weapons. A house-to-house search was begun. It was in this context that there was a mass feeling of protest and outrage. Having been summarily put into the Assembly Center was an outrage, and then to be told that there would be a house-to-house search of one's self and one's possessions was a further indignity. There was a mass protest in response to this. The authorities responded by sending in the army, soldiers with fixed bayonets, followed by tanks. Since the internees had no way of defending themselves, this armed intervention put a rapid end to the uprising.

It was notable that very few in the American community protested this action, and most state and federal authorities favored this act as being essential for national security reasons.

Being interned in the camps was an utterly demoralizing

experience for most of us. I lost thirty pounds, not that food was lacking, but because I was demoralized by the situation. We were taken by train to Heart Mountain, Wyoming, which is very close to Yellowstone National Park but unfortunately, does not share the scenic beauties of Yellowstone. It was a desolate part of the country, close to Cody and Powell, Wyoming, towns with populations of a few thousand apiece. The camp consisted of many blocks of barracks with black tarpapered exteriors and bare interiors. Each family lived in one space, the size of which was determined by the number of family members.

Since the camps were opened in the fall, there was time to prepare for winter in Wyoming. I had never before experienced snow or the cold. In our barrack, there was a coal-burning stove for warmth. Bare bulbs supplied the electrical lighting, and the beds were military issue cots. At some point, inmates were provided with outer coats, either army great coats or navy peacoats.

We settled into a certain routine. I worked with the camp librarian and drove a pickup truck, for which I was paid \$12.00 a month. Those with greater skills and professional people were paid commensurately more, \$16, or \$19 for those who were practicing doctors or other professionals.

In both the assembly and relocation centers, there were barbed wire fences which must have been at least ten feet high. There were watchtowers with armed soldiers and searchlights to ensure that none of the inmates escaped from the camps. In truth, the inmates were afraid to leave the confines of the camps because of the hostility of Americans in the outside world.

Finally, after almost a year of confinement, the Administration decided that they should start emptying the camps. Those who had guaranteed jobs and lodging could leave the camps to earn a more normal living. Those who had been accepted by schools could also leave the camps.

COLLEGE YEARS

I left Heart Mountain, Wyoming, in January of 1943. My destination was Hamline University in St. Paul, Minnesota. Hamline, a small college with perhaps six to eight hundred students and influenced by Methodist teachings, was accepting Japanese students. When I arrived there in January of 1943, it was very cold. I was not accus-

tomed to the bitter cold, the snow, the need to be bundled up in layers of clothing, but I learned quickly enough in order to survive. It was so cold that it was difficult to walk briskly, because it was painful to breathe. There were a score of Japanese students at Hamline, all having been released from various camps.

Because of the bitter experiences of the relocation center, I was determined to do well, and was highly motivated to study in order to be admitted to medical school. I did so, and was tentatively accepted at the University of Minnesota. In the process, I was interviewed by the FBI. The reason for the FBI interrogation was because defense contracts had been awarded to the University of Minnesota and there was a need to assure that I would not be a security risk. The interview with the federal agent was memorable, for I told him very firmly that I was loyal to the United States, would serve in the Armed Forces if drafted, and would fight for the United States against Japan. The reason for the strong emotions was my complete rejection of the relocation center experience, as an American citizen. I remember telling the agent that I did not agree with the policy of the United States in relocating the Japanese and Japanese Americans, that this was a mistake made by the government. The agent must have been favorably impressed, for I was, in time, admitted as a freshman medical student in July of 1945.

At the same time, there was a military intelligence language school at Fort Snelling on the outskirts of St. Paul, Minnesota. There, many Japanese Americans were assigned to learn the Japanese language and serve as interpreters for military intelligence. By good luck, one of my brothers was assigned there. He had been drafted into the army before the beginning of World War II. However, with the onset of the war, and the questions about the loyalty of Japanese Americans, his entire outfit was sent to Europe to fight against the Axis, but he was left behind because, given the climate of the times, the authorities chose to regard him as a potential security risk. Eventually, he was assigned to the military intelligence school. Perhaps, in Minnesota, because there was no pattern of anti-Asian prejudice and indeed some sympathy toward the Japanese because of their wartime incarceration, the positive effects of seeing Japanese American G.I.s from Fort Snelling visiting the Twin Cities on weekend leave impressed the Minnesota natives favorably.

Not only was I accepted as a first-year medical student at the medical school, but in every subsequent class, there was one other

There were experiential factors leading to my change from internal medicine to psychiatry. Louis Jolyon West was an important influence. Even as a freshman medical student, Jolly was taking elective courses. Although he did not discuss his plans openly, it was clear that his objective was to become chairman of the department of psychiatry. Toward that end, he took elective courses in psychiatry, got to know the chairman of the department, Dr. Donald Hastings, and worked diligently toward getting the best internship and residency possible.

Another factor was the experience in medical school. Donald Hastings, formerly of the 8th Air Force during the campaigns in Europe, was a very inspirational speaker in his relaxed way. He also changed the curriculum for medical students, including an outpatient elective where one could see patients together with a resident in psychiatry.

The outpatient elective was another positive experience for I had an opportunity to work with Leslie Caplan, a resident who had returned from the wars in Europe. Although our weekly outpatient therapy with a hysteroid young woman was not successful, nonetheless it was interesting and further intrigued me.

As a senior medical student, I was a junior intern in a private hospital and worked up patients who had been admitted that day. Many revealed emotional conflicts and problems, quite closely related to their prevailing complaints. One patient, a woman of twenty-one, was admitted by her family doctor with the diagnosis of acute appendicitis. She revealed how she had just broken up with her first boyfriend and was very upset about this. This resulted in her present complaint. This was another experience which showed the importance of psychosocial factors in the onset of medical illness. All of these factors, plus the influence of my wife, Maria, led me to choose psychiatry.

My psychiatric training in Minnesota was psychobiological in nature. There were no analysts on the faculty, and although some of the teachers were psychodynamically oriented, the basic educational experience was quite eclectic.

I was very fortunate in being drafted into the Army Medical Corps in January of 1953. This was at the end of the Korean War and the military was still drafting doctors, so that even though I was 4F because of my poor eyesight, I was nonetheless drafted into the military. My fortune lay in spending a month at Fort Sam Houston

Japanese American student. You might say that this was tokenism, but since none of us were native Minnesotans, this was a truly exceptional experience.

At the University of Minnesota School of Medicine, I suffered the pangs of being a first-year medical student. It was a very difficult time, and I again benefited from positive experiences. As a sophomore medical student, I was pledged by the Phi Rho Sigmas. When I pledged, I was not aware of the internecine wars that had gone on regarding opening the Phi Rhos to non-W.A.S.P. pledges (Yamamoto, in press). At any rate, they did do so in spite of the opposition of the national organization and a minority of the membership. As a member, I had the unpleasant experience of observing rampant anti-Semitism. One of the Jewish students was being recommended for pledging to the Phi Rho Sigmas. Some of the members were very strongly opposed and voiced their criticism very forcefully. I imagine there were similar discussions when my own pledging occurred. However, Jolly West, a ring leader of the group, prevailed, and so not only was I pledged, but subsequently, Jewish medical students and others. I am very pleased to be able to report that the fraternity then subsequently included not only male students, but female students too.

During medical school, I was determined to do well in order to convince the faculty that Japanese students were very serious. I was therefore very pleased to be elected to the Alpha Omega Alpha medical fraternity as a senior medical student. Our class was comprised mainly of students from the army and navy carrying out a part of their officer training program. Eighty-five percent of the students were thus male members of the army and navy. The remaining 15 percent were females and others who were 4F, older white students, and a few Asian students who were 4F. Subsequently, students included those who had already experienced the war, and came back as veterans to be first-year medical students. That caused an interesting experience for upper-class medical students like myself encountering freshmen who were older and more experienced in the ways of the world than we were.

As a medical student, I had the happy experience of meeting my bride-to-be, Maria Fujitomi, who had been sent to a different relocation center but came as an undergraduate to the University of Minnesota. She was a psychology major, and was working toward a master's degree in social work.

in San Antonio, Texas. There were 80 degree temperatures throughout January. When I left Minnesota, it was 30 degrees below, a 110-degree difference that worked in my favor.

Since my training at Minnesota had been entirely with white patients, my experiences in the army at Fort Lewis, Washington; at the University of Oklahoma School of Medicine; and in Los Angeles at USC and UCLA, working with a broader cultural mix widened my cultural perspectives. Psychoanalytic training has added a dynamic view which has been useful to me in the evaluation of patients and their conflicts.

I remember discussing my future with Jolly West, who suggested I opt for biological psychiatry. This was at a time, forty years ago, when not much was known about the biological issues in psychiatry. Instead I opted for psychoanalytic training, which was influenced by the popularity of psychodynamic psychiatry in that era, and also, because of the internecine wars in Oklahoma City. There were two factions, the biological faction led by a leader of psychiatry in that area, and the psychodynamic group led by the training analyst who had his group of analysts. Indeed, when I arrived in Oklahoma, I was struck that one of the candidates who interviewed me attempted in both subtle and not so subtle ways to persuade me to become a psychoanalytic candidate and analyst. The biological and analytic camps each feared defection to the other; therefore, when I arrived I was an object of suspicion and uneasiness by members of both camps.

LOS ANGELES AGAIN

In 1958, I returned home to Los Angeles, and joined the faculty at USC. This was during the period when the emphasis was on psychodynamic psychiatry. The chairman of the department, Edward Stainbrook, was himself a psychoanalytic candidate. During the time I was at USC, Franz Alexander was an active teacher on the faculty. Subsequently, an endowed chair was established in his name. Judd Marmor, who was the director of psychiatry at Cedars Sinai department of psychiatry, became the first Franz Alexander Professor of Psychiatry.

Throughout my academic career, I have seen patients for sometimes as many as fifteen hours a week; most recently, perhaps for ten hours a week. In Los Angeles, I have seen whites, Asians, and

other minority patients. I have learned about cross-cultural factors through experience with patients of diverse ethnic backgrounds.

In 1964, the American Psychiatric Association met in Los Angeles. At that time, I made efforts to be hospitable to colleagues from Japan, including an invitation to lunch. It was quite a chaotic situation, for my Japanese colleagues were not accustomed to ordering the lunch of their choice. An empathic Japanese host would have ordered a lunch which would have been acceptable to the average expectable Japanese psychiatrist. I didn't know enough to do so at the time, so there was much vacillation on the part of my guests. Through this contact, and the example of Isadore Ziferstein, who was of Russian descent and had received a Foundation Fund grant to study psychotherapy in Russia, I applied for a similar but smaller grant to study mourning in Japan (Yamamoto, Okonogi, Iwasaki, and Yoshimura, 1969; Yamamoto, Okonogi, and Iwasaki, 1969). Thanks to my experiences on the Foundation Fund grant in Japan, and the work with ethnic minority patients at USC, my interest in cross-cultural psychiatry was nurtured.

With the focus on cross-cultural psychiatry, I have had the opportunity, especially since joining the UCLA faculty in 1977, to sharpen my cross-cultural research endeavors. In the last decade I've been to Japan and other Asian countries approximately once a year. As a consequence, my focus on cross-cultural psychiatry, specifically related to Asian Americans, has become much more extensive (Yamamoto and Iga, 1974).

AGING AS AN ASIAN AMERICAN

Ten years ago, in the middle of my fifth decade of life, I was asked to participate in a panel for medical students. Our task was to discuss our experiences, depending upon what age we were. The younger faculty members talked about their experiences in the twenties, thirties, and forties, and it was my task to talk about the fifties. I commented that I was very pleased to have a quartz digital watch which was unerringly accurate, one of the few attributes I had which was functioning without impairment. At that time, I was aware of gradually diminished memory in contrast to the eidetic imagery in memory which I had had as a medical student. I could no longer remember whole pages of text, indeed, I was lucky to be able to identify which textbook a quotation was from. Gradual physical

frailty has compounded the situation so that I have an appreciation for perfect functioning even in my quartz wristwatch.

My cross-cultural research has highlighted my own personal experiences. In some ways it is as if I live two lives. As an aging Asian American psychiatrist in America, the reaction is less positive. The students want to be where the action is. They find it easier to identify with younger faculty members who hold the promise of new improved treatment methods. In contrast, when lecturing in Asia, I found the students to be awesomely polite and respectful. There are no questions from the students for it is considered disrespectful to question or comment on the revered authority figure's presentation.

Throughout Asia, the aged are respected. This goes back to the teachings of Confucius who said filial piety is one of the most important values. The elderly are to be respected and cared for. This is confirmed by data that show a relative paucity of elderly Asians in U.S. nursing homes compared to other ethnic groups (Liu and Yu, 1985). This Confucian emphasis on filial piety can be best demonstrated by the treatment of the elderly by Asian offspring, although inevitably the nature of the devotion has been diminished and changed by acculturation (Yamamoto and Wagatsuma, 1980). My mother's generation expected that their children would take care of them. Thus, it was not surprising that at age five I said to friends, "When I grow up I'm going to buy a Cadillac car so I can drive my mother around." Now, the second generation of Japanese Americans are acculturated more toward the American values of independence and so they do not expect their children to take care of them to the same extent. They have to be strong enough financially, and independent enough emotionally, to be able to make it on their own with the younger generations living in the nuclear family situation much more often than was the case a generation ago.

There is a continuing contrast between experiences in Asia and America. I often return from trips to Asia with a glow, which is no doubt related to the very respectful treatment I have received there. In America, I suffer the treatment accorded to the old and used ver-
sus the treatment of the new and improved, the latter being so highly valued in this country.

Outpatient practice with patients has changed over the years. I tend to refer patients who need active treatment, such as inpatient

care, or who may need emergency interventions. This does leave the vast majority of patients who are referred for outpatient care, including those who need medications, a group increasingly frequent in my practice. Even though I have been in practice in Los Angeles for over three decades, most of my referrals come from colleagues some distance away.

An additional consideration is that having reached the middle of my sixth Chinese calendar year decade, I have to consider the long-term needs of my patients. One recent example was that of a young man in his twenties who had a history of chronic schizophrenia and needed continuing care into the foreseeable future. I advised the parents of the advantages of picking a younger psychiatrist who would be available for the next several decades.

Despite the limitations of aging, and of less active practice, I have enjoyed the opportunity to work with patients from a variety of backgrounds. One such patient is from Asia and has sexual identity problems. After an intensive workup of the patient and the family, I had the privilege and pleasure of presenting the case to Dr. Robert Stoller, who is a faculty member at UCLA and a distinguished contributor to the area of gender identity.

Another Asian patient, gave a history of a paranoid response to the spouse's putative infidelity. Since the couple had been successfully married for more than two decades, I wondered about the source of the patient's feelings of jealousy and paranoia. A flash of insight led me to understand that the patient had had problems in adolescence which led to conflict with the parents and subsequent formation of a self identity that included being a person who is not a part of the family. This is a very important variation of the usual strong tendency for Asians to be family members and obligated to the parents and siblings as such.

GENERATIONAL ADVANTAGES

Kristina, our older granddaughter, was born in the Year of the Mouse, this present cycle period. She was a wonderful gift to my wife and myself, for she was a daughter, albeit a granddaughter. Having had two sons and no experience in raising a daughter, it was a special pleasure to be able to see Kristina as she developed. When she was six months, she developed an extraordinary shyness, so uneasy when she was with strangers that poor Uncle Eric, who had been

People have different concerns, depending on ethnic background. When the fears of Asians were compared to the fears of whites, it was shown that there are very distinct differences (Myers, Croake, and Singh, 1987). There are differences in the rank order of what was considered a concern. Whites tended to worry more about issues related to such things as ecology, politics, and economics. In contrast, Asians are more concerned about such factors as aging, illness, or crime. Thus, Asians would be more likely to suicide if ill, through concern about being aged and of less use (Yamamoto, 1989b).

As I work on this chapter, I have returned from a moving experience in Washington, DC, where I participated in the 2nd Annual Walter H. Bradshaw, Jr. Memorial Symposium. There were four of us presenting, including James P. Comer from Yale, Manuel W. Roman from the Washington Psychoanalytic Institute, and Philip Katz from Manitoba, Winnipeg. All of us spoke about culture as a factor in the therapeutic situation. My topic was "Cultural Issues in the Therapy of Asian Americans." In the afternoon, there were workshops, and Dr. Jose Angel Gelpi and I led a workshop on the impact of culture on family dynamics. At this time we introduced ourselves, and I told the group something about my own experiences growing up as a Japanese American in Los Angeles several decades earlier. I mentioned that my mother had been a "picture bride," that she and my father had not met prior to her arrival in the United States after a long journey by ship from Japan. What I did not know and understand as a child was that this was the custom in traditional cultures. Marriages are arranged by the parents for the benefit of the family. Now, it is apparent that the new system where one finds a mate oneself has merits, but the old system, which included the advice of the parents on both sides, also had advantages of picking mates of like backgrounds, heritage, and values.

During this symposium, I had a chance to talk very briefly with James P. Comer, and purchased a copy of his book, *Maggie's American Dream* (1988), a very moving discussion of his mother's early life. He very graciously inscribed the book for me and I have just finished reading it. The book is in three parts: his mother's dreams of education for the children, the autobiography of James P. Comer, and the third section about the research he has led at Yale on improving the education of disadvantaged and minority children from elementary school on. It can be said of Dr. Comer that he has

playing with Kristina every week, every month of Kristina's young life, suddenly became a stranger to her. Prior to this Kristina had been playing with Uncle Eric every time he visited. At six months old, she began to cry in terrible fright when Uncle Eric tried to play with her, or to carry her. This continued from age six to nine months. The family was relieved to see the videotape on infant development featuring the work of Jerome Kagan, who showed that 15 percent of children have this extraordinary shyness with strangers. This is in contrast to the ordinary separation anxiety exhibited by all children between the ages of six to nine months, and as a part of their developing differentiation of their mother and strangers. It appears that not only does Kristina share the animal designated for our respective birth years, but she has this extraordinary shyness which has affected her behavior with strangers, even now, although she is now much more comfortable when approached by a strange person than in the past.

I, myself, was a shy child. Some of this must have been manifested in a more than average case of stage fright which in the past used to keep me from presenting papers as often as I might. In recent years, through repeated exposure and efforts, the stage fright has been overcome. I have had to take extraordinary measures, such as reading out loud two or three times a week, in order to overcome this problem, which included a certain tension within the voice box and speech musculature resulting in a pinched, barely audible voice. Now, with the extinguishing of the major aspects of the stage fright and through repeated exposure and experience, this is no longer a problem. Thus, from being raised as a quiet and contented Asian American, I have become a less quiet, albeit still contented one.

The cultural meaning of the Chinese calendar has been interpreted as foretelling the future. Although I am well aware of the fact that fortune tellers may attribute significance to the Year of the Mouse, I have not considered this as a significant feature in determining my destiny. Undoubtedly in the future I will investigate this information gap.

Part of the experience of aging is a knowledge that life is finite. This was most dramatically brought to bear with the recent death of a colleague and friend, Ransom Arthur, a distinguished professor at UCLA. He had just retired some months earlier, and died tragically of an infection while traveling abroad for pleasure.

fulfilled his mother's dream and that both his parents are certainly proud of him.

I am also preparing, at the same time, for a symposium in Taipei, Taiwan, which will be chaired and has been organized by my long-term colleague and friend, Professor Eng-Kung Yeh. For this meeting I am preparing a presentation on "Cross-Cultural Psychiatry—Taipei and UCLA" (Yamamoto, 1989a). Subjects of discussion will be past, present, and future research in collaboration with Professor Yeh. He has reached sixty-five, and will be retiring as director of the Taipei City Psychiatric Center. My hope is that we will be able to continue to explore some of the questions that have been raised by our collaborative research and studies over the past years. Questions to be answered are: (1) Are the Chinese really less psychiatrically disordered than Americans? (2) Do the Chinese present depressive syndromes in a separate and different manner as compared to Americans? (3) Confucian teaching forbids revealing feelings because to do so suggests a lack of harmony, psychiatric disorder, and emotional turmoil; is this likely to bias the results in epidemiological studies? (4) Are there ways of studying the response tendencies of Chinese compared to Americans when confronted with questions related to mental health and mental disorder? (5) If the Chinese actually drink far less than Americans (and Japanese, and Koreans), how much of this difference is related to culture and how much to biology? There remain many questions to be addressed and answered in the future.

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