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In 1970, Japanese Americans were the most numerous Asians in the United States. However, by 1980, their number had been surpassed by a great increase in the number of Filipinos, Chinese, Southeast Asian refugees, and Koreans. In the 1990 census, Japanese Americans in the United States numbered 847,562, accounting for 0.34% of the country's population (Japanese American National Museum, 1991).

In viewing the development of Japanese American children, the relevance of factors such as ethnicity (compared to other Asians), generation and social class are very apparent. Around the turn of the century, the first migration of Japanese to the

United States was made up of waves of young men who left Japan to earn a fortune in America and who then planned to return to their homeland as rich men. Most of these men came prior to 1924, when the Oriental Exclusion Act was passed (Kitano, 1976).

There are historical differences in the Japanese population. At the outset, the Japanese were not treated as badly as were the Chinese, perhaps because Japan had won a war against Russia just after the turn of the century. Despite their more favorable treatment in the state of California, there were nonetheless many discriminatory acts against the Japanese, such as laws prohibiting land ownership, denial of citizenship, and segregation of residential areas. Discrimination was widespread, and in that day there were no fair employment acts. Compared with the Chinese and Filipino

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nos, however, there was one important difference, namely: The Japanese men were permitted to bring their brides to the United States.

World War II made a tremendous difference in the treatment of Japanese Americans. In particular, 120,000 Japanese Americans, whether citizens or noncitizens, were "relocated" into ten camps in the heartland of America during the war (Yamamoto, Machizawa, & Steinberg, 1986): Gila River and Poston, Arizona; Granada, Colorado; Heart Mountain, Wyoming; Jerome and Rohwer, Arkansas; Manzanar, Minidoka, and Tule Lake, California; and Topaz, Utah (Armor & Wright, 1988). This experience was a turning point. Until the beginning of World War II on December 7, 1941, Japanese Americans had for the most part lived in ethnic islands, such as Little Tokyo in Los Angeles and Terminal Island, or in farming communities. With the advent of World War II, however, heightened anti-Japanese racism became prevalent all along the Pacific Coast. The Japanese were "relocated" and the order of their lives shattered. Among other things, this process disrupted the normal flow of family authority.

Before World War II, the first generation to come to the United States (*issei*) were the authority figures, with the father heading the household. Just as in Japan, the father was treated with respect and deference and awarded the customary courtesies of authority. Like the Chinese and Koreans, the Japanese also were influenced by the teachings of Confucius, who advocated loyalty between lord and subject, order between senior and junior, propriety between husband and wife, intimacy between father and son, and trust between friends (Herbert, 1950). After the wartime relocation center experience, the traditional patriarchy was rendered helpless, and the power in the Japanese American families passed to the second generation (*nisei*) who could speak English and communicate with camp administrators.

Prior to World War II, because of the racism directed against Asians on the West Coast, college graduates had difficulty obtaining middle-class and upper-middle-class jobs. In the wake of the wartime relocation center experience, some Japanese Americans left the camps to work, to go to school, and to continue their lives away from the Pacific Coast. As a result, this cohort underwent a more rapid acculturation. Since the war, two

additional generations have been born, the third generation (*sansai*) and fourth (*yonsei*).

In recent years, only a limited number of Japanese have arrived in the United States. Most have come as employees of Japanese corporations, assigned to spend 3 to 5 years in the United States representing their home companies. In contrast to the previous wave of immigrants from Japan, these company men plan to go back to Japan. Their futures are brighter because of their experience in a foreign land. With a clearer understanding of the different culture of the United States, they will be able to work more efficiently for their companies.

At the same time, there have been changes among the Japanese within Japan itself. The study by Kono, Towle, and Harford shows that in Japan men drank much more heavily than did the Japanese American men in Oahu, Hawaii, and Santa Clara, California. The number of Japanese women who are drinking, some heavily, also has increased (however, not as much as in the United States). The Japanese in Japan are also changing. Just as the Japanese Americans have changed with acculturation, in some ways, the Japanese in Japan are becoming more cosmopolitan while remaining traditional in other ways.

In Asia, the cultures are evolving rapidly toward industrialization. However, changes toward a more democratic and egalitarian family structure have been less rapid. The teachings of Confucius are still held in high esteem, with great emphasis on filial piety, the differences between male and female, and the ideology of primogeniture (Herbert, 1950).

The Acculturation Process

Within the United States, many changes have occurred due to acculturation (Yamamoto & Wagatsuma, 1980). Inter marriage has increased tremendously. In Los Angeles County, the percentage of marriages to non-Japanese varied from 51 to 63%, remaining at approximately 51% in the most recent study (Kitano, Fujino, & Takahashi, in press). An interesting phenomenon is the fact that women tend to outmarry more often than men. For exam-

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ple. in 1977, 60.6% of Japanese American women outmarried versus 39.4% of the men; in 1984, 60.2% of the women outmarried versus 39.8% men; and in 1989, the figures were 58.3% for the women versus 41.7% for the men (Kitano et al., in press).

Japanese Americans have changed considerably, with each cohort's characteristics depending on their generation. The first generation Japanese Americans were an ethnically homogenous group, and there was very little outmarriage among their immediate offspring. However, since the third and fourth generation, the outmarriage rates have increased tremendously, so that there has been a discernable dilution of the original Japanese cultural values.

There may be a similar weakening of the strong family ties that were once the hallmark of Japanese Americans. Today, for example, it is less likely that the elderly will be taken care of by their children. One author recalls being socialized to want to take care of his parents so that when he was 5, he said to his mother, "When I grow up, I'm going to buy a Cadillac car so I can drive you around." Third- and fourth-generation Japanese Americans do not retain these values. However, along with the more traditional Japanese, they do accept the importance of filial piety and helping take care of their parents to a much greater extent than the average American.

In order to understand Japanese Americans who are not acculturated, it is important to consider the much greater emphasis on family ties in the Japanese culture (Kitano, 1976; Lebra, 1976; Roland, 1988; Yamamoto & Wagatsuma, 1980). One example is how Japanese families will help a family member to attend college. All family members will contribute so that the one member may have this advantage. To most Japanese Americans family ties are important, and the relationship among family members is stronger, on average, than among European Americans.

Since Japanese Americans are Asians, they cannot participate in the melting pot. As long as the physical ideal is that of a European American, someone with an Asian physiognomy does not fit that ideal. To that extent, the acculturation of Japanese Americans is hindered. This situation is changing in two states in the United States. Hawaii had undergone this transformation a long time

ago, so that in recent years, the governor, senators, and congresspersons are all Asians. In California, with the state's changing demography and, in particular, with 10% of the state Asian American, it is much more possible for Asians to become political and industrial leaders. However, the possibility is all too often not a reality, and the frustrations and disappointments related to the glass ceiling may cause enough stress to lead to some cases of depression among Asian Americans. (Although there are no data to support this contention, we offer it as a reasonable assumption.) Some marginal Japanese Americans may participate in Asian gangs, a phenomenon that is an increasing problem in California. Currently, Japanese Americans participate in such gangs at a lower rate than the newer Asian immigrant population.

Development of Japanese American Children

Since Japanese Americans were discussed by Kitano (1976) and Yamamoto and Iga (1983), the picture has changed, mainly because of the high level of intermarriage among the young of this group. By and large, outmarriages occurred with Americans (European Americans, Hispanic Americans, Asian Americans, American Indians, and African American); ultimately, they had the effect of diluting the traditional cultural values and led to more rapid acculturation. Of course, where Asian Americans married Asians, the movement toward acculturation may have been diminished. At any rate, the situation is quite diverse and complicated. The authors hope that the emerging diversity will perpetuate some of the strengths of the Japanese American cultural values such as strong family ties, respect for the elderly, an emphasis on education through diligence, and an emphasis on empathy and interpersonal relationships.

The first and second names of a Japanese American child give a cue as to the degree of acculturation of the family. The first generation had only Japanese given names. The second generation often had both an American and a Japanese given

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name; in the third and fourth generations, the customs have varied tremendously. In general, the more acculturated the family, the more American the given names.

As noted, the Japanese are very family oriented. They are also very hierarchical and sexist in orientation. The MacArthur Constitution, which was imposed on the Japanese after World War II, tried to make the situation more equal for men and women. To some extent, it has succeeded; nonetheless, as in many cultures in Asia, the authority structures are vertical, hierarchical, and sexist. If you ask first-generation or second-generation Japanese Americans what they value, they will respond in terms of the strong family ties, importance of diligence and perseverance, the ability to withstand negative stressors, and the capacity to persist toward achievement for one's family and one's self. In addition, honesty, reliability, and the avoidance of difficulties that would reflect adversely on the Japanese-American community have long been valued.

The development of Japanese American children may be affected by the close family ties and the Asian attitude about the importance of diligence in educational progress (Stevenson, 1992; Yamamoto & Iga, 1983; Yamamoto & Kubota, 1983). Inevitably, conflicting demands will be made on the Japanese American children, depending on their generation; in the nature of things the third-, fourth-, and fifth-generation Japanese Americans are likely to be increasingly acculturated and much more "American" in their values. What will be preserved? The answer to this question will have to await future research. Our belief is that some of the Japanese values about diligence will be maintained, tempered, however, by such American cultural values as the importance of individuality, recreation, and social activities.

Mental Health Issues

The prevalence of mental disorders among Japanese Americans is not known. There have been two studies of the effects of the relocation center experience; these revealed issues related to the aversive effects of being incarcerated (Leonetti,

1983; Yamamoto et al., 1986). In a nonrepresentative study of elderly Japanese Americans who recalled the relocation center experience during World War II, it was found that a high percentage, approximately 10%, presented a symptom profile that led to the diagnosis of major depression (Yamamoto et al., 1986). In addition, approximately one-third recalled the wartime relocation experience as having had adverse effects on them (Yamamoto et al., 1986). Perhaps a logical explanation would be that a bad experience, such as being incarcerated, may predispose a person to major depression (just as women who are raped subsequently often experience a major depression).

Among Asians generally, the high stigma associated with mental illness has led them to avoid mental health care, both in Asia and in the United States (Hwu, Yeh, & Chang, 1986; Sue, 1977). However, as the Japanese acculturate, those who need mental health services may more appropriately use them as do other Americans, albeit still at a somewhat lesser rate. For example, in Los Angeles County, the use of mental health services by Asian Americans (the figures are not available specifically for Japanese Americans) is about 40% of their proportion in the population (Mochizuki, 1975). Since no major epidemiological study has been done in Japan, we cannot even turn to results from the homeland. However, a still-to-be published telephone survey using a portion of the National Institute of Mental Health's Diagnostic Interview Schedule Version III in Japan reveals that the prevalence of major depression there was approximately 5% (Yamamoto & Machizawa, 1993). This is comparable to the prevalence in the United States, higher than the prevalence in Korea (3.5%) (Lee et al., 1990a,b), and much higher than in Taiwan (0.9%) (Hwu et al., 1986).

One of the important mental health issues is the high prevalence of suicide among elderly Japanese males and females (Yamamoto, 1989). A study by Annie Diego and Joe Yamamoto shows that the hypothesis that suicides among elderly Asian women were related to cultural conflicts with the younger generation was not true (Diego, Yamamoto, Nguyen, & Hifumi, 1994). The women who committed suicide were well connected with their children but committed suicide because they were depressed, chronically physically ill, or for other reasons unrelated to culture conflicts.

Kari Yoshimura completed an interesting study

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entitled "Acculturative and Sociocultural Influences on the Development of Eating Disorders in Asian American Females" (1992), which examines, among other things, the relationship between symptoms of eating disorders and acculturation. The 31 Asian American females who participated in this study indicated that they had experienced symptoms of eating disorders (anorexia nervosa or bulimia), either currently or in the recent past. Their ages ranged from 16 to 39 years with an average of 23.1 years. Ten were Japanese Americans, 9 were Chinese Americans, 6 were Korean Americans, 4 were Filipino Americans, and 2 were Vietnamese Americans. Eleven were first generation, 7 were second generation, 9 were third generation, and 4 were fourth generation. Twenty-seven were single, 3 were married, and 1 was divorced. Twenty were students, 3 were semiprofessionals, 2 were in sales or clerical work, 2 were in professional or high-level administrative work, and 4 in other work not specified in the questionnaire.

The issue of antisocial acting out is an important one. In the past, the Japanese were socialized to be exquisitely aware of behavior that might have an adverse impact upon the Japanese community (Kitano, 1976). Now, with increasing acculturation, and outmarriage, the behavioral norms have changed more toward the behavioral norms of Americans generally. The fact that the emphasis on education and diligence has permitted Japanese Americans to advance educationally and, therefore, socioeconomically has been a positive factor.

A study of 800 children to determine whether they were seriously emotionally disturbed had very few Asian-Japanese American members (Q. James, personal communication, 1993). Compared to the low divorce rate among the first generation of Japanese Americans, the prevalence of divorce has increased dramatically. This situation will certainly have an impact on the children, for divorce may be dangerous to their mental health.

There are no systematic studies of the mental health of Japanese American children. One can only speculate about the nature of the significant variables. One important issue may be that in the past, when the first and second generation Japanese Americans lived in the United States, they occupied ethnic islands which were havens of safety for them, since the students in the schools

were Japanese-Americans (the teachers were not), and their associations were essentially in a Japanese-American community. Indeed, the first generation Issei parents could live and die in Little Tokyo without learning to speak English. With the advent of fair housing, and the dispersion of the Japanese Americans from totally Japanese communities to neighborhoods with greater representation of Americans of European, Hispanic, African, American Indian and Asian backgrounds, all this has changed. This is progress in a sense, but with a diminishment of the social supports and solidarity which were present in the past.

There are no epidemiological data about the development of Japanese American children, or about the prevalence of such emotional disorders as might beset them. The only relevant data are studies of the elderly Japanese done by Yamamoto et al., (1985). Using the Diagnostic Interview Schedule Version III, the figures demonstrated that the prevalence of psychiatric disorders was substantially lower than among young American adults and comparable to the findings among elderly Euro-Americans in the Epidemiological Catchment Area studies. There were two significant findings, namely: the prevalence of cognitive impairment in very old (over 80 years of age) Japanese Americans and a high prevalence of major depression among those Japanese American elderly who had been relocated during World War II. One-third of them still recalled the injustices with bitterness, resentment, and feelings that their health had been impaired (Yamamoto et al., 1985).

Data on Japanese American children seen in the Los Angeles County Mental Health system during the years 1962 to 1968 may provide a picture of the distresses in this population that present for mental health services. The 153 first-time child clients in this sample ranged in age from 3 to 17 with a mean age of 12.9 and a modal age of 16. Forty-six percent of the sample were female and 54% were male. Adjustment disorder (26.1%), child conduct disorder (19.0%), other child/adolescent disorder (11.8%), nonpsychiatric condition (7.8%), major depression (7.2%), and affective/other disorder, atypical (7.2%) were the six most common admission diagnoses given, totaling 79.1% of the population. Comparison with the Caucasian population yields both similarities and differences. The Caucasian sample ranged from 0 to 17 years in age with a mean age of 11.6, which

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was significantly lower than that of the Japanese American sample ($p < .0001$). The modal age of this population was 15. Japanese American diagnoses differed somewhat from that of the Caucasian child population, where adjustment disorder (34.1%), child conduct disorder (15.0%), other child/adolescent disorder (11.2%), affective/other disorder, atypical (9.9%), deferred diagnosis (5.1%), and anxiety disorder (4.3%) were the six most common admission diagnoses, totaling 79.6% of the population. The percentage of female and male clients in the Caucasian sample did not differ significantly from the Japanese American population, with 43% female clients and 57% male clients.

Differences in Conceptualization of the Self

Increasing evidence suggests that the conceptualization or definition of self differs in Japanese and in Western society (Landrine, 1992; Roland, 1988). Roland introduced the familial self as an additional psychic structure among the Japanese, a formulation that goes beyond the Western conceptualized individuated self. Landrine differentiated the referential self from the indexical self, which, Landrine proposed, does not exist independently from relationships and contacts and which more closely approximates how Asians perceive the self.

Markus and Kitayama (1991) proposed two construals of the self: independent and interdependent. The independent construal of the self is mostly prevalent in the Western cultures while the interdependent construal of the self is more relevant to and descriptive of the Asian cultures. Markus and Kitayama cited a study by S. Consin (1989) that found a clear difference between the concept of self among American and Japanese students. In completing statements starting with "I am . . ." Japanese students defined themselves more on the basis of roles and relationships. For

example, they would make statements such as "I am the third son." American students described themselves more with personal attributes, such as "I am intelligent." Furthermore, the proportion of attributes in their self-descriptions increases in the Japanese students when the "I am . . ." statements are qualified with specific situations.

All these studies seem to indicate that there is a difference between Japanese and Americans in their concept of the self. Differences in social structure, family values, and child-rearing practices no doubt contribute to the development of this difference. The Japanese Americans have preserved some of their traditional values, but as the number of generations increases, they are also acculturating. There is evidence of a changing style of child rearing among the Japanese Americans (Kitano, 1976). It would be most interesting to see how the progressive changes affect the development of the self-concept among the Japanese American children.

A clinical case may shed some light on the development of the self in a Japanese American boy.

CASE EXAMPLE

Kevin (fictitious name) is a *sansel* Japanese American. At the age of 16, he presented serious acting-out behavior and emotional problems; among other things, despite at least average intelligence, he was also failing school. Inpatient treatment temporarily arrested his problems, but after discharge, he quickly relapsed. Both Kevin and his family members were extremely resistant to mental health services for fear of stigma and being shamed, and they believed that strict discipline was the solution. After the legal system forced them into treatment, however, the whole extended family became involved and were very supportive of Kevin. Because of his resistance, denial, and low ability to express himself verbally, a nonverbal therapeutic technique, sand play therapy, was employed. As the representation of his self emerged in the play, it was always accompanied by representations of his family members. It was not until the last stage of the 2-year treatment that Kevin's more individuated self appeared in the play as a competitive athlete along with his peers. This symbolized his eventual adaptation to American society.

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