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On the Practice of Medicine and on the Culture and Customs in Japan—An Impression of an American Medical Student

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This report is based on my two and a half month experience in Japan. Almost all of my views herein were substantiated by readings or by the views of others, both Japanese and Americans, and I tried to stay as objective as possible. Many things that I was either unclear about or didn't know have been omitted and it is not impossible that some of the statements herein may be wrong, unclear, or debated about.

In this essay I would like to discuss my experience and impressions as an exchange student at the Tokai University hospital from 3/5/85 to 5/17/85.

Accommodations were provided by Tokai. I was met at the airport and spent the first night at the Hyatt Regency in Tokyo. My dormitory room was three minutes away from the hospital. It was spacious, carpeted, complete with a desk, bed, small refrigerator, and adjoining bathroom/shower. I was also given a food allowance which amounted to about \$1400 for two and a half months. Travel expenses to various places and hotel expenses to Kyoto (for 3 D's) were also paid for. The Japanese university was keen to make my stay convenient, pleasant, comfortable, and inexpensive.

I first studied in the Dept. of Neurology where I was treated with much concern for my education. A curriculum schedule was given to me which included rounds, conferences, and assignments to different doctors for personal instruction. Most of my instruction was in English and was usually very good. At conference or rounds someone would translate for me when

necessary.

My studies included patient examination & diagnosis, observing autopsies, nerve biopsies, rat brain procedures, EMG, tensilon tests, lumbar punctures, and research including: palatonasal air flow, cerebral atrophy, blood viscosity, and cerebral blood flow studies. I also traveled to Fuji city to see NMR imaging, to Yokohama for a conference, and to Kyoto for three days for a national stroke conference.

In summary, I learned the techniques of neurological examination, patient disease and treatment, neurological research methods, and was able to see some pathology that we see only infrequently in the U.S.. I was able to speak all the basic Japanese necessary to make friends with the patients and to instruct them in the neurological examination.

Next I studied in the Dept. of Psychiatry. At first I learned the practical techniques of EEG & EEG reading. I also saw psychopharmacologic research, biofeedback treatments, and learned about nercolepsy, and Naikan meditation therapy based on Zen-Buddism. I then visited Minakawa Psychiatric Hospital for two days where I saw in & out patients and also began work on the in-pt ward saw out-pts at Tokai. Before a patient interview I would be briefed on the case and there would be a discussion right after the interview about the patient's pathology. Because my Japanese had improved at this point I also had my own impressions of the case, and because the psychiatric doctors spoke English poorly, Japanese was very useful. At Tokai, the in-pts were main-



Tokai University Hospital, Isehara, Japan

ly neurotics. My visit to Minakawa Hospital enabled me to see psychotic patients.

My last weeks included a visit to Keio University where I observed techniques of eye movement tracking, evoked potential experiments on psychiatric patients, EEG wave density maps, and the only 3-D color coded graphic display of the visual evoked potential in the world. I also spent a day at a Morita clinic, and studied Morita therapy in-depth by reading many articles. Morita therapy is another meditation therapy based on Zen.

A funny thing happened once because I couldn't read Japanese. At a conference in Yokohama I thought the receipt to get the car at the garage was garbage and threw it out. We found it but realized that it was risky to leave me with important documents!

One special experience was a visit to the Tokai laminar air-flow bio-clean room where patients awaiting bone marrow transplants are given psychiatric support.

Here I should discuss a brief history of Japanese psychiatry. During the Meiji restoration in 1868, Japan opened its doors to foreign culture after over 200 years of self imposed isolation, and psychiatry became heavily in-

fluenced by the German biological approach. After WWII more dynamic ideas filtered into Japan, however, even today only about 5 of 80 medical schools are dynamically oriented. Tokai is one of those 5.

One reason that dynamics has not become popular may be that in Japanese custom there is less emphasis on physical contact. For example hand shaking, hugging, kissing, etc., are not proper types of interactions in traditional Japanese custom. Some of these actions are considered to express sexual behavior and as sexuality is suppressed it may be one of the reasons that the biological approach to psychiatry is so readily accepted.

The Japanese psychiatrists though realize the importance of modifying the type of therapy to the type of patient. Some patients benefit most from the dynamic approach and some are best doing meditation therapy or having biofeedback or behavioral modification.

Now I would like to discuss some of the differences between Tokai and U.S. hospitals. At Tokai the residents are generally younger and more inexperienced at practical techniques than in the States. In Japan, medical school is 6 years long starting after high school, and the

medical students are not allowed for legal reasons to perform procedures, not even take blood.

Because the educational systems do not parallel each other it is very difficult to equate Japanese and American medical students or residents in abilities. The experienced Japanese doctors seemed to be on the same level of competence as in the States. Another difference was that the Japanese residents once at the PGY-3 level are required to be involved in more research oriented endeavors to the point that most of their time may be spent in the lab.

The medical student curriculum differs in several respects. First, there is no liberal art course load. Besides courses in English and German the curriculum consists only of science and medicine. Second, is that clinical experience amounts to total of one year and the rest is class work. The Japanese clerks are also much more just observers than participants as we have in the States.

Japanese students are also very reserved and rarely ask questions. The doctors all thought it was curious that I asked many questions about the patients diseases and treatments.

In general the Japanese people come across as shy. There is a decreased expression of ones feelings in order to avoid any ill reaction by others. Because of this many Japanese are easy to get along with, but it can be difficult to get your Japanese friends to express their opinion on an issue for fear it will cause a conflict.

Other differences were that there is no elective time in the curriculum and that the female students make up only about 15% of the student body.

In general the Japanese work more than in the States. They have a 6-day work week with only one free Saturday a month. Work days tend to be 10–16 hours long. In some situations however calling for negotiations or decision making, the Japanese may spend much more time in discussion than in America to attain a decision. They also tend to spend much time in commuting to work and in work related travel.

The Japanese marital system has a great effect on the female doctors and nurses. Because all the men work so much, the women are delegated to tend to the house and child rearing. Usually the children have a much closer

relationship with the mother and less time with the father than in the States.

I found that the nurses were generally younger than in the U.S.. I observed nurses who left their jobs upon marriage in order to maintain the house even if there were no children yet. This may lead to a younger and more inexperienced nursing staff than in America.

Japanese women usually marry in their early twenties. It may be very difficult for a woman over 30 to find a mate. There is less emphasis on individual subsistence, divorce is much more unsanctioned by society than in the States, and there are less chances for older unmarried individuals to meet. The older nurses at the hospital were few in number, usually single, and may be heard to be referred to as "Oba-san" or old maid (lit. Grandmother) behind their backs.

The female doctors may also have trouble marrying. Men traditionally want a mate to tend to the needs of the house and children and may shy away from a career oriented woman. Many do marry but it's not uncommon to find a female doctor dedicated to medicine and who has resigned to find a mate.

It's much harder in Japan to find such services as babysitters, maids, day care centers, etc., that cater to career oriented women.

Another difference to American custom is that at times of job-based social events only those employed would attend. It was not custom for spouses to be present. This would also manifest on business trips where the husband would travel for up to weeks at a time without his wife.

It was also interesting that at social events it is quite acceptable to act out in otherwise embarrassing ways. If a boss acts in some strange ways at a company party because he is drunk, he is still respected the next day at work. Rarely though would there be any violence associated with alcohol ingestion as we see so often in the States. Classically, Japanese men's faces get bright red and flushed when they are drunk. This was very striking to me and I have not as yet found out the exact physiologic mechanism.

Now I would like to discuss the Japanese view of foreigners. Because Japan is an island and because of the 200 years of cultural isolation, the Japanese are very interested in foreign culture. Many aspects of Japanese culture have been assimilated throughout the centuries from

other people. Some of the more obvious examples are the use of Chinese characters and the influence of Buddhism.

Since WWII we see a form of westernization in the use of western clothes, western music, business structure, technology, etc.. This may be very misleading because this westernization is very superficial, covering over a very oriental base of culture, upbringing, and attitudes. This may also become a nidus for conflict and the genesis of psychopathology. Traditionally they are a very dependent society (called "amae" or feelings of amaeru) and the individual independence that is needed to compete in the westernized job market may provoke the development of the classic Shinkeshitsu neurosis. One example of this lack of independence is the lack of elective time in the medical student curriculum.

Classically, the Japanese are described as feeling superior to all other orientals and inferior to the occidental races. Westerners are usually treated very well and they are often more helpful to us than to themselves. One of the reasons is that they respect the high degree of technology, arts, & the standard of living that we enjoy in the U.S., and they want to learn from us so that they may better themselves.

An American in Japan may be able to break all social barriers and make friends with mere laborers as well as chiefs of medicine. Some Americans who are not very popular in the States come to Japan, find their social life is plentiful, and decide to spend the rest of their lives in Japan. The only problem with this is that there are few or no social services to aid the elderly foreigner who is too old to continue at his job.

I must mention however that no matter how long a foreigner may live in Japan or how perfect they may be able to read, write, speak, and know the fine points of the culture, they can never assimilate into the Japanese society as a foreigner may do in the U.S.. There is much more of a native/foreigner distinction made in Japan than in the U.S.. More than once I heard people say "Gaijin" (foreigner) as I walked past, and much to their surprise I would say "So des ne" (that's right).

Although they don't have the blatant racism that we have in some areas of the States, it may still be very difficult for a foreigner to become

a functional integrated member of the Japanese work force in a position not normally allotted to foreigners (i.e. -English teacher), even if they have mastered the language.

Usually foreigners are considered to be "different" without a great deal of better or worse emphasis. This difference though, relates to the high degree of conformism to a prototype necessary to be successful in Japan. The social image one emits is very important in Japan. Any deviance from a narrow norm might provoke social scrutinization by others and anxiety in the deviant individual. Foreigners cannot help but to be different, and although it is accepted that they are different, the problems of assimilation mentioned above still exist. Even Koreans born and raised in Japan have difficulty obtaining citizenship. Being born in Japan does not automatically entitle you to citizenship as it does in the U.S..

I must clarify that the Japanese consider certain groups of foreigners better or worse on a global scale and just different on more of an individual basis.

In Japan one notices the degree of sameness soon after arrival. All the men wear solid grey or black suits and plain ties and shirts. Hair styles are usually the same as well. Men are usually formally dressed no matter what the occasion. Hobbies and interests also tend to be similar. It is rare to find a Japanese person that does not play tennis, ski, and golf.

School children through high school are seen in uniform. Girls wear what resembles a U.S. navy uniform and boys dress like West Point cadets. More than once it was mentioned to me that there are many military-like regimenting customs in Japan, School is also 6 days a week.

This sameness may also be misleading to the casual observer. The conformism is very much directed toward a social image and under this one finds much more of a diversity in personalities. This may only be revealed after a longer interaction with the people and after friendships are made. Ability to speak Japanese also allows a greater understanding.

The high degree of social sensitivity was evident to me in two interesting situations. One was that on the train everyone seems to either read or sleep. Of course we do the same often in the States, but it was more striking in Japan. Very often a book would fly open or eyes would

close before a person even got settled in their seat. In psychiatry I learned that these activities effectively cut a person off from outside social interaction and shield them from possible anxiety provoking eye contact situations. This is called anthropophobia and can reach pathological levels in the Shinkeshitsu personality.

Another situation that I alluded to before, is that in a Japanese conversation the main object is to have a pleasant conversation and not to come to some conclusion or goal. They are very sensitive to others' reaction of what is being said and dislike stepping off neutral ground.

One striking example of nonconformism is a "punk" style of hair and dress in some circles of the younger generation. Although they are usually very flashy in dress and hair style, and being deviant from the norm, they are all very conformist with in their own group. Many Japanese psychiatrists seem to feel this is good for the attitudes of the people and may help to instill some degree of an independence and individuality in them.

Before going into some of the attitudes toward disease, I would like to say a few things about Japanese language and religion.

The Japanese language consists of three sets of syllabaries. Two were developed in Japan, have a phonetic meaning, and about 75 letters each. The other was borrowed from the Chinese, has a conceptual as well as a phonetic meaning, and 2,000 characters are required to be learned in school. Although it takes a lot of study to master the Chinese characters, and they can be forgotten if one does not use them regularly (ie-prolonged work in another country in another language), they have the advantage of having an unambiguous meaning at a glance, they are part of the Japanese culture, and are used as often as possible in writing.

One of the Japanese syllabaries, Katakana, is usually used for words of foreign origin. For example, I was given an ID card with my name in Katakana. Well, because of my "When you're in Rome do as the Romans do" attitude, I requested to have my name in Chinese characters as all the Japanese people do. Traditionally foreigner's names are not written in Chinese characters and this request created a confusion among my Japanese colleagues. I was told that the characters had a certain "feel" to them and one got a certain "feel" about another by the

types of characters they used for their name. This seemed to reflect another example of the native/foreigner discrimination in Japan, but, because I was in a position as a medical student (not normally allotted to foreigners) and because of my sincere desire to assimilate and learn about Japanese customs, I was granted a name in Chinese characters as long as I wrote the English below it. My name's meaning was "Feather Festival".

The basic religions are Shintoism and Buddhism. Shintoism was developed in Japan and is based on Confucianism and ancestor worship. Buddhism was imported from India via the Chinese.

Although the Japanese culture seems to thrive on the images of the temples and Buddas it projects, the Japanese are more of an agnostic people. Belief in a God per se does not seem to be that important. In a psychiatry lecture one of the professors said to me "the Japanese are very unreligious and there is less discipline in ethical evaluation than in the States. You may see someone sweeping dirt from in front of their house to in front of the next house." I observed that on the trains the elderly were rarely catered to in being given a seat by another person and were often required to stand.

The above paragraph is interesting in light of the little crime and violence in Japan. I think that the discrepancy lies in the fact that the Japanese code of ethics may be calibrated differently depending on the situation.

There is a great deal of superstition in Japan however, and twice a year there are more religious events. One is Shogatsu (the new year) and the other is the Obon, where the living pay their respects to the dead.

One superstition that relates to illness is evident in a custom that is done when someone is sick, especially a child. Because there is a story of a young girl with a terminal illness who made 1000 paper cranes (origami no tsuru) before she died, some Japanese families make 1000 paper cranes, hang them up in a temple and pray the child gets better.

In the hospital there is a ceremony performed after a patient dies called Shoko o suru. This was more of a tradition, serving to better the psychological well being of the family and doctors and nurses, rather than because of a belief in God. I was fortunate enough to be able to

attend one Shoko after a patient died of suspected encephalitis. I attended the autopsy and then went to the Shoko held in a small "chapel" in the hospital basement. In this ceremony (rooted in Buddhism), one pays their respects by lighting senko (incense) and then ringing a small chime. The incense symbolizes that the prayers of the people and spirit of the body will rise to heaven.

After this mutual respects are paid between the family and staff, and then the doctor discusses the autopsy results and cause of death with the family. The particular doctor I observed was very caring of the family's emotional state and carefully described what may have been the cause of death.

From the hospital the body goes to the family's house for the Otsuya ceremony. Here the face is in view while the family and friends pay their respects. Then the body is brought to a temple and cremated. The ashes are commonly buried under ground and a monument is erected.

In Japan, the definition of death is slightly different than in the States. Death is described in terms of cardiorespiratory arrest in Japan. Brain death alone is not legally sufficient even though most doctors do feel the patient's life has ended. This fact, along with the opposition of various social groups makes it very hard to acquire organs for transplants.

A cancer patient's true diagnosis is not usually told to the patient as it would be much too psychologically damaging. A patient with a brain tumor might be told he has brain edema. The family, except for young children, will usually be told the true diagnosis. The family is often shocked, but there is usually no religious or social aftermath. The family may opt to tell the young children if they wish.

Here I should mention a little about Buddhism. It was born in northern India by an Indian prince who decided to isolate himself from society and philosophize in the mountains. His main theme was that one needs to help themselves by proper meditation on the meaning of existence. Only then can one enter the state of Nirvana, the highest level of understanding, and be "saved".

By the time Buddhism came to Japan many sects adopted the view that prayer to Buddha for help is the means for salvation, much like Chris-

tian thought. This idea did not catch on so much with the Japanese though, and today most are more or less agnostic. Most of the ceremonies are just to follow tradition or because of superstition. Buddhism is actually more of a philosophy toward self enlightenment rather than a means for "being saved" by Buddha. Most Japanese however don't know very much about the actual Buddhist philosophies and this may relate to some of their religious attitudes toward disease.

Now I would like to discuss the doctor-patient-nurse-family relationships. The doctors are on a friendly basis with the nurses and aren't condescending to them. The nurse speaks with the doctor concerning the diagnosis and plan and follows the doctors orders. The patient chart is very similar to that in the States and also serves as a means of communication between the staff. Japanese doctors are very fond of drawing elaborate pictures of CXR's, CT scans, and procedures performed on the patient in the patient chart.

The doctor-patient relationship was very much like that in the U.S.. Although there is less hand holding and shoulder rubbing than we have in the states the verbal courtesies were similar.

Nurses have a friendly-formal type of relationship with the patients. In general Japanese women by custom must be more polite in speech and actions than the men. They also have somewhat of a "be seen and not heard" social expectation over them. This may effect the nurse-patient relationship keeping it more formal and superficial than in the States. Consequently, the patients' psychological state may be more unknown to the Japanese nursing staff. The Japanese are very sensitive to nonverbal communication however, and this may make up for some of the superficiality in interpersonal interaction. The Japanese call this "ishindenshin" which means heart to heart communication.

The family-patient relationship is also similar to that in the U.S.. Someone in the family visits the patient every day and may have a short talk with the nurse. Less often does the family question the treatment as they do in the States. It is usually assumed that the doctor is doing the right thing.

Before the arrival of insurance in Japan it was

often custom to repay the doctor with gifts. I heard that sometimes even now a surgeon may receive a box of food with a lot of money buried at the bottom of the box.

Gift giving is an important part of Japanese custom. It is much more commonplace than in the States and I was even given gifts by people I never met previously. One reason for this generosity is because the Japanese want to be thought of as good people.

The patient population differs in that there is a lack of drug and crime related admissions and a paucity of Multiple Sclerosis, coronary heart disease and colon cancer. This contrasts to the abundance of cerebrovascular disease and gastric cancer. Except for small circles in the big cities, drug use in Japan is almost nonexistent. Trauma is usually due to a car accident (common), and not crime related.

The lack of drugs and crime is due to the intolerance of this by the justice system as well as by the attitudes of the people in respect of the law. It is usually quite safe for a woman to walk alone or ride the train alone at night in Tokyo. The worst that might happen is that a drunk man would verbally harass her and perhaps try to rub his hands along her body. With enough protest though he would usually be discouraged.

Although the Japanese are nonviolent people, one reason they have a history of warmaking in their past is due to their loyalty and unquestioning of authority. Their previous desire for eastern domination stemmed from their belief that they are the superior oriental race and, given a cause and an order from a superior, a Japanese man must fulfill his duties.

Laws are more strictly enforced in Japan than in the States. There is less of a "free wheeling" attitude in Japan than in the U.S.. For instance, when a car goes over the speed limit a loud ringing sound is emitted from the dashboard compelling the driver to slow down.

The Japanese have many adaptations for living in their crowded society. Crime is not tolerated. The bus and train systems are well developed and run on time. Efficient use of space is seen in the cities. There is little litter, graffiti, and defacement. Highways are well kept and many have sound barriers to reduce the noise pollution. Not all is perfect though as one may see vehicles spewing black soot out

of their exhausts on the same highways that are designed to keep the noise in. Traffic jams can also become astronomical. Poverty is much rarer than in the States. Because it was so rare to see a bum in Tokyo, I snapped a picture of one at a train station. He wasn't too thrilled with this and began to chase me! Fortunately he was somewhat ataxic and couldn't catch me but he threw his umbrella at me (he missed). Anyway, he had a cardboard box house and an umbrella, luxuries New York bums can't afford. Well you read 17 pages, you deserve a joke.

Both the Japanese and American people must realize there is much to gain from cross-cultural interaction. Too often we visit another's country and don't bother to make friends with the people or learn about the culture.

Americans can learn from the Japanese the benefits of really caring about one's job and the end product. We can learn how to have patience with people and with respect to our short-term profit mentality. We can learn how to respect our laws in order to eradicate the crime and drug problems we experience, and also to soften the impact of industrialization on the environment. We must both learn to increase our knowledge of other languages, cultures and customs, and to build personal ties with other peoples.

The Japanese can learn the importance of expressing one's individuality and opinions, and lowering one's social sensitivity. They can learn to express their feelings and desires, and not to be shy in situations where shyness is a disadvantage. To respect the importance of the married female work force and the desires of those women who want to have careers. To become more efficient at decision making and to see the importance that is placed on leisure and family time in the U.S.. They can also learn that a "free wheeling" spirit can be good in certain situations, and they can learn the benefits of having foreigners assimilate into society as we have in the States.

It is also fun to study in another country and it may contribute much to one's own personal growth.

Before I conclude, I would like to mention a couple of areas that future American students may find troublesome. Both relate to our ability to speak English fluently.

Although I was happy to help them with their

English, some people will use you as a language target just to practice, or to impress others that they can speak some English. Most of the time they will help you with Japanese in return for speaking English with them but, there are always those people who will speak English to you (even if your Japanese is better than their English) and not respect that you are in Japan trying to speak in the native tongue.

There is one American who is a medical student at Tokai who has lived in Japan for 10 years. He is married to a Japanese doctor, and can write, read, and speak Japanese fluently. I was able to meet with him once and he told me that often he is still spoken to in English by the Japanese professors. One of the problems for him is that (besides that he feels it is impolite) often he cannot understand clearly what they may be trying to teach him or what they are asking him during oral examinations because their English is rusty. This is an other example of the difficulties in assimilation into Japanese society.

Besides the reasons of wanting to practice and to impress, there is another reason why the Japanese will often speak in English to you if they can. This is that some do not want to accept the fact that foreigners have the ability to master their language. They may also feel very funny or uneasy speaking in Japanese to a foreigner because it is unnatural for them not to make the native/foreigner distinction on the basis of language.

If they feel very strongly in this last regard they may pretend they cannot understand you or not pay attention to you if they cannot speak English. This only happened to me a few times. Once I was with a Japanese medical student friend at a store and was asking a saleslady some questions in Japanese. She would not reply to me and kept looking at my friend for information. Afterwards, he apologised to me for her impoliteness and told me that my Japanese was perfectly understandable.

There was also the situation in which people could speak English reasonably, but would only speak Japanese for fear that I or others would think they spoke strangely or were incompetent.

The other problem is that from time to time you may be asked to correct some papers they write for English medical journals. This did not become a habit, and I corrected a few, but it

might take up some time if you don't set the limits. There are many professional services for this in Japan anyway.

I would like to conclude this reconnaissance of a medical students view of Japan and state that study abroad is the most fruitful experience one may have in the quest for knowledge. Tokai University filled the requirements for this quest to be most successful. I was treated very well by the people in the hospital and there was a genuine concern for my education to be prosperous. There was also much effort made to see to it that I was able to travel and see some of the country.

Many Japanese doctors had some of their training in the U.S. and they liked to treat me like a visiting professor. At an end-of-the-year party thrown by the Dept. of Neurology at a hotel in Tokyo I was asked to sit in the front row next to all the renowned Japanese neurologists during the group picture.

I was also treated as a special guest at the medical school's graduation. After the ceremony all the students took a bus to Tokyo for the reception at a plush hotel. Here all the students line up at the entrance to the ballroom and applaud as the parents and faculty come in. We enjoyed a buffet dinner and then we all went to a small nightclub that was rented out for the second party. A big favorite here was to play Bingo. The most popular student got to be M.C.. At this party I was asked to go to the stage and introduce myself to the guests. I said some greetings in Japanese and all I could see was a lot of flashes as everyone wanted to take my picture.

The festivities did not climax with Bingo however as we all made our way to the next party at a small pub that was also rented for the night. The number of party goers began to thin out but that didn't stop the fun. At this party everyone is invited to sing for the audience to their favorite Japanese songs that are played with out the words on the house stereo system. The microphone is coupled to the stereo too and before long everyone becomes a pop star for the night. This particular system also had a video that ran along with each song. Because I didn't know any Japanese songs I had to sing acapella. I sang "People Are Strange" by the Doors. This singing custom is only about 5 years old but it is very popular (called "karaoke"). I

had a great time!

In the U.S. we treat a very heterogeneous population of patients and sometimes loose sight that a person's culture may influence his perception and reaction to disease. Behavior that seems strange or abnormal to us may be perfectly normal and healthy to people from another culture. By study in Japan I have seen how cultural attitudes can effect the patients and their families and have come away with a more heightened awareness of the relationship between one's psychosocial framework and disease.

In summary then, I have seen different attitudes toward disease, their treatments and diagnosis. I have seen the Japanese research techniques and the Japanese work ethics. I have experienced the rich culture that Japan has to offer in their every day activities, in the study of Buddhist philosophy, in the temples and shrines, and in the study of Japanese history. I have made many new friends that I hope to be able to host in the U.S., and I am proud to call Japanese my second language.

I am happy to call my exchange experience a success and an invaluable learning encounter of the highest degree. This will most certainly be an experience that I will remember for the rest of my life. The Japanese university threw a goodbye party for me where speeches were made, I was presented with a diploma cer-

tifying my studies in Japan, and I recieved the Tokai University Medal of Honor.

My medical education has been graced with this prodigious experience, and I hope to see this program continue and flourish in the future for many students, both Japanese and American.

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