



(Photographed on March 29, 2018)

There is a saying, *“Three years on a stone.”* But why must it be *on a stone*? It seems the phrase has its origin in Zen. It is said that the Indian monk Vārṣika (Bali-shiba) entered the monastic life at the age of 80 and became a disciple of Venerable Phudamitta. He practiced zazen on a stone for three years without ever lying down to rest. As for me, during these same three years, I have taken naps, watched movies, and idly gazed at the Horikawa River—hardly the stuff of rigorous training. Be that as it may, three years have now passed since the opening of the clinic.

Spring is the season of transfers, school entrance, graduation, employment, and retirement. It is also the time when I often write letters of referral to institutions in the Tokyo metropolitan area, Kansai, and Kyushu. Some patients have returned to their hometowns; others have been promoted and transferred to head offices in Tokyo or Osaka. Students freed from early-morning and evening practice now pursue their studies in vocational schools or universities, living with a sense of freedom. Young people who have passed national exams and taken their first steps as working adults radiate hope and dignity. On the other hand, there are those who have repeated a year, or given up further studies and moved straight into job-hunting. Life rarely goes as planned, but the reasons are not always due to mental illness. There are many who achieve remarkable results in their work or business despite struggling with mental health issues, and conversely, there are also many who, though healthy in both body and mind, still face adverse circumstances.

Since the cherry blossoms had already fallen before the entrance ceremonies, I imagine school principals must have struggled to find the right words for their welcome speeches to new students. Nature, after all, does not adjust its schedule to fit the human world. Be that as it may, the long, cold winter has at last come to an end, and suddenly the cherry trees have burst into full bloom—only to already begin scattering. Each year I take photographs of the blossoms at their peak. On a splendidly radiant late March day, I photographed them at Meijo Park, where Kinshachi Yokochō was bustling with visitors, framing the cherry blossoms against the backdrop of Nagoya Castle’s main keep.

From the working generation, I hear a chorus of voices saying, "*There just aren't enough people.*" It seems that the hiring freezes after the bursting of the economic bubble, combined with the spread of non-regular employment, have hindered the transmission of skills and techniques across many fields. As a result, the burden on skilled workers in their forties has grown heavier, and I often hear of harsh working conditions—long hours, nights spent catching the last train, with hardly any time left for proper sleep.

In these times, when issues such as "*work-style reform,*" debates over constitutional revision, the privatization of state assets, and bureaucratic sexual harassment dominate the headlines, the future of this country hardly looks bright. It is truly lamentable that this nation is steered by ignorant and foolish bureaucrats and politicians. The deterioration of machines may be inevitable, but the decline of human beings—especially those in politics and government service—is unacceptable. Bureaucrats are meant to be public servants entrusted with the long-term planning of the state, not the mere lackeys of politicians.

I detest Bushidō, war, and the military. The cherry blossoms—after enduring in silence for three hundred and sixty days, they burst into bloom all at once and, within less than a week, are gone. In our country they have long been loved as a symbol of relentless stamina and the samurai aesthetic of "falling like a flower." It is the work of foolish rulers to liken Bushidō or the kamikaze to such blossoms; ordinary people are simply moved by the splendor of the flowers, briefly lifted into a festive spirit, and continue the age-old custom of enjoying banquets and celebrations.

Many people endure long, difficult battles with depression or schizophrenia, yet there are moments when they unexpectedly emerge from an acute phase and experience that festive, uplifting feeling. Even when repeatedly beset by suicidal thoughts—having overdosed or even considered means of taking their own lives—those who somehow manage to hold on and continue living in this world while suffering are undergoing trials that are anything but ordinary.

There is a young man who, from boyhood, was struck again and again by severe depressive episodes, repeatedly attempted suicide, and struggled with school refusal and dropping out. Yet, through his natural endurance and earnest self-reflection, he finally reached the point of independence through employment. The psychiatrist's role is simply to watch over and support such a path toward self-reliance. To my surprise, I was once scolded by a parent who said, "*He may be going to school now, but he still has no friends, he doesn't join any clubs—are you even treating him properly?*" When expectations of medicine become excessive, dissatisfaction with doctors seems to grow.

Those in their fifties searching for work, and those in their thirties seeking marriage partners, are likewise struggling day by day, making use of whatever social resources are available. If one thinks carefully, doctors are powerless beings with no ability to introduce jobs or lovers; all we can do is wave a "yellow handkerchief of happiness" in encouragement. We are not magicians who can conjure up spouses, partners, or employment.

PS:

1. Over the past five years, I have seen more colleagues and senior physicians leave the profession than I can count on one hand. Roughly speaking, the benchmark seems to be around seventy-five—

the threshold of “late elderly.” Those who still have the legs, stamina, and spirit to continue visiting a clinic as patients may perhaps reach their late eighties. Even climbing the stairs of a subway station becomes burdensome once past sixty. Both patients and doctors live within limited spans of time, and somewhere along the way, those lives intersect. It may not be a fleeting tryst, but with the wish to give the utmost support to each client’s self-realization, I head to the consultation room each day.

2. I took photographs of Nagoya Castle and the cherry blossoms. During the days of the Tripartite Pact between Japan, Germany, and Italy, the Empire of Japan fought against the Allied forces and was defeated; Nagoya Castle too was destroyed in the U.S. air raids. Though it was rebuilt after the war, its seismic reinforcement has been deemed insufficient, and now there is a reconstruction plan that will consume some fifty billion yen in citizens’ taxes. But is it truly worth that cost? I asked a friend who is a castle enthusiast, and his sharp criticism was, in essence: *“Unlike Inuyama Castle, Himeji Castle, or Kumamoto Castle, Nagoya Castle is decisively different—there is no value in wooden reconstruction.”*
3. Lately, as a psychiatrist, I have been reflecting on certain matters—particularly regarding the age and gender of psychiatrists.

1) On the Age of Psychiatrists

Does one need to be an unmarried psychiatrist, without any experience of pregnancy, childbirth, or child-rearing, in order to be a child psychiatrist? If a psychiatrist lost their parents early in life, does that mean they cannot treat elderly patients? In internal medicine or surgery, patients may sometimes feel a doctor is “too young” to be reliable, but how is it in psychiatry? Physicians in internal medicine or surgery examine physical lesions regardless of age, and apart from differences in comorbidities or recovery times, I suspect age differences are not such a major concern. In psychiatry, however, it seems to me that things are different.

When I was young, I often felt hesitant when seeing patients as old as my parents. Out of deference and respect for their seniority in life, I lacked confidence in asserting my “identity as a physician.” I would always ask myself: Can I, born after the war, truly treat those born in the Taishō era or the early Shōwa years?

As I moved beyond youth and entered middle age (the early senior years), I gradually gained some confidence in treating both younger and older patients as a psychiatrist. Yet I often felt I did not know how to interact well with patients of the opposite sex.

Curiously, once I myself entered old age, I found I could engage with patients of all ages without any particular sense of difficulty. Even when a young woman patient says to me, *“I am in a sexless marriage,”* I no longer blush. When middle-aged or older men say, *“I would like medication for erectile dysfunction,”* I can accept it naturally. I can even say, *“Just as digestive aids or appetite stimulants are used when one has reduced appetite, it is perfectly ordinary to use stimulants when*

one has diminished sexual desire.”

I came to understand that, in their old age, psychiatrists—whether men or women—are seen by patients almost like sages or hermits.

2) On the Gender of Psychiatrists

Does the gender of a doctor affect clinical practice? Can only someone of the same sex truly understand a patient’s feelings? More than twenty years ago, when clinics bearing the name “*Ladies’ Clinic*” first appeared, friends of mine in obstetrics/gynecology and urology reacted with puzzlement, saying, “*Doctors are supposed to practice without regard to gender.*”

These days, handsome men and beautiful women have entered the field of psychiatry, and some clinic websites could almost be mistaken for advertisements for host clubs or the sex industry. Since neither youth nor beauty can be preserved forever, why promote oneself in that way? I even know physicians who are registered with talent agencies—times really have changed. That once shadowy figure, the physician, now joining the ranks of “celebrities”—I must admit, it astonishes me. What truly matters, however, is whether such trends actually contribute to the improvement of medical care. To borrow Deng Xiaoping’s maxim: “*It doesn’t matter whether the cat is black or white, as long as it catches mice.*” In the same way, people, after a certain age, tend to blend into “men who seem like middle-aged women” and “women who seem like middle-aged men.” In old age, one transcends even “old man” or “old woman” and comes to resemble a sage.

3) On the Age of Psychiatrists

I have friends who, after practicing privately for nearly thirty years, closed their clinics around the age of seventy and returned to a more relaxed role as contract physicians. There are also many elderly psychiatrists who head to their clinics each day, wondering how much longer they will be able to continue practicing. Teenagers also come to outpatient clinics, but sadly, elderly psychiatrists cannot hope to support their lives forever—the time allotted to psychiatrists is limited, too. My mentor, Professor Yoshio Kasahara, remained vigorous in practice even after turning ninety. Another teacher, Professor Hiroshi Dai, whom I sought guidance from since my student days, continued seeing outpatients until the age of one hundred. On average, however, psychiatrists tend to retire from practice around seventy-five.

When it comes to trust and reassurance, perhaps psychiatrists are most often perceived as “experienced and dependable” in their forties through their early sixties. In fact, once a psychiatrist passes eighty, patients often begin to feel uneasy, wondering, “*Will they really be all right?*” I once had a patient with schizophrenia whom I had treated for many years. When he moved to the Kanto region, he asked me to recommend a good doctor. I referred him to Professor Hiroshi Dai, whom I had admired since my student days. Though the patient experienced repeated relapses and remissions, he steadily moved toward independence. Then one day, the patient’s father, who was in his mid-eighties, traveled all the way from Kanto to visit me. He said, “*Professor Dai is now past*

ninety, and I'm worried about the future. Please change my son's primary doctor." Professor Dai, accepting this with grace, introduced an excellent clinician. Ironically, that father passed away first, while Professor Dai went on to live more than ten additional years.

The intersection of my patients' ages and my own lifespan as a psychiatrist is something I am deeply aware of every day. Some patients even plead with me, *"At least while I'm alive, please don't die, Doctor.*" But of course, physicians and medical institutions exist solely to provide the best possible treatment and care for those who live with illness or disability.

Changing the subject, some of the B-class gourmet restaurants I had frequented since my student days have closed down over the past forty years. Fujimi in Kanayama, Asadaya on the Arahatagun Road—both were humble eateries, inexpensive yet delicious. Psychiatric clinics are similar in that they are also small, family-run businesses. Without successors, they face the same fate as Fujimi and Asadaya. Out of nearly a hundred affiliated clinics, only about three have been successfully handed down to the next generation. Unlike convenience stores, medical practice cannot easily be franchised, since the physician's skill greatly influences the quality of service. How artificial intelligence (AI) will change medicine is now drawing much attention. But can AI really be introduced and applied to psychiatry, where individuality plays the greatest role?

★ Physicians live in a world that is untouched by growth and development. Are we like shadowy figures working behind the scenes? Doctors and lawyers are treated as elites, even though they are far removed from society's brighter domains of production, growth, and progress. In reality, neither doctors nor lawyers produce anything. At best, they can only repair or compensate after the fact. It seems to me a peculiarly Japanese distortion, a paradox that reflects a fundamentally warped view of humanity.

4. This spring, *Progress in Medicine*, a monthly medical journal published by Life Science Publishing Co., featured a special issue titled *"What the Society for the Prevention of Karoshi (Death from Overwork) Proposes to Contemporary Japan.*" I encourage those who are interested to take a look.

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Though I have no remarkable research achievements to my name and have failed to bring about any reform in psychiatric medicine, I feel as if only time has passed in vain. I am reminded daily of the proverb, "Youth is easy to lose, but learning is hard to attain."

I was never one to indulge in the pleasures of the flesh, even in my youth or middle age, but in old age I have come to take delight in the beauty of nature—the flowers, the birds, the wind, and the moon. Perhaps this, too, is part of the natural history of the human heart.



(Photographed at my family home in Gero City, April 30, 2018)

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Yuhei Kayukawa, M.D.

Director, Kayukawa Clinic