

this before. I have my own Taiwanese /American/very personal view of afterlife. I like to think about, write about, talk about my dear teachers, loved ones, friends, even those no longer alive. And I write, think about, and speak often of teachers and friends like Karl and Will Menninger, Carl Rogers, Carl Whitaker, Virginia Satir, Margaret Mead, William and Katherine Lewis, etc. When I do, I have a sense of a soft tingling of a bell, a sweet half-awakening from sleep when the spirit hears its name and feels the reverent admiration that still sustains it. Like my Taiwanese friends, I take pride and satisfaction in reverent contemplation of ancestors, teachers, and respected elders.

#6. I'm certain I would never have known the meaning of the hyphenated word "bio-psycho-social" had I not carried out my own work as a psychiatrist in the bi-cultural, bi-national, bi-linguistic perspective made possible by lessons from my Taiwanese teachers and friends. Seeing patients together with my colleagues from Taiwan has been a rich part of my education. The "frigophobia" patient, a soldier from the mainland, separated from family and places he loved, had been long in residence at National Taiwan University (NTU) Psychiatric Hospital. He was first introduced to me by Drs. Yeh and Wen-shing Tseng in 1962, and again in 1969. And, over in the decades he continued his residence in the hospital, he gave new and expanded understanding to my American translation of (this man's) "frigophobia". I called it "bi-polar illness". But more important, watching the ups and down of his life expanded my understanding of "bi-polar illness." "Illness" translated as a catastrophe of irritability, terrible misery, a sad way of life. I learned, as well, that national tragedy is lived out in terrible personal tragedies for uncounted numbers of people. Prof. Wu and I wrote a small paper about him.¹³ Being witness to the identical "angst", the profound sadness that accompanies displacement from life and mental illness everywhere--everywhere--has been a major influence in my work, has strengthened my belief in the importance of existential issues in the cause and treatment of mental illness.

#7. Being witness to the decades of dedicated and passionate devotion to patients and his profession by Eng-Kung Yeh, his colleagues, and his students, his

countrymen has been great inspiration for me. I feel a certain partnership with Eng-Kung, with Taipei Municipal Hospital, with Taipei Medical University, and NTU because, over the decades, many dozens of Eng-Kung's students and young colleagues have been entrusted to my colleagues and myself in Wisconsin, in Vancouver, and for the last 23 years, at Harbor-UCLA Medical Center in Los Angeles.

For decades, now, I have taken special pride and pleasure in seeing the great respect and admiration that my American colleagues demonstrate as they come to know the students and colleagues mentored by Eng-Kung Yeh and entrusted to us for a short time. The remarkable personal and professional qualities of individuals from this remarkable island are reason for joy and celebration. They reflect on their fine teacher, my dear friend.

CONCLUSIONS

The Influence of Tender, Generous, Cross-Cultural Inter-Personal Relationships in the Evolution of My Theory and Practice of Existential Psychiatry.

I have learned that "psychiatry" is not separate from other parts of life. There are certainly specific alterations in the brain that influence mood, perception, and behavior. Part of "psychiatry" is making a diagnosis of those alterations. And, another part of "psychiatry" is trying to find chemical remedies to correct imbalances. That takes you half-way. But, the rest of the journey requires a love of living beings, wanting things to go well for them, wanting them to carry out in life the hopes and responsibilities coming from their families, their traditions, the best of their possibilities, seeing them in the very best light. That's the spirit in which my Taiwan friends have accepted me through all these decades. I believe all healing takes place in this way:

You meet your patient who is disheveled, deluded, bruised, beaten, defeated, and without hope. Mumbings are incoherent, thoughts scattered, behavior chaotic, life without direction. It seems that he/she has been lost forever and that forever it shall be.

But, in that precise moment, miraculously, YOU