
The rapid aging of the society is a topic of growing interest. Two years ago, the first baby boomer turned 65, and some 8,000 turn 65 in the United States every single day. The fastest growing segment of the total population is that of people 80 and over; this group will more than triple by 2050 to over 19 million. Such an important cohort clearly merits a closer look. Yet, relatively little research has focused on the oldest old.

Hence, the usefulness of Dr. George Vaillant’s new book on the Harvard Study of Adult Development, the longest longitudinal study of human development. Initiated in 1938, the study has followed for more than 70 years over 200 Harvard graduates who were regularly assessed by questionnaires and personal interviews and through information obtained from their physicians. Vaillant, the director of the study, has published a number of papers and several books on this research, but the present book offers, for the first time, fascinating insights into the lives of the study participants into their 80s and 90s.

The book, with 457 pages, including the appendices and bibliography, is divided into 11 chapters. The first three chapters explain how longitudinal studies work, describe the study sample, and tell a captivating history of the Grant Study. The next chapter seeks to explain how childhood and adolescence affect old age, concluding that while a loving childhood is a lifelong source of strength, it is possible to recover from a bleak early life experience. The story develops further in the subsequent chapter, as Vaillant analyzes maturity and its link to successful aging. The following chapter is devoted to emotional intimacy, marriage, and mental health. Then the author deciphers factors that might account for extraordinary longevity and predict healthy aging. The next chapter examines involuntary coping strategies and suggests that maturity of defenses is a predictor of mental health in older age and future mental health. The subsequent chapter analyzes alcohol abuse and its destructive effects on individual development, interpersonal relationships (including marriages), and well-being in later life. The following chapter offers a plethora of surprising study outcomes, such as the extraordinary association between the older age at death of maternal grandmothers and better mental health of their grandsons. Finally, the author sums up the findings and recommends topics that might be of interest for future research. The appendices offer a useful collection of interview schedules and assessment scales.

The scientific concepts presented in beautiful prose are craftily blended with narrative examples and personal stories. Vaillant’s book is not only a persuasive case for longitudinal methods of research, illustrated with anecdotes and data support, but also an extensive report on all aspects of life that might lead to successful aging process.

Of course, the Harvard Study of Adult Development also has some limitations, for instance, it is limited to men, many of them highly privileged, well educated, and wealthy members of society. Vaillant tries to offset this disadvantage by quoting findings derived from other longitudinally followed cohorts of inner city Boston men (the Glueck Study of Juvenile Delinquency) and well-educated women (the Terman Study of the gifted female cohort).

While the list of interesting findings reported in this book is too long to encompass in a short review, the main lessons challenge the traditional notions about old age. Contrary to popular beliefs, character and life paths are never set in stone in adolescence or midlife. According to Vaillant’s data, people continue to develop, grow, and evolve throughout their entire lifespan. In fact, life may become more fulfilling and the most extraordinary changes may happen in older age. The author also suggests that antecedents of successful aging are happy relationships, as well as mental and physical health. The good news is that, as the book highlights, our successful aging is in our hands and is not an inevitable outcome of hereditary traits. It is never too late to start on the path to fulfillment, well-being, and happy relationships.

Triumphs of Experience deserves a place on the shelves not only of psychiatrists, psychologists, and other professionals, but also of lay care providers who strive to better understand their aging loved ones, and even themselves. With a scientist’s eye for details, a therapist’s compassion, and a raconteur’s ability to draw readers into stories of his subjects, Vaillant has written a brilliant page-turner for which we all should be grateful.

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Dr. Nakamura, a cultural and visual anthropologist, is Associate Professor of Anthropology and East Asian Studies at Yale University. Although her parents are Japanese, she was born and spent her formative years outside of Japan. She describes her blood as Japanese, her heart as American, and her body as Australian. As an anthropologist, her specialty is minority groups in Japan, especially those with disabilities. Japanese law defines three types of disabilities: physical (for instance, deafness or blindness or mobility difficulties), intellectual (developmental or learning disabilities), and psychiatric (mental and psychiatric disorders, including epilepsy and dementia). In A Disability of the Soul, Dr. Nakamura examines the possibility of remodeling society to better accommodate people with psychiatric disorders.

In 1984, Bethel House was founded in the town of Urakawa to help people with severe psychiatric disorders, such as schizophrenia, restart their lives in the community after discharge from the long-term psychiatric ward of Urakawa Red Cross Hospital. Urakawa is a small fishing village located on the southwestern edge of the island of Hokkaido, Japan’s northern frontier. Bethel, which appears in the Old Testament and means “House of God,” is also a reference to the Bethel Institution, a psychiatric hospital in Germany. In 1940, doctors there courageously resisted orders from Adolph Hitler to euthanize their patients in a prelude to his Final Solution to the “Jewish question.” Since self-disclosure is an important part of Bethel culture, in her engaging narrative, Nakamura also discloses her own history of mental illness (major depression). In addition, she addresses the role of Christianity in the formation of Bethel House.

The book runs to 219 pages, divided into eight chapters, with 27 pages of additional notes, as well as an index. The first section details the history of mental illness and psychiatric care in Japan, from medieval times to the present. Included is the Utsunomiya Hospital Incident of 1983, one of the most notorious events in psychiatric care within Japan.

Psychiatric treatment in Japan suffers from two main problems, namely, long inpatient stays and polypharmacy with high dosing. Polypharmacy in Japan may have its roots in Chinese-based herbal medicine, where it is common for herbal practitioners to mix their own special blend of herbs in specific proportions for individual patients. The author explains the two forms of psychotherapy in Japan, both of which were developed in the prewar period. Morita therapy emphasizes the notion of “arugamama,” which translates to “how things are/as things are.” In contrast, Naikan therapy embraces a secular version of selected ascetic medication practices of Pure Land Buddhism. Nakamura then follows with some background into the setting of Hokkaido and reasons why the Christian church is so predominant there.

In the second section, she describes the foundation of Bethel House by a social worker and explores its early relationship with the Urakawa Church of Christ. Using a unique community approach to psychosocial recovery, Bethel focuses as much on social integration as on therapeutic work. The most important of Bethel’s core principles is “meeting before eating.” In 1989, the Welfare Shop Bethel was started, through which disposable diapers and other rehabilitation products were sold to elderly members of the community and patients in the hospital. Through this close relationship between hospital and town, Bethel has been extremely successful in carefully reintegrating its members into society. It has become an effective model alternative to long-term hospitalization in a country with some of the longest institutional stays, as well as the highest rates of pharmaceutical use, in the developed world. A major part of this book is devoted to documenting the arrivals and departures from Bethel.

In summary, this book represents a treasure trove of historical practice and readily usable knowledge. All chapters are well referenced and easily readable. The book is also accompanied by a DVD containing two fascinating documentaries about Bethel made by the author: Bethel: Community and Schizophrenia in Northern Japan and A Japanese Funeral (winner of the Society for Visual Anthropology Short Film Award and the Society for East Asian Anthropology David Plath Media Award). A Disability of the Soul is a sensitive and multidimensional portrait of people with severe psychiatric disorders in contemporary Japan. Therefore, I would strongly recommend it to all medical practitioners, particularly psychiatrists and mental health therapists.

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Is our culture, with one-fourth of adults mentally ill, devastating itself? Greenfeld contends that it is.

The suicidal course of our species began when the emerging human larynx and brain facilitated speech 20,000 to 30,000 years ago. This transformation enabled a radical progression from articulating signs (an animal capacity) to articulating symbols. Unlike signs, symbols represented phenomena of which they were not part. Symbolic thinking begat the mind, composed of the brain plus ideas gleaned from culturally created environments. Minds became “individualized culture.”

Symbolic thought has yielded both boon and burden for the human species and its emerging mind. Logic and observation, the origins of science, comprise thought forms permitting...