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SPECIAL ISSUE: ANTHROPOLOGY & AGING IN EAST ASIA



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Jason Danelly, Editor, *Anthropology & Aging Quarterly*
Rhode Island College, Gaige 111, 600 Mt. Pleasant Ave., Providence, RI 02908
jdanelly@ric.edu

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AAGE Officers



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Center for Applied Social Research, University of Oklahoma
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E-mail: lori.jervis@ou.edu

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Department of Anthropology, Wayne State University,
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E-mail: etmiller@vt.edu

AAGE Booth Coordinator Maria G. Cattell, Ph.D.

486 Walnut Hill Road, Millersville, PA 17551
E-mail: mgcattell@aol.com

AAQ Editor Jason Danely, Ph.D.

Department of Anthropology, Rhode Island College
600 Mt Pleasant Ave., Gaige 111, Providence, RI 02909
E-mail: jdanely@ric.edu

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From the Editor

Jason Danelly, Ph.D.
Department of Anthropology
Rhode Island College
jdanelly@ric.edu

This issue is special, not only because it highlights some of the great work of anthropologists on aging in East Asia, but also because, as you the reader have no doubt noticed, AAQ has changed in both design and content. In terms of the latter, AAQ will no longer function as both journal and newsletter for AAGE, but will focus entirely on scholarly content. These changes are part of an ongoing process of increasing our professionalization as an organization and providing the best venue for contributors to our journal. I hope to hear more from members on what they think of these changes, and welcome additional suggestions. As scholars of aging and the life course know, maturing is something best done with others and lots of support.

I am proud to introduce the first special issue of AAQ on Anthropology and Aging in East Asia. East Asia is home to the most rapidly aging countries in the world, all of which are highly influential in global aging discourse. In Japan, the percentage of the population aged 65 and older rose from 7% in 1970 to 14% in 1994, making it the first nation in the region to experience this rapid shift to a “super-aged society,” but others are not far behind. China’s population is estimated to reach the same benchmark by the year 2026, and South Korea even sooner. While other countries around the world are experiencing population aging, they have done so at a much slower pace. It is estimated that the 65 and older population in the United States will reach 14% by the year 2015, having taken 73 years to double in size. In contrast, this change occurred in a mere 24 years for Japan, and will occur in 25 years in China.

This rapid demographic change is the result not only of increased longevity in East Asia, but declining fertility as well. As a result, the entire composition of social institutions from families to welfare systems, to employment, healthcare and education must be radically rethought. Aging in Asia alters the relationships between mothers and daughters as much as the relationships between citizens and states.

This issue begins with two commentaries on aging in Japan, each bringing a different perspective to bear on the subject of aging in Asia. **Ayumi Takenaka**’s commentary highlights the challenges and contradictions of population aging, which has far-reaching implications not only for Japanese cultural identity, but for international movements of people and their labor. The state’s gestures towards encouraging skilled migrants is challenged by other’s reluctance to make dramatic changes towards multiculturalism. In contrast to this regional and policy perspective, **Susan O. Long** writes about the insights drawn from ethnographic interviews with the very old. These voices offer lessons to anthropologists about what life looks like in old age, as much as they point to the work still to be done.

Megumi Kondo continues Long’s reflections on finding meaning in late life, by introducing us to a Japanese woman’s last days on the hospice ward. Kondo shows how the physical, emotional and spiritual experience of aging and dying is not summed up neatly in a few wise words; the process of making it all meaningful and paying attention to the events around her continued to shape this woman’s life until the very end.

Wonjee Cho and Denise C. Lewis’s article on South Korean aging points out the articulations and dissonances between embodied subjective feelings of aging, cultural beliefs about temporality and political categories of aging. Their research on the transition to old age echoes the uneven transitions of societies in flux.

Each of these articles contributes to the growing literature on aging in Asia, and it was a pleasure to put this issue together. My thanks to all of the contributors and reviewers for their hard work in helping to put this issue together, and to AAGE for their support in for the journal’s mission.

Jason Danelly, Editor

AGING & ANTHROPOLOGY IN EAST ASIA

COMMENTARY

Ruminations on Studying Late Life in Japan

Susan Orpett Long
John Carroll University

I remember an advertisement in TIME in the late 1980s or early 1990s for AT&T, a “reach out and touch someone” ad with a Japanese twist. The ad portrayed a middle aged, successful businessman, who was apparently in the US on business and was calling home to his aging mother in Japan. That image of filial behavior, created or reinforced by gerontologist Erdman Palmore’s famous study of aging in Japan (1975), unfortunately remains the impression many Americans today have of a happy Japanese old age in which families remain close and younger generations behave respectfully toward their elders. Although there is increasing recognition that Japan has become an aged society with numerous social and economic problems, if my own students are any indication, the old images die hard.

Of course until assigned to do so, they have not read studies of Japanese old people in nursing homes (Bethel 1992, Thang 2001, Wu 2004) or retirement communities (Kinoshita and Keifer 1992), or of strategies people adopt to find security in their coming old age (Hashimoto 1996, Jenike 2003, 2004, Lebra 1984, Traphagan 2000) or be remembered after death (Danely 2012, Kawano 2010, Suzuki 2000, Tsuji 2006). These studies demonstrate that regardless of their physical well-being, old people remain active agents, making choices and adapting to new circumstances. The reality of their lives needs to be more central in the ethnography of Japan. The topics of aging, dying, and the lives of old people are interesting and important pieces of life in Japan today, and as the population continues to age, will become even more significant to understanding Japan in the future. Given world-wide demographic trends, our collective work in these areas contributes to understanding the human experience more broadly with what David Plath (1980) foreshadowed in his discussion of Japan as a society of “mass longevity.”

This essay reflects on how these questions relate to anthropology and the study of Japanese society. Over the past two decades I have been engaged in two distinct studies related to aging and dying that have offered me perspectives on approaches to studying those in their last stages of life, and the people around them. One (Long 2005) focused on those directly facing death (regardless of age), and the other (Long 2008, 2011; Long, et al. 2010) on caregiving of frail elders. Here I am not reporting on the results of this research, but rather ruminating about what they have together taught me as an anthropologist of Japan. I first reflect on the different methodologies of the two studies. Then I will consider some of the things that I have learned that have led me to new perspectives on Japanese society, and my own.

METHODOLOGIES

The study of end-of-life decisions in Japan was ethnographic in approach. I conducted solo fieldwork primarily in the Hanshin area in homes and in three different types of institutions where very sick people received treatment and care: a national hospital, a private university hospital, and an in-patient hospice that was located within a large, private hospital. I hung out, watched, listened, occasionally did something helpful but more often was moving out of the way; I interviewed patients, family members, and staff. It was about as classic a fieldwork methodology as it could be in late 20th century urban Japan, given the topic.

The elder care project was a large quantitative and qualitative study that grew out of discussions with several Japanese and American colleagues concerning the newly instituted long term care insurance system. With such a vast new policy and tremendous increase in the availability

of nursing and assistive services, how could it not make a difference in the way frail old people and their care are viewed? My social gerontologist colleague, Suda Yuko put together a multidisciplinary research team and we got to work. She and TMIG geriatrician Takahashi Ryūtarō received funding from the Japanese Ministry of Education, Culture, Sports, Science and Technology, and the Ministry of Health, Labor and Welfare for a longitudinal study of the impact of the long term care insurance programs on elder care in two locales, one in Tokyo and one in northern Akita Prefecture. Suda-san asked for my participation in the project as an expert on qualitative research and felt my perspectives as an anthropologist would be helpful, despite my lack of formal methodological training or gerontological background. Some of the research team members planned and conducted a survey in 2003 of people who qualified for long term care services who were living at home, with a related survey given to their primary family caregiver. The survey was repeated in 2005 and 2007 in an attempt to capture changes in the health and functional status of the old person and in service use over the years. Where I come in is that some members of the research team interviewed a subset of 30 those old person-family member pairs who had responded to the survey in order to provide more in-depth case studies and to help interpret the results of the survey. The initial plan was to interview the families on the same schedule as the survey in alternate years. My main methodological contribution was to fairly insistently suggest that every two years was not enough to accomplish what we wanted. Fortunately the decision was made to re-interview yearly in people's homes, for as long as they were willing and the older person was alive. Also at my suggestion, when possible we did one interview with the family member subsequent to the death if prior to the end of the study.

What did I learn? One is that I missed doing ethnographic fieldwork. As well as we came to know the families we interviewed, some five times, I never felt grounded. Every year I had trouble finding their homes. How badly I wanted to stop and talk with the small tobacco shop that served as my landmark for one home, or to speak with the "bad son" who lived upstairs but never helped his parents (though he did sometimes take care of the dog). On the occasions we could see or hear a broader context, it was immeasurably helpful: the chance to speak with a non-co-residing son, the opportunities to "follow" several old people after their move to a nursing home or hospital, a granddaughter who started to come for our annual interviews. But most of the context for what we were learning had to come from a different type of data, the survey.

We also learned what anthropologists would probably suspect—people don't always say the same thing in response to a survey as they do when you are speaking with them in a more relaxed setting. Despite a time gap of only a month or so, we found differences in responses to what were sometimes simple and straightforward questions such as the medical diagnosis or how often the person went to day care. This was a matter of consternation to my quantitatively-oriented colleagues, and we were able to use the yearly interviews to try to clarify and explore some of these inconsistencies.

The last point I want to mention about methodology is the question suggested by the film, *Can't Go Native?* (Plath 2010) about anthropologist Keith Brown's "long engagements" with his fieldwork site in Mizusawa and its families over decades. The richness of Keith's ethnography cannot be duplicated by any other approach. Despite the problems with the elder care project's methodology from my perspective, what it did accomplish was to provide at least some time depth that for me turned out to be one of the most interesting aspects of the project. Even in five years, we were able to observe changes not only in symptoms, but in relationships and attitudes. In retrospect, I have wondered how I could have obtained that time depth in the earlier end-of-life study. People died. They became unable to communicate. That study could only have been synchronic, and I had to create the relationships between my informants and myself over an artificially short period of time. I do not think that I went into the project with as much awareness of that as I might have, though ethnographically my regular presence in the institutional setting helped to telescope not only my observations, but also my emotional ties. When family members came for a visit half-way through my fieldwork, I took a week off to travel with them in Japan. The night we got back to Osaka, I received a call from a physician-mentor. A young woman with whom I had become particularly close died unexpectedly while I was gone, and I spent that evening in tears. Was I mourning for her, or for the lost opportunity for a "long engagement"?

LESSONS ABOUT JAPANESE CULTURE

I do not know a lot of people in the US in their 90s. In our elder care project, most of the people we interviewed were in their 80s, and even the first year, I interviewed three who were already in their 90s. What was life like for them? How did they experience the changes in their bodies and the constantly changing world around them? Here I give thought to what my combined experience in both projects has taught me about late life in the context of contemporary Japan.

Pleasures and Worries

When we asked what in their life gave them pleasure, some of our elderly informants responded, "Nothing." The following interview excerpts from woman in their 80s exemplify this type of response:

87-year old widow: There is nothing good about getting old. (#0004611, 2007)

Interviewer: What do you do for enjoyment?

Wife: [without hesitation] Nothing.

Interviewer: What did you enjoy doing in the past?

Wife: In the winter, knitting. Once a month I and my friends from jogakkō used to get together for a shokujikai [they took turns making meals for each other]. I really enjoyed this and we continued to get together for years. But we don't any more because we're all getting old, and our husbands are getting frail and it's harder for everyone to get out. (#3204009, 2003)

A slightly more positive, alternative expression of that "nothing" response was gratitude for just being alive. One woman noted, "I'm happy, I have no pain. That alone is happiness." (#00063114, 2003) Others referred to their children or grandchildren's visits. Some of the women expressed appreciation for the daughter-in-law [in the room, often] who cares for them. For example,

94 year old widow: We suffered in the past, but now things are better... I'm alive because of my family's care. I have a good daughter-in-law; I'm grateful to her. (#3200309, 2003)

Woman in her 60s immobilized by severe arthritis: I can't go out, so everyone comes over here.... So I see that whether I am here or not makes that kind of difference. If I wasn't here, no one would come gather here, so being bedridden and staying still here, I sometimes think that even so, there are good aspects about it (#3201706, 2007)

Interviewer: Is there anything you have gained because you are older, like something good with the way you think now, or do you feel lighter, is there anything like that?

Mother in her 80s who had moved to her daughter's home due to Parkinson's: Ahh.

Interviewer: When do you feel that way?

Mother: When I see that my children are all living happily. Myself too. Since I came here I've been doing well, so I am happy about that too (#0007401, 2007)

A few people answered the question about pleasure with a physical activity, "eating," or "bathing." Several said that continuing a hobby (calligraphy, painting, writing senryū—all men) or watching sumo (a woman) were their "fun." A few mentioned that they enjoy talking with people at day care.

Their greatest concerns often were the converse of those pleasures: would the grandson about to graduate from college find a job; could a wife ever be found for the 40 year old son of an Akita farm family; finding good spouses for children or grandchildren. One younger man in his late 60s who was dying from complications of alcoholism joked, "One of the employees [at day care] is a young woman who is not married. I've wondered about getting her and my second son together!" (#0009006, 2003)

Some of the old people with whom we spoke expressed worries about their declining health which forced them to give up things that they had enjoyed in the past, like the woman in her 90s who loved to sing but could no longer get her voice to come out, or the woman with a broken hip in her late 80s who loved to play shamisen but could no longer sit seiza-style. Of particular anguish was when these disabilities led to increased dependency on others.

Interviewer: Is there anything you wish for?

Stroke victim: Ashi ga hoshii (I want legs!) (#0001600, 2003)

A daughter-in-law caregiver explained that the family's graves are nearby and she sometimes takes her mother-in-law, but that recently, the mother-in-law hasn't wanted to go. The mother-in-law suddenly joined the conversation, "That's because I always have to go to the toilet!" Later in the conversation she added, "In the past, I went to the mountains and to Hokkaido. But now I don't want to ask people's help; they're already doing so much for me in the house." (#0006314, 2003)

A few mentioned concerns about who will care for them when they were unable to do anything for themselves, or for a spouse after their death. Occasionally, they noted anxiety about graves or who would care for the family property or the grave after their death, or they worried about dying and the impact of their death on others. One woman told us that when a neighbor died, they couldn't find her hanko. She went on,

I want to make sure the family knows where things are but they tell me not to talk like that [about dying]. I think it's better if everyone knows, so there aren't problems when I die like with the neighbor.

Another woman spoke in more religious language of her concerns about dying, but ultimately it was still about the trouble she was afraid she was causing for others by her wish to remain alive.

Really, in order for one to live, one has to die, but my wish is to live a little bit longer. So I encourage myself, saying I need to stay strong.... I really think that I don't understand many things anymore. But you know, I'm old. I'm 94 now. I think I may have lived a bit too long.... I just don't want to cause any more trouble before I die, for anything, all I want is to cause as little trouble as possible. Once you age, it can't be helped that you cause trouble, but I want to try not to do that I don't have long to go, so I want to die, but I don't dare say "I want to die, I want to die" when everyone is working so hard to take care of me.... Once one passes 90, it's natural to think about your death. Just really thinking that you don't want to die, well, being human, I guess that feeling is just natural[Interviewer: I heard that you always pray for a very long time.] Yes, that I can say.... As long as you say "nammyohorenge", it will communicate, so I thought I should just do it for longer. I try to do that as much as possible. (3202401, 2007)

Differences and Similarities

Understanding what life feels like, what is important, how the world looks to old-old people is one important element of an anthropological perspective on old age and aging in Japan. Another approach is to consider the ways that life experiences have shaped that world view. This includes consideration of gender, social class, family structure and relationships, religious experience, residence (urban vs. rural), and occupation. Neither of my research projects was designed to answer these questions, but here are a couple of observations and hypothesis.

1) Gender did not seem to make much difference in attitudes toward and decisions about therapies at the end of life. People expressed a wide range of ideas about death and about how to die, but they did not appear to be tied to gender. Gender, however, does seem to matter more in people's experience of old age based on lifelong gender roles and continuing gender stereotypes. Being male or female may call forth different caregivers, for example, the wife when a husband needs help but less often vice versa. It may make a difference in the extent to which people worry about being a burden, with women more likely to express that as a concern. Women may find it more difficult to discontinue their main pre-frailty tasks since

they must now be done for them by others (men would have already retired from their main culturally sanctioned responsibilities). For example, in describing how she used to make *otsukemono* [pickles] and *mochi* [pounded rice] and was a great cook, one woman in her late 80s, commented, "Now I can't do these things so I feel *sabishii* [lonely]. I see that my daughter-in-law is busy and I wish I could help." (#0004611, 2007) Women may benefit from stronger emotional ties to children and grandchildren than men who perhaps did not cultivate these relationships in the same way when they were younger. I remember one elderly couple in which the wife, who was quite immobile due to a stroke, spoke of her daughter's frequent visits and the grandchildren crawling into her hospital-style bed with her. The husband, in a separate interview, noted that when the grandchildren came around, it was only to receive *otoshidama* [New Year's gifts] from him, there's not much more to the relationship. There are many more possibilities regarding the way gender shapes the experience of old age, such as discussion of a husband's desire to repay/reciprocate for his wife's care, or the lack of that sensibility.

2) My Japanese colleagues, in designing the elder care study, set up an explicit urban-rural (center-regional) comparison. My response was that Japan must surely be beyond that distinction in the 21st century, with a cell phone in every ear, common television and radio programming, and widespread internet access. But they were right, at least for northern Akita prefecture. Daughters-in-law there were more likely than in the Tokyo sample to be caregivers, and to voice that they were doing so because "it's my job" and to express resentment at the obligation. We saw a couple of examples of loving MIL-DIL relationships in Akita, but for the most part, they seemed to play out cultural expectations of tension-filled relations. The rural environment combined with poverty to introduce complications to the picture of idyllic aging among the rice fields, in particular, the long absence of many husbands from daily family life in order to leave for labor in other parts of the country. Limited educational opportunities of the past and current poverty limited access to the wider world of information and resources, although all the homes we visited had televisions. For many of the old-old in Akita, television programs were nearly in a foreign language, that is, standard Japanese, about a culture (urban, youth-oriented) they did not understand.

Even for someone who grew up speaking standard Japanese rather than a strong regional dialect, television programs, as one woman put it, "are aimed at the young whose interests are different from mine." This type

of experience of the world cuts across the variability in experiences of aging I have discussed. Becoming ill and becoming dependent were universally seen negatively. Another cross-cutting element among today's old-old is the impact of history on these age cohorts. Shared memories, even in Tokyo, of a less complex childhood catching fireflies, singing songs with school classmates, and fishing in the river, serve as markers of the technological and social changes they have experienced in the course of their lifetimes. The greatest shaper of these cohorts was undoubtedly the war. In many life stories, the war represented the end of the happy days and brought the death of husbands, siblings, and fathers. Its end marks, for most, the "bad old days" of food shortages and burned out houses, and provides memories that offer the view that "things are good now." The old-old people of the future will not have this experience from which to generate a positive counter-response to the negatives of aging.

A final cross-cutting element of the last stages of life which I have noted is the concern for death, graves, and memorial. Actually, in neither study did I hear much concern for the state of being dead, but rather, with the process of dying and with the trouble it causes the survivors. For older people without a family grave, the decision about and purchase of a gravesite gave them a sense of accomplishment. Even for those with family graves, there remained for some decisions about with whom they wanted to be buried due to geographical distance or strained relationships. In other cases, people had questions about whether they would be remembered, whether rituals would be performed for them and the ancestors who had been in their care for so long. One woman described how her brother had converted to Christianity and baptized his children. Even though he was the oldest son, it was clear to their father than he would not take care of the grave at the Buddhist temple.

And so Ojii-chan came to me. By Ojii-chan, I mean my own parent, my father. He came to seek my advice and so I promised him that I will look after [the family grave].... That's all I can think about recently...I made a promise, but after I die, who is going to look after it? Well, I can't do anything about it. But that keeps coming up in my mind (#3201706, 2007)

Some people, both those with dementia and those without, spoke of communicating with deceased relatives, such as the cancer patient who was certain her father was coming back from the other world at the upcoming Obon holiday, an occasion for families to reunite across the boundary of life and death, to take her back with him. In neither study did I pursue these ideas about a post-death existence, but my impression is that it suggests a peacefulness not present in their current lives, and a reunification with

loved ones (cf. Smith 1999). It is the betwixt-and-between state of painful illness or lack of social personhood due to dependency that worried people as they looked forward.

LESSONS ABOUT JAPANESE CULTURE THROUGH STUDYING LATE LIFE

Beyond studying the elderly and dying themselves, certainly a study of significance in this era of changing demographics world-wide, what does this work teach us about Japanese culture?

First, and perhaps most obviously, it reminds us that there is a large portion of the population whose exercise is tossing a large rubber ball in a rehab class rather than working out at a fitness center. They often cannot see well enough to watch television, much less play video games. For reasons of illness and cost, they are not eating sushi or drinking beer. I find that talking about old people in class provides students a deeper perspective on Japanese society that makes it easier for them to think critically about their beloved J-pop as a commodity in a larger political-economic context. Simple cell phones with giant numbers may be the fad of the future!

A second lesson is the reminder of how little we know about family relations in Japan despite all that has been written about the structure and functions of the corporate household (*ie*). We talk about stem families and so focus on parent-heir relationships, contrasting mother-son and father-son dyads. Merely substituting a nuclear family model for the older three-generation one does not allow us to better see relationships that exist along side those that are structurally important. As Scott Clark noted a decade ago, our Japanese colleagues tell us the vertical tie of descent is more important than the horizontal tie among siblings, so we have not given significant attention to sisters (for example). Both of my projects have shown that siblings remain important to people regardless of the type of household. With parents long dead, ties to siblings may take on special meaning as their link to their past and the continuity of their lives despite migration and frailty. Many old people in the elder care study report that they speak with their distant siblings by phone since they can no longer visit, and how painful, what a narrowing of their world it is when even this becomes too difficult. One elderly caregiving wife reported being angry when her husband once taunted during an argument that she could leave; his sister would take better care of him than she did anyway.

The flip side of the complaint of caregiving daughters-in-law that their husband's siblings interfere with care decisions is that someone thinks they do have a moral right to a voice in those decisions. I was surprised to learn that it was not only the oldest son and descendents who show up at the deathbed, but ideally all of the dying person's children, with their spouses and kids as well. End-of-life decisions are made not necessarily by the person we would expect based on the structure of the Japanese family we learned in Japanese Society class, but in one case by a 14-year old son, in another by an elder daughter over the ideas of her chōnan [eldest] brother, and in yet another by a collaborative team of the wife and sister of a dying man. Perhaps no one told them sisters-in-law aren't supposed to get along.

Another relationship that has received virtually no attention in the English literature on Japan is grandparent-grandchild relations. At least among the people I have interviewed, their own children might be supportive or they might visit rarely if at all. They were grateful to those who provided care and complained about those who came occasionally and only out of obligation. But grandchildren were for many their source of joy, whether via in-person visits or photos received in the mail. Their college admission, marriage, or obtaining a job were the matters of worry on one hand and pride on the other. In one family, the elderly woman widowed just after the war had supported herself and her children as a nurse. Her granddaughter had also become a nurse. In addition to the medical knowledge she brought to the family caregiving situation, she and her grandmother felt a special bond through their shared occupation. In a couple of other cases as well, a grandchild or grandchild-in-law provided assistance, knowledge, and care directly. It is perhaps because the social lives of the dying and very old have narrowed to such a degree that our attention is drawn in these cases to these relationships. Better study of sibling and grandchild-grandparent relationships will lead to a deeper understanding of the meanings and lives Japanese families. I have no doubt that we will see some of great intimacy and respect, as well as those based on resentment and grudging tolerance.

On a final note, for Americans, there are some practical applications to the study of Japanese aging. Social class may help shape the ways that Japanese old people see the world, but socioeconomic status does not prohibit their access to good, high-tech medical care or to nursing homes. The working class families who constituted the majority of our participants in the elder care study are just as likely to get treatment for medical problems as the wealthy. Lack of social capital does not keep them from

obtaining medication or in-home care services. How the government will be able to continue providing medical and elder care in a society in which 1/3 of the population will be 65 and older by 2050 remains a huge policy challenge; anthropologists can and should contribute to these discussions in Japan, and in their own countries.

CONCLUDING THOUGHTS

My intent here has not been to draw conclusions about people in the last years or months of their lives as much as to consider what I have learned from the two projects in which I have been involved that might move the study of such people forward.

In studying old people, we might want to be more self-conscious about the special methodological issues raised by the limited time span and the various physical and intellectual limitations of this population while retaining the benefits, and the fun, of ethnography. This can be accomplished in part by the sharing of personal reflections and field experiences among anthropologists of aging.

In the second part of this essay, I raised a variety of topics and questions to which I hope my work is contributing, but I know is far from providing definitive answers. The work of eliciting the world views and understandings of people in the last part of their lives is a fascinating task, particularly well-suited to anthropological research. It is one that is critical for understanding not only Japan today but many societies in the near future. We know, too, that these understandings are shaped by experiences through their lives, and that seeing the impact of gender, social class, occupational background, and family relationships will be basic parts of our work. Nor can we discuss the experiences of people who are frail and ill without considering the broad political-economic and technological settings which frame those experiences. I hope that as we bring together our interests in individual lives with broad societal concerns, anthropologists will contribute our analytical skills and humanizing perspectives to public policy debates about medical and elder care.

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Demographic Challenges for the 21st Century: Population Ageing and the Immigration “Problem” in Japan¹

Ayumi Takenaka
Bryn Mawr College
Tohoku University

Although Japan may have lost the economic might and awe of the 1980s, there is one area in which it still has a lead: population ageing. Today, Japan is ageing faster than any other nation, with the world's highest proportion of adults over 65 (23%), followed by Italy and Germany (20.4%), and one of the lowest ratios of children under 15 (13%). Its population is declining on a scale unprecedented in the developed world (at least in peacetime) and may further shrink by 32% to 86 million by 2060 from the current 128 million (National Institute of Population and Social Security Research 2012; Nihon Keizai Shinbun October 27, 2011). By 2060, the ratio of over-65s is expected to reach 40% (National Institute of Population and Social Security Research 2012). In 2001, the United Nations warned that to sustain the size of the working-age population at the 1995 level of 87.2 million, Japan would need 33.5 million immigrants from 1995 through 2050 (UN 2001). By this estimate, the immigrants and their descendants would comprise 17.7 per cent of the country's total population by 2050 (UN 2001).

This poses a dilemma, particularly for Japan. Japan regards itself as an ethnically and culturally homogeneous country and has accepted only a limited number of foreigners in the past decades. Even though the volume of migration has recently grown, the proportion of foreigners, presently at 1.5%, or just over 2 million (Ministry of Justice 2012), is very small in comparison with that in other industrial countries--8.2% in Germany, 7.1% in the U.K. and 7.1% in Italy (2009 statistics on the proportion of foreign, not foreign-born, population, quoted in OECD 2011). The official statistic of Japan's foreign population even includes 400,000 multi-generational Korean residents who typically are not considered foreign elsewhere; even though they were born and raised in Japan, they nonetheless remain foreign due to Japan's *jus-sanguinis* (blood-based), rather than *jus-soli* (based on place of birth), citizenship policy. How does Japan deal with this demographic dilemma?

Is immigration a viable solution to population ageing in Japan? How will population ageing shape the future of immigration policies, and how will immigration dynamics, in turn, affect demographic projections? As a forerunner in population ageing, and one of the most “reluctant” countries of immigration, Japan and the choices it makes are likely to offer lessons for the rest of the ageing world in tackling similar demographic challenges.

IMMIGRATION DEBATE IN THE CONTEXT OF POPULATION AGEING

In the context of accelerating ageing and continuous population decline, immigration has recently re-surfaced in public discussions (Repeta and Roberts 2010). Keidanren, Japan's powerful business association, has actively advocated for accepting more skilled foreign workers; through publications, such as “Policy Suggestions for Accepting Global Talent” (2010), “How to Deal with the Economy and Society Faced with Population Decline” (2008), and “Toward a Vibrant and Attractive Japan” (2003),² it has argued that in the context of population ageing and decline, it is critical to attract foreign talent to revitalize Japan's economy and society. So, too have other organizations and think tanks, including the Japan Economic Research Institute (2008), Council on Population Education and Akashi Research Group (2010), and the Japan Immigration Policy Institute (Sakanaka 2012, 2011, 2010). Faced with pressing demographic concerns, the Japanese government has also recognized the need to accept more skilled foreign workers. In 2008, it created the Council on Accepting Highly Qualified Foreigners in the Prime Minister's Office, and the publication, “On the New Growth Strategy: Blueprint for Revitalizing Japan,” issued by the Cabinet (2010), explicitly states that accepting foreign talent is key to the country's economic growth and revitalization. These views, though far from unanimous,

have led to a series of policy decisions to encourage foreign inflows, including tourists, at least to some extent. While maintaining to accept only skilled migrants in line with the existing policy, the Japanese government affirmed its stance to entice, and retain, more skilled migrants, along with foreign students and tourists, who would contribute to Japanese society and economy. According to the Ministry of Justice (2010), a ministry in charge of immigration policy, “Amid the serious decline in the population..., (w) e will proactively accept foreign nationals who possess specialized knowledge, technology or skills ... in order to create new vitality of the Japanese economy and society ... and to strengthen its international competitiveness” (P. 21). The plan, it states, aims to create “a vibrant, prosperous society,” “a safe and secure society” and “a harmonious society coexisting with foreign nationals” (P. 2). Foreign inflows should be encouraged, therefore, not strictly for demographic reasons (i.e., to make up for the country’s ageing and declining population), according to the government, but only in the framework of social and economic development—to revitalize the rapidly ageing society and its economic vitality (Ministry of Justice 2010). To entice more “favorable” migrants and encourage them to stay in the country, Japanese immigration policy has become more selective, facilitating the entry of the skilled, while restricting that of others. Part of the scheme is a skill-based “points-system,” to be introduced later this year. Similar to one adopted in many other developed countries, the points-system will allocate points to “preferred” individuals with an advanced degree, more work experience and higher income, particularly in the fields of business management, science and technology, and academic research; a degree from a Japanese educational institution adds 5 “bonus” points and Japanese language proficiency, 10 more points, out of a total of 100 points (Ministry of Justice 2011). Once they have entered, those “highly-qualified” migrants will be able to obtain permanent residency more easily than before (after 5 years of residence, instead of 10 years). Financially dependent parents and household employees will be allowed to come along, while spouses will be permitted to work for the first time (Ministry of Justice 2011).

The expanding skilled migration scheme also includes a foreign care worker program. Introduced in 1998 under the Economic Partnership Agreement (EPA) with Indonesia and the Philippines, the program aims to provide opportunities for Indonesian and Filipino workers with specialized knowledge in eldercare and nursing, fields afflicted by perpetual labor shortages in an aging Japan. The program is not meant to fill labor shortages; it is fundamentally a “trainee” program that attempts to promote bilateral economic cooperation and integration with these countries (Ministry of Health, Labor and

Welfare 2011). Under this program, 793 Indonesians and 438 Filipinos have entered Japan on 3 to 4-year contracts. At the end of their contracts, trainees must pass Japan’s notoriously difficult national nursing examination to stay in the country. Between 2009 and 2011, only 19 (out of 817 exam takers) passed the exam. The rest returned to their countries upon termination of their contracts (Ministry of Health, Labor and Welfare 2011). The dismal result, largely attributed to linguistic barriers, invited nation-wide criticisms (Yomiuri Shinbun January 29, 2012) and resulted in revising the exam, making it easier for foreign test takers by using fewer technical terminologies and Chinese characters. Subsequently, the number of successful foreign exam takers “jumped up” to 47, or 11.3% out of 415 exam takers, in the most recent test, according to Asahi Shinbun, a major daily, reported on March 27, 2012. To encourage more skilled migration in eldercare and nursing, the government is currently negotiating a similar treaty with Vietnam, India, and Thailand.

At the same time, various programs have been implemented in an attempt to increase the number of foreign students. The “300,000 Foreign Student Plan,” for instance, intends to increase the number from the current 138,000 (in 2011) to 300,000 by 2020. Other programs, such as “the Asia Gateway Initiative” (Prime Minister’s Office), “Global 30” (Ministry of Education, Science, and Culture), and “Career Development Program for (Asian) Foreign Students in Japan” (Ministry of Economy, Trade, and Industry), aim to lure foreign students (and scholars) and retain them upon graduation by recruiting students abroad, providing financial support and career opportunities, and increasing the number of English-medium courses.

Similarly, the government plans to increase the number of foreign visitors to 25 million by 2020 under the “Basic Plan for the Promotion of Tourism” (2007). To this aim, the Japan Tourism Agency was established in 2008 within the Ministry of Land, Infrastructure, Transport, and Tourism, with a broad objective of “building a country good to live in, good to visit” and “achieving a true tourism nation” (Japan Tourism Agency 2012).

All these measures were officially implemented as part of national growth strategies under the grand scheme of the “New Growth Strategy (Basic Policy)” (2009). Thus, bringing in more foreigners, once again, is not meant to serve as “replacement migration” (UN 2001) to make up for the country’s ageing and declining population. Even though the current public discussion on immigration, fueled in the context of accelerating population ageing and decline, is inexorably linked to demographic

problems, immigration is treated only as a means to revitalize its ageing society and increase the country's economic competitiveness in an increasingly globalized world.

ACTUAL OUTCOMES

The outcomes of these measures, however, are quite different from their intentions. Highly skilled migrants, at least the kinds of migrants the government intends to attract, are not coming to Japan in significant numbers. In fact, the number of newly admitted skilled migrants declined from over 120,000 in 2005 to less than 60,000 in 2009 (Ministry of Justice 2011). Moreover, a good portion of these "skilled" migrants are so-called "entertainers," many of whom work in bars as hostesses. Nor are many skilled migrants staying in Japan very long. In particular, the highly talented with extraordinary abilities and globally compatible skills are less likely to stay and tend to see Japan as a stepping-stone to move on elsewhere, according to interviews I conducted with foreign migrants and students in Japan between 2008 and 2010.³ A Korean student, who studied physics at a prestigious Japanese university with a fully-funded Japanese government scholarship, told me during an interview that he intended to pursue his Ph.D. in the U.S. "I want to challenge myself at a higher level," he said in fluent English, mixing up with some Japanese words; "If I stay here for so long and get too used to the Japanese way of doing science, I feel I won't be able to compete globally." He regarded the Japanese academic environment rather parochial and not quite globalized. Whether he actually leaves for the U.S. after completing his master's course is unclear. This tendency was clearly observed among foreign students interviewed, particularly in science and engineering (See also Murakami 2009). Similarly, tourists are not coming in large numbers, either. Currently, Japan is ranked 30th among major countries in attracting foreign tourists (6.2 million in 2011) (Japan National Tourism Organization 2012).

As for foreign students, the overall number coming has steadily increased each year, reaching a "record high" of 141,000 in 2010 (In 2011, it dropped to 138,000, according to JASSO 2012). Yet, so, too, has the number leaving Japan. In 2010, about 40% left Japan upon completing their studies (JASSO 2012). Moreover, over one fifth of all foreign students were non-degree seeking students, such as exchange students and short-term language learners. In addition, more than half (or 51%) of foreign students are undergraduates, rather than graduate students (27%) and enroll in the humanities and social sciences (over 80%) instead of science and engineering (19%) (JASSO 2011). Doctoral students are less likely to stay in Japan (48%) than

masters (63%) and undergraduate students (70%) (JASSO 2011). And those enrolled in English-medium "global courses" (particularly in science and engineering) tend to leave, using the education and resources they acquired in Japan as a stepping-stone to move on to other countries, such as the U.S. (according to interviews I conducted). Ironically, Japan appears to lose many ambitious and talented students by offering English-medium courses in an attempt to globalize itself.

All in all, Japan has not been quite successful in attracting, and retaining, the kinds of foreigners it intends to attract (Tsukazaki 2008). Foreigners who come and stay in Japan in large numbers are not "highly qualified individuals" as targeted by the government, but rather low-skilled workers who enter through familial and ethnic ties. In 2009, only 17% of foreign workers engaged in professional and skilled jobs (Ministry of Health, Labor, and Welfare 2010). Whether this trend will be overturned by the new points-system and other "proactive" policies trumpeted by the government is yet to be seen.

LESSONS FOR OTHER COUNTRIES?

In the midst of growing public discussion over immigration fueled by population ageing and decline, Japan has nevertheless succeeded in increasing temporary and cyclical migration. That is, the volume of entry has grown through "revolving-door" migration. Foreign nurses and caregivers began to come, but the majority go home after a couple of years. Foreign students, particularly those with advanced degrees in science and engineering, are also not likely to stay for long. This may reflect the intent of some policy makers, as one put it during an interview: "Japan should accept immigration only on a temporary and rotating basis to keep the nation culturally homogeneous and socially stable. ... In the end, Japanese people are concerned about crime and disorder associated with growing inflows of foreigners." As another policy maker interviewed implied, skilled migrants may be encouraged, perhaps because they are unlikely to come or stay in Japan for long. The series of policies being implemented, thus, may be merely rhetorical.

Regardless of its intent, Japan is clearly faced with a number of contradictions. If the government truly intends to achieve their stated goals, there is a significant gap between intentions and actual outcomes. As indicated earlier, not so many skilled migrants are coming or staying, as intended by the government. At the same time, unskilled migration, which the government tries to regulate, has grown more. This contradictory outcome fuels public anxiety that there ought to be stricter control

over immigration, particularly for unskilled foreign workers. And this, in turn, reinforces the image outside the country that Japan is a closed society, unwelcoming foreigners. The international media often portray Japan battling its demographic crisis by refusing to let in immigrants; the country is also viewed as doomed in the face of demographic crisis – or to be revived by boosting new industries. In a Washington Post article, “Demographic Crisis, Robotic Cure? Rejecting Immigration, Japan Turns to Technology as Workforce Shrinks,” Harden (2008) discusses how Japan embraces robots for its demographic crisis. The New York Times reports, “Despite need Japan keeps high wall for foreign labor” (Tabuchi 2011), and Japan may indeed “pick robots over immigrants” (BBC May 17, 2011). This widespread image may have contributed to keeping the immigration volume low by discouraging highly skilled migrants to come and stay in the country. And this, in part, resulted in pressing the government to adopt a more open immigration policy (at least in appearance), according to an interview conducted with a policy expert. In reality, Japan maintains a fairly open policy toward skilled migrants (admitting skilled foreign workers without setting numerical quotas, unlike the U.S., for instance); the result, however, is that despite this, many of them, once again, are not coming or staying for long.

If, on the other hand, the government truly prefers to avoid immigration, it still faces a contradiction between what they say and what they want. In this scenario, the policy has served them well; it has helped to limit the overall stock of immigration, while maintaining an “open” immigration policy on the surface. By adopting an “open” immigration policy, moreover, Japan can counter the image oft portrayed in the foreign media that it is a closed country. In fact, the Japanese mainstream media tend to focus on the “growth” of foreign-resident population, describing hopes, problems, and challenges associated with growing “multiculturalism” within the country. Between 2009 and 2010, Asahi Shinbun ran a series of articles about growing Chinese migrants in Japan, and in an article, “Opening Up the Country (Semarareru Aratana Kaikoku)” (January 9, 2010), it reported how the society has grown multicultural. Yomiuri Shinbun, another daily, published a report, “Becoming International Through Multicultural Exchange” (Tabunka Koryu de Kokusaijin ni) (May 8, 2008) by focusing on a school with a growing number of foreign students, and Nihon Keizai Shinbun, a business daily, recently quoted an expert in calling for greater awareness and acceptance of cultural differences (“Toward a Multicultural Society” (Kizukou Tabunka Kyosei Shakai), February 18, 2012). The tendency to focus on “multiculturalism,” reflected also in the growing volume of scholarly work (e.g., Kondo 2011; Satake 2011) and government initiatives on the subject (e.g., Ministry of

International Affairs and Communications 2006; Ministry of Foreign Affairs and International Organization for Migration 2012), further reinforces the contradiction described earlier by concealing the reality – the reality that immigrants, in fact, are not coming or staying in significant numbers.

Whether Japan truly intends to accept more (skilled) foreign migrants or not, the country does have a limited volume of foreign migration, mostly temporary, cyclical, and unskilled. It is remarkable that Japan has managed to maintain a low level of immigration amid continuous calls for (skilled) immigration and rapidly ageing population. It is equally remarkable that the country has dealt with its ageing crisis and sustained itself socially and economically, thus far, with only limited immigration.

The way Japan has handled the demographic challenge may not offer lessons for other countries on how to incorporate immigrants to cope with population ageing. It may also not provide an answer as to how immigration may help alleviate population ageing. It may nevertheless offer a lesson on how to manage, and regulate, immigration amid rapid populating ageing or how to cope with population ageing without resorting to large-scale immigration.

Japan has dealt with its demographic problems by increasing “revolving door” migration. Whether this helps, or will help, reinvigorate an aging Japan remains to be seen. Equally uncertain is how long Japan can continue to sustain itself, both demographically and economically, unless the country opened up, genuinely, toward more immigrants – not simply in terms of the sheer number it allows to let in, but in welcoming them as part of their society.

NOTES

¹ This paper is based on the author’s presentation delivered at the 16th International Metropolis Conference in November, 2011 in Ponta Delgada, Azores, Portugal. I am grateful to the audience at the Conference and Robert Dujarric for helpful comments.

² All my translations. Whenever official translation is not available, I provide my own throughout this paper. Acknowledgement:

³ During the period, I conducted interviews with over 50 foreign residents of various nationalities in the Tokyo area and a dozen policy makers and public commentators. I also interviewed 45 foreign students (with Kumiko Tsuchida) enrolled in a Japanese university.

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ARTICLES

A Japanese Terminal Patient's Hopes for Connections Transcending Time

Megumi Kondo-Arita, PhD
Tenri Health Care University, Japan

Abstract

Terminal cancer patients face not only issues unique to their diseases, but also issues rooted in their previous life experiences, including physical, social, psychological, and spiritual pain. This study focuses on the hopes of a terminal patient for "Continuing Bonds." Much current research emphasizes the importance of "continuing bonds" for the health of bereaved families, but little has looked at the meaning of "continuing bonds" for dying patients themselves. I attended an elderly terminal cancer patient in a Japanese hospital, observing and conversing with her as she went through the process of examining her life and faith. The patient granted permission to record and share these observations to shed light on Japanese views of "death" and "life." This research shows that Japanese face death not merely as personal issues, but in the broader perspective of continuing family bonds.

Keywords: death, dying, bonds, self-esteem, transcendence

PROBLEM AND PURPOSE

Notification that an illness is terminal evokes myriad feelings and desires, facing the reality of one's mortality. Academic studies from philosophy, psychology, psychiatry and anthropology have addressed the ways patients and families deal with death. Freud's (1917) research on the grieving process of the bereaved focused on severing of the bonds between bereaved family members and their departed loved ones. In recent years, Freud's assertion of the importance of severing such bonds has been seriously challenged. More recent research has asserted that there is value in maintaining bonds with those who have passed (e.g., Klass, 1996; Neimeyer, 2002, 2004).

What is the meaning or value of the bonds between those approaching death and the ones they leave behind? Previous studies have asserted that the prospect of mortality induces anxiety-avoidance behaviors such as seeking a religious connection with God or emphasizing a prospective reunion with loved ones who have already died. (e.g., Shneidman, 1973; Kashiwagi, 1985; Kawashima, 2011). Yet little of this prior research has elucidated issues concerning the bonds between the dying person and those who will go on living. This article explores the spiritual questions some Japanese people pose, through the example of one terminally ill female patient.

With the spread of the hospice movement in the 1970's, "deathwatch" in medical facilities became a topic of

thanatology. Figures influential in this clinical practice included Saunders and Kübler-Ross (1969), who conducted research on dying patients in modern hospices and hospital wards. More recent research explored patients' spiritual questions immediately before death (e.g. Tomer, 1994; Vickio, 1999).

Spirituality has become an important concern in American and European palliative care. The word "spiritual" calls up a plethora of meanings and associations—but the English word "spiritual" does not have a direct translation in Japanese. The term is often translated into Japanese words such as "seishinteki" or "reiteki" reminiscent of the Greek "ethos" or "pneuma." Spiritual questions are ultimate, fundamental, and existential questions connected to the passage of time and to interpersonal relationships (Murata, 1999a,b). Spiritual questions may be painful, threatening the meaning of, the purpose of, or hopes for life. Such spiritual problems cannot be readily remedied through mere association with a religion. How can caregivers or family help dying people resolve such questions, especially in modern secular culture?

The concept of spirituality covers multiple meanings and interpretations. Kashiwagi's Palliative Care Manual (1992) suggested that three types of spiritual questions for terminal patients include (1) self-esteem, (2) chronological existence, and (3) relational existence.

The first type of spiritual question for terminal patients regards self-esteem. Patients' physical conditions influence how they see their own existence. The progression of illness limits the patients' Activities of Daily Living (ADL). Unable to function as they used to, their self-confidence and self-esteem decline. They may say, "My body has deteriorated so much; I can do so little now. There is no point in my continuing in this condition. I am just a useless burden." As a result, they are forced to adjust their perception of themselves.

The second type of spiritual question for terminal patients involves the passage of time. Nishihira (1993) applied Erikson's developmental theories in his examination of children with muscular dystrophy, noting, "human development is an effort to live a life despite the awareness that people grow up only to die." Similarly, terminal cancer patients cherish each moment. They look forward to the next moment, even though the passage of time means getting closer to death. Questions about "life" and "death" are intertwined in such people's lives. Patients may say, "I know I am going to die anyway, so I want to die quickly. If everything is going to end anyway, there is no meaning to life any more. I am just wasting time waiting to die." They become aware that they cannot avoid death. And this death awareness leads to a fear of

disappearance, a loss of meaning, a feeling of emptiness. Their questions about the meaning of their remaining time impacts them psychologically.

A third type of spiritual question concerns their relational existence. Some lose social roles when they resign work due to illness. Others lose social connections due to their hospitalization. They may say, "No one needs me. I can do nothing for anyone. Nothing will remain when I die." They question their own worth in society and relationships. They become unable to see their self-worth in social contexts.

Abundant research on the bonds between the deceased and their bereaved families has focused largely on how the bereaved families fare after losing someone. Klass (1996) introduced the idea of "continuing bonds," refuting Freud's (1917) theories of grief that had encouraged disconnection from the deceased. Klass emphasized the importance of the family members' bonds with the deceased; he derived his idea of "continuing bonds" in part from his observations of traditional Japanese culture. In Japanese traditional arts such as Kabuki, the conferring of familial names on actors as they mature emphasizes the importance of blood relationships. Such relationships often provide hints for the spirituality of the dying and bereaved (Hattori, 2002; Furuido, 2008).

Recent research (Stroebe, 2010) has substantially advanced our understanding of continuing bonds for the bereaved, and increasing emphasis can be seen on qualitative studies in this area (Asai, 2010; Wilson, 2011). However, these studies focus on the bereaved who are left behind, rather than on the role of continuing bonds for the dying patient oneself.

Of course, these questions vary from individual to individual. People pose different questions depending on their previous environments and interpersonal relationships (Shneidman, 1980). For Japanese, spiritual questions are often understood to have multiple meanings about the meaning and future of their existence, not limited to their existence as individual entities, but also including interpersonal relationships with family, friends, and significant others. Japanese people tend to prioritize groups (e.g., family) over individuals (Watsuji, 1979; Hiroi, 1997, 2001), so their lives as patients, including disclosure of diagnosis, determining the treatment, and decision-making around death, are largely influenced by their notions of interdependence (Inoue, 1980; Ishizaka, 2006).

Many Japanese studies report instances of terminally ill patients posing existential and spiritual questions (Kashiwagi, 1985; Kishimoto, 1996; Arita, 2006). The most

frequent questions pertained to “existence after death,” which includes both social and spiritual connections with their family after their own death (Kondo, 2010). Questions associated with family bonds were more prevalent among Japanese than existential questions.

Among many questions regarding death, people often wonder about existence after death, asking, “Where do we go after death?” and “What happens after death?” Some people with terminal illness have concerns about afterlife, often associated with religion and spirituality (cf. Kübler-Ross, 1988). This fear of death is not only about physical pain before death but also the existence or nature of the afterlife. How do people overcome this fear? Interpersonal relationships may suggest answers to life after death, to doubts about religion, and concern about an unfamiliar afterlife. In a Japanese social context, not only the possibility of a soul being reborn in heaven, but the possibility of being remembered or even reborn and again and loved on this level pose alternative hopes for post-mortem self-existence. This article shows the role of social interconnections and continuing bonds, focusing on a dying patient and her relationships with family and fellow patients.

RESEARCH METHODS

Interview methodology

Many professional thanatologists learn about their lives of dying patients by spending time with and sharing feelings with their patients. Kübler-Ross became internationally known for her conversations with terminally ill cancer patients, while Glaser and Strauss (1965, 1988) became authorities of qualitative research methods by establishing the Grounded Theory approach.

Participant observation and dialogue methods are commonly employed to study people during their terminal stages (e.g., Carverhill, 2002; Wright & Flemons, 2002). Participant observation in qualitative studies focuses on the dynamics of a dialogue between a participant and a researcher. The researcher inter-subjectively perceives the participant's internal “thoughts” and “emotions” during the dialogue. Kujiraoka proposed that conscientious self-reflection on inner processes of the dialogue could enable the researcher to overcome merely subjective understanding of the participant's world (Kujiraoka, 1998, 1999). Along the same lines, I have argued elsewhere that the primary requirement of qualitative research is to expose the researcher's subjective experience along with the phenomenon presented by the participant. Researchers need to grasp the feelings and nuances that are “non-verbally expressed” (Kondo, 2010).

Context and method

In the early months of 2005, I did research at a palliative care unit of a general hospital in the Nagoya area of Japan. The palliative care unit had 19 beds in single rooms, and actively collaborated with other departments of the hospital to meet the needs of the patients and their families. I conducted many 90-minute interviews with terminal patients.

While I accompanied a primary physician on his morning rounds, I met all the patients in the palliative care unit. The primary care physician introduced me as a graduate psychology student who was researching to improve psychological care at the palliative care unit. The primary care physician explained that I would ask questions as a part of her study; and that our conversations would be voluntary and not a part of their treatment. Then I asked each patient individually whether they would agree to participate in this research.

I made scrupulous notes after each interview with cooperating patients, and later attempted to reinterpret them conscientiously based on Kujiraoka's principles. I analyzed our dialogues, making observations on our interpersonal relationships, and on my own subjective experiences that illuminated my interactions with the participant (Kondo, 2010).

I encouraged the patient/participant to share her thoughts about “daily life” and “recent thoughts,” rather than using a structured interview script. This method was modeled after Shneidman's (1980) research on a dialogue with a terminally ill patient. I employed an unstructured interview in order to explore the participant's psychological conditions that varied daily. I transcribed the conversation after the interview with the permission of the participant. The primary care physician, the primary nurse, the participant's family, and the participant herself all reported on her physical and psychological conditions. The participant's discussion of “self-existence” was extracted and analyzed using an “interactive-observational” interview. The context of the conversation was also considered.

Ethical considerations

The hospital Institutional Review Board (IRB) approved this research study. I cleared all interview protocols and procedures with the primary care physicians and nurses, as well as the hospital IRB. Each patient was given detailed verbal and written explanations of the purpose of the study, the use of the interview materials, and waiving of confidentiality. Patients who agreed to

participate signed the consent forms allowing the sharing of all their interviews. I discussed the patients' conditions with their primary care physician and nurses immediately before each session, so each session was conducted with consideration to the patient's reported conditions. With the patient's permission, the transcribed contents of these sessions were also shared with the physician and nurses, in order to further improve their care.

Background of the case study

The case study presented here involved 14 interviews with a 69-year-old patient whom I shall call "Kikyo," dying of rectal cancer which had metastasized to her lungs. Kikyo had already lost her parents and husband, but had a married son and two married daughters. Her elder daughter was a nurse who served as her key caregiver during her hospitalization.

Kikyo had undergone an operation for rectal cancer in July of 2000, followed by removal of the inferior lobe of her right lung in July of 2001. In December of 2004, she was hospitalized for chemotherapy, but she was already aware that she was terminal. A friend at her previous hospital had told her about this palliative care unit, so in Japanese style, Kikyo requested her previous physician to write a letter of recommendation to be transferred to this palliative care unit. At Christmastime of 2004, she was admitted to the PCU where she remained until her death on February 26, 2005. She was glad to be admitted, but sad to acknowledge that her life was almost over. Her active decision-making in requesting placement to the PCU was atypical of Japanese who tend to be less proactive or self-assertive.

I conducted 14 90-minute interviews during the last seven weeks of Kikyo's hospitalization in the PCU. I encouraged Kikyo to share her "recent thoughts" about "daily life." Rather than using a structured interview script, I employed unstructured interviews to explore Kikyo's varying psychological condition. The content of these interviews, while overlapping, can be loosely divided into (1) Spiritual Issues, (2) Physical Issues, and (3) Psychological Issues, which are introduced in the order in which she confronted them below. Each of these issues is totally permeated by a social consciousness which cannot be separated from them.

DIALOGUES WITH KIKYO

(1) SPIRITUAL ISSUES: REINCARNATION WITHIN THE FAMILY

Kikyo had resided in the PCU for two weeks when I first met her, accompanying her primary physician on his morning rounds. Kikyo had so much fluid in her abdomen that she looked pregnant, but other than her abdomen and

swollen legs, she was emaciated. At their first meeting, Kikyo was quiet, answering the physician's questions calmly, displaying none of the physical or emotional pain that many patients do. She neither welcomed nor rejected the doctor's inquiry about participating in my research study. Three days after our first meeting, I asked Kikyo if she wouldn't mind participating in some interviews. When she agreed, I made an appointment to see her again, precisely a week after their first meeting. Each time prior to seeing Kikyo, I consulted Kikyo's nurse to ensure the interview would not be too stressful for Kikyo.

When I entered Kikyo's room on the day of their appointment, Kikyo was massaging her feet with an electronic massaging machine, as she often did in the afternoon. She welcomed the author, offering her a chair the moment she entered the room. When I asked, "Does massaging your legs help?" Kikyo smiled for the first time and answered, "Not really. But my physician recommend this machine, so I use it." The tone of her greeting and their small talk during the first week made me feel that some rapport was developing.

Since her grown children worked full time or were busy as homemakers, Kikyo was almost totally alone in the hospital, rarely having visitors. I started to spend time working on daily tasks with Kikyo in her hospital room. Little by little, Kikyo had shared some of her family history. Kikyo explained that her biological father had died of stomach cancer, while her husband died after fighting cerebral hemorrhages for five years. She herself contracted cancer while she was taking care of her husband. Kikyo had shown very reserved emotion during the first week, but after our first week of contact, she smiled at me and welcomed me. Whereas at first she had been close-lipped around me, Kikyo was completely different at the outset of these visits; she warmed to the conversation, readily sharing stories about her family.

Kikyo welcomed my interest, and started to talk about events that occurred on the nights before my visits. She often talked about her dreams. For example, she had told her medical staff that she often dreamed of her deceased husband and her mother. She told me that she often woke up in the middle of the night, and she continued remembering the same dream after awakening for a while. In subsequent conversations, she spoke of her father, children, siblings, and mother-in-law. Kikyo talked about her family tree and her husband's family tree, and visibly brightened when I took out a piece of paper to sketch them out in clearer detail. Kikyo asked me to obtain a copy of her family register in order to chart a more precise family tree. When she was discussing her father's cancer, Kikyo started to talk about reincarnation within her family. I had no idea of the significance of this concept at that time, but I was happy to learn more about Kikyo's past.

Dialogue 1: Reincarnation within the family (February 2)

Kikyo: Do you remember what I was talking about the other day (yesterday)? I was thinking that one family member's death is connected to another family member's birth. Could you draw a diagram for me?

Author: Yeah, you suggested that when someone dies, someone else is born at the same time within your family. It is mysterious.

Kikyo: Yes, mysterious.

Author: Maybe we could trace those interconnections. Why don't we diagram it some time?

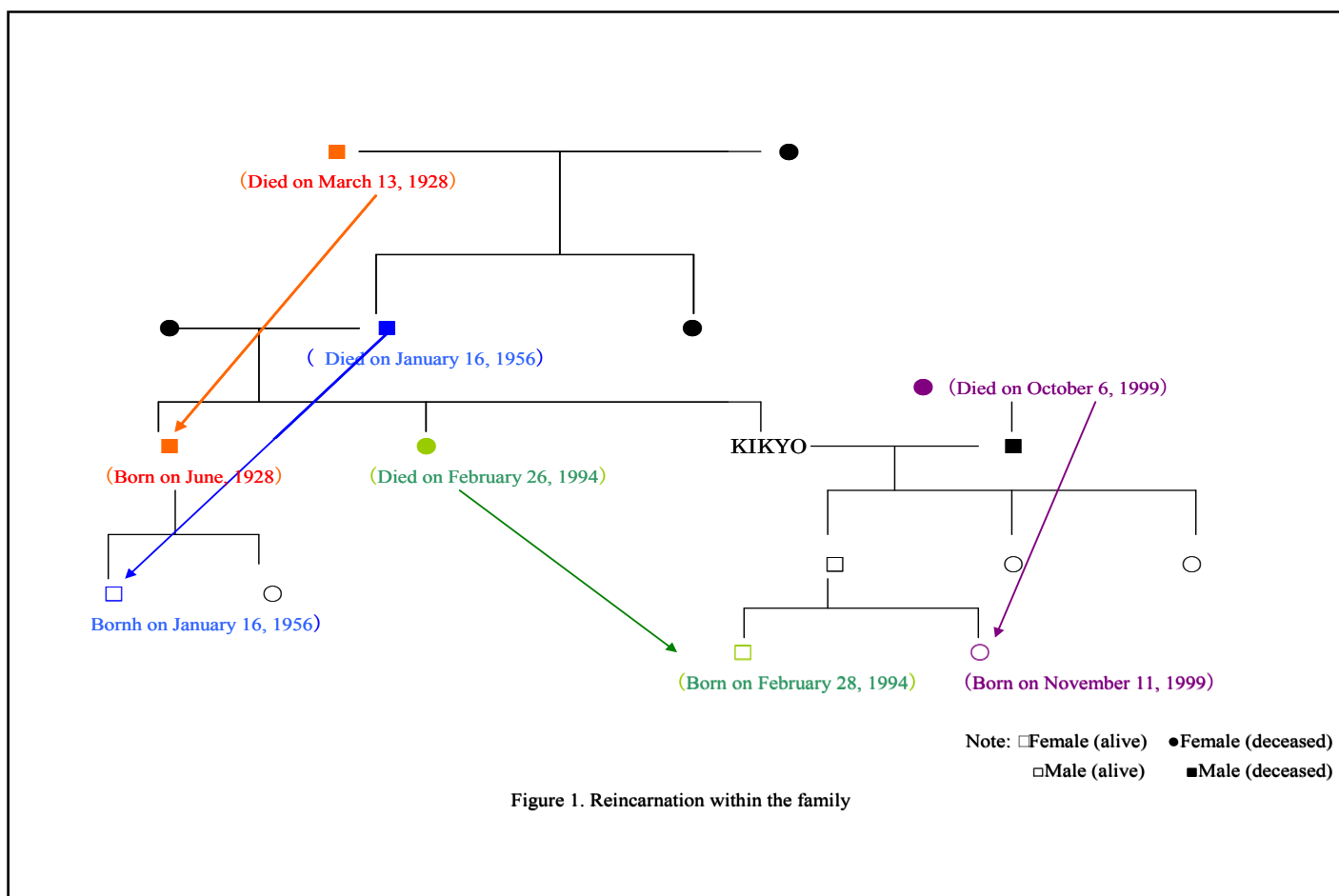
Kikyo: Yeah. I have been thinking about doing so.

Observation

Kikyo believed in a particular sect of Buddhism that respected family ancestors. Perhaps fearing that medical

professionals would condemn her religiosity, Kikyo was somewhat hesitant to speak of "reincarnation" in the hospital setting (see Long, this issue). Nonetheless, Kikyo apparently pondered and explored this idea daily. It was clear that she cherished the notion of reincarnation within the family. This concept of reincarnation within her family was important for Kikyo as she pondered her own living and dying. Her concern with this idea led to her asking a relative to obtain a copy of her family register so that I could sketch her family tree. Kikyo was not a demanding person, rarely complaining of frustration or expressing fear of death. However, she was virtually obsessed with the concept of reincarnation within her family. Kikyo insisted that she wanted me to make a family tree of her family members' "reincarnations." She asked her daughter to obtain a copy of her family register instead of relying on her memory to create a kinship diagram. Using the kinship diagram, she was able to document that quite frequently, when one family member died, a baby was born to another family member within a few days.

When Kikyo looked at the family register and discussed its details, it seemed she was seeking to affirm some



Kikyo's "Family Tree," showing dates of births immediately following deaths

primordial faith in the myth of eternal return, and in her ongoing existence within her family. Her kinship diagram remained unfinished when she passed away, but is shown in Fig 1 (below).

Kikyo's belief in reincarnation had two functions for her. One function was to estimate the approximate date of her own coming death. Since she expected to be reborn within her extended family, she thought she might predict the date of her own death by finding the date that some relative expected to deliver a baby. But Kikyo was unable to find someone pregnant in her extended family. Even failing to predict the date of her own death and rebirth, the kinship diagram fulfilled a second function of reaffirming her connections to her absent family. The process of creating a kinship diagram functioned to document her interconnections following the path of her ancestors. The kinship diagram confirmed "the fact that life cycled from generation to generation". Kikyo had lived a life that came from her ancestors and that would be passed on to her offspring. This process assured her of a "place," an identity and a significance which went beyond time and space.

(2) PHYSICAL ISSUES: COMPARING HER OWN BODILY CONDITION TO OTHERS'

Kikyo was quiet each time her physician came to examine her. She rarely complained of her suffering from fluid in abdomen, though this condition had been conspicuous even before her admission to the palliative care unit. Kikyo had learned her diagnosis of rectal cancer on her own. She had stoically undergone outpatient cancer treatment even while she was caring for her husband with a cerebral hemorrhage.

Kikyo often displayed a surprising objectivity and ability to joke about her illness with me. When she had earlier undergone surgery for her lung cancer, Kikyo had shared a hospital room with another lung cancer patient. Kikyo repeated to me the conversations she had had with her fellow patient, acting out the role of the other as though she herself were really in pain, imitating her labored breathing. Her acting was so realistic--as if she were re-living the suffering of her fellow patient--that it was difficult for me to refrain from intervening. The fluid in her abdomen often caused Kikyo to suffer the same labored breathing that her former roommate experienced, sometimes more troublesome than the pain of her cancer. When her stomach rumbled during our conversations, she joked with her abdomen (e.g., "What's bothering you?")

Dialogue 2: Dealing with another patient's death (February 2)

Kikyo: At the previous hospital, I shared a room with three other patients. A lady with terminal lung cancer had the bed by the window. She said, "You are lucky, Kikyo. You can go home as soon as you are able to eat." I responded, "You will go home soon, too." But she said, "I don't think I'll make it." When I woke up at night, I saw her sitting up in bed hugging her legs in a fetal position. (Kikyo acted like the patient and tried to hug her legs.)

Author: Like this? (I mimicked Kikyo.)

Kikyo: I cannot really do it because my stomach is so swollen. (Kikyo looked at her abdomen full of fluid, faking the labored breathing of the deceased patient).

Author: Kikyo, are you all right?

Kikyo: That lady breathed like this. When I asked her "Is it painful?" she said, "yeah."

I was discharged soon after. I tried to visit her when I returned for an outpatient checkup a couple days later, but she had already passed away. Her words came back to me; looking back on it, I saw that she knew she was dying.

Observation

Ever since she was first diagnosed, Kikyo had received periodic treatment for her cancer. Because such treatments seemed to work, even if temporarily, she had not considered her cancer life threatening. At the same time, however, she worried that her cancer might become terminal for her as it had been for her father. Kikyo did not talk much about her own suffering or pain, but she frequently mentioned her father's terminal cancer. Kikyo had some idea of the metastasis of her cancer, because she had watched her father undergo the same process. She appeared to have wished a greater connection with her family; she wished to share her feelings with her father now that she suffered from the same cancer.

Kikyo rarely complained of her pain or suffering. This was partly an emulation of her father, who also held back from sharing his suffering or pain. She also refrained from voicing her pain because she had had such a hard time constantly listening to her husband complaining of his pain. In emulating her father's stoicism, she was also trying to spare those around her from hearing her complaints.

I pondered why Kikyo did not actively pursue information on the prognosis of her illness. It appeared that Kikyo

was trying to estimate her condition by paying attention to her own body, and comparing it to the experiences of those she had previously watched die. Her imitation of labored breathing may have been grounded in genuinely labored breathing during the nights when she was alone. As she reenacted her former fellow patient's departure, she was at the same time preparing herself for her own departure. And throughout the process, she was carefully conscious of the effects of her own words and actions on those around her.

(3) PSYCHOLOGICAL ISSUES: HUMOR TOWARDS AND INFERENCES FROM OTHERS

Kikyo and I developed some familiar routines. In every session, I would typically sit across from Kikyo, moving a chair close to her bed that paralleled the window. Once I moved the chair to that location and sat down, Kikyo would initiate our conversation. We shared a number of small but memorable occasions.

For instance, one day on his morning rounds, the doctor suddenly decided that he would drain her abdominal fluid. Both of our stomachs growled as we skipped lunch while we conversed, waiting for the procedure to finish. On another instance, I accompanied Kikyo when her pharmacist and nurse discussed her medications with her. This accumulation of small daily conversations led Kikyo to open up to me and to voluntarily share her thoughts without prompting.

One Monday, Kikyo was massaging her legs, and I was relieved to see some healthy color on her smiling face. I was already aware of Kikyo's deterioration because she had been struggling with her physical condition in our previous session, and her chart indicated that she had been delirious over the weekend. I asked Kikyo to describe her weekend. Kikyo smiled wryly as she recounted an episode of the previous Friday: witnessing Kikyo's delirium and decline, the hospital staff had asked her family to visit her. The hospital staff explained her condition to her family in front of Kikyo. Kikyo knew that her family would not initiate visits on their own; their visit and the staff's explanation was so unusual that Kikyo inferred she was about to die.

Kikyo grew delirious again on the following day, rarely responding to me. The last moment we shared together was listening to her favorite song on a portable tape-recorder. Then Kikyo went unconscious. I held her hand as her breathing grew labored, her shoulders heaving with each breath. She was pronounced dead during the next weekend, when I was not present at the unit.

Observation

Constantly seeking cues about their conditions and prognoses from the brief interactions that they are allowed with medical staff, palliative care unit patients often become very sensitive to the conversations and behaviors of their staff and families. It was unusual for Kikyo to have many family members visit at the same time. She spent most of the time alone at the hospital. Aware of her deteriorating physical condition, Kikyo surmised that her death was imminent because the hospital staff had asked her family to come to the hospital.

Another reason that Kikyo thought her death impending was because of her decreased appetite. When she was first admitted to the palliative care unit, she was ecstatic that she was still able to eat and enjoyed her food with a good appetite. Though on one level she was emotionally ready to accept death, her dwindling appetite also made Kikyo realize that her death was imminent.

Kikyo often joked about her own death. Perhaps she was trying to gradually accept the difficult reality of her own death by joking about it with others. Unsure of her true motives, I tried to support Kikyo by laughing with her as she joked about the progression of her illness and coming death. I was not merely laughing, but attempting to accept the reality that Kikyo faced.

CONCLUDING DISCUSSION: TANGIBLE AND INTANGIBLE CONNECTIONS BEYOND THE EXTANT FAMILY

Kikyo smiled and asserted that she was ready to die on the very first day I met her. She was quiet and rarely complained of her physical condition. However, our dialogues revealed that she always reflected upon spirituality and the nature of her post-mortem existence. Kikyo had decided to be transferred to the palliative care unit after learning about her poor prognosis. Her time at the palliative care unit was the time she chose to face her death. Instead of complaining of her pain, exhaustion, or labored breathing, she talked about her dying journey and her internal "dialogues" with those who had died.

Kikyo's behavior was largely influenced by her caregiving experiences in the past. She projected others' dying process onto her own dying process. She used to be a caregiver, and was always the one "left behind"; here at the palliative care unit she was no longer a caregiver "left behind," but instead she was the dying one. Her conversations with the dead, and her reviewing such conversations with me, helped Kikyo to confirm her connection with those living and dead. Remembering and empathizing with people whom she had watched dying

helped Kikyo to face her own death. Kikyo was unable to empathize totally with such people who died of cancer, but she re-lived the experience of "dying" by having internal conversations with these dead people.

Corr (1993) suggested that dying individuals face four types of tasks, viz.: (1) physical, (2) psychological, (3) social, and (4) spiritual. Non-spiritual problems include dealing with physical decline (compromised Activities of Daily Living, changes in body image); psychological challenges (accepting one's own death, anxiety, attitude toward death); and social issues (financial problems due to illness, loneliness or alienation due to weak community ties). Conversely, spiritual tasks derive from worldview values, cultural background and lifetimes of experience.

Indeed, Kikyo too confronted each of these issues in her own way. However, the order in which she expressed them was somewhat reversed: first she faced spiritual issues in a Japanese manner, only later facing psychological and physical issues. Significantly, her social concerns were not a separate set of issues, but inextricably interwoven throughout all of her other concerns--although perhaps particularly prominent in her spiritual concerns about survival.

Aside from the history of her own illness, Kikyo primarily focused her discussions on reincarnation within her family. Kikyo did not simply contemplate afterlife or heaven; she pursued "connections" with her beloved family; "connections with others" not only prompted questions regarding her hereafter, but also provided her answers to them. Her pursuit of connections is not explicable simply through existential theories. Kikyo questioned whether and how she would exist in this world beyond the time of her death: she sought assurance through dialogue and through shared time with those left behind. She talked about reincarnation within the family as an underlying theme of "connection with others." Importantly, her definition of "connection with others" comprised both (1) a connection with her extended family and (2) a connection with former deceased cancer patients.

It may be improper to generalize from a detailed study of a single patient, but this study suggests that a Japanese approach to spirituality, as well as to physical and psychological self-definition, is more involved with this-worldly social interconnections than with existential or other-worldly issues. Future studies may find ways that this cultural tendency can be better understood and utilized in caring for terminal patients.

In concluding, I should like to express my gratitude to Kikyo for helping me explore the most fundamental questions of human life; she guided me like a forerunner

on the road from life to death. I hope that this article too may serve as one source of connection for Kikyo with this living world.

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ARTICLES

Transitions and Time Dissonance Between Social and Political Aging in South Korea

Wonjee Cho, M.S.
Department of Child and Family Development
University of Georgia

Denise C. Lewis, Ph.D.
Department of Child and Family Development
University of Georgia

Abstract

This study explored multidimensional meanings related to “becoming old” for the young-old in South Korean society. Six persons aged 62 to 68 were interviewed in-depth. They chronologically, physically, and socially experienced the transition to old age at different times determined through “Hwan-Gap” (at age 60) and through current social policies that define entry into elderhood (at age 65). However, most did not psychologically accept their own aging as beginning at age 60 with “Hwan-Gap.” They reported that they were “forced” to become old at that time, even though they did not yet qualify for old age benefits provided by the South Korean government. In addition, they did not consider others’ perceptions of them as “old” as a psychological obstacle to defining themselves as young. Knowledge about young-old persons’ dissonance between their identities and sociopolitical views of entry into elderhood is important for understanding their experiences during the five-year gap between sociocultural entry into old age at age 60 and entry into the nationally defined elderhood at age 65.

Key Words: Aging, Korea, transition to elderhood, young-old, Hwan-Gap

INTRODUCTION

Rites of passage, often associated with reaching a particular chronological age, define entry and exit from roles and responsibilities assumed in one’s life. In the South Korean concept of annual time passage, there is a 60-year cycle with each year bearing a particular name. The 60th birthday, called Hwan-Gap, marks the beginning of the second cycle of life whereby years are “repeated.” Oftentimes, children provide elaborate celebrations as a parent reaches this important rite of passage. Hwan-Gap was once a celebration of longevity but now it marks the beginning of a nebulous five-year period of transitioning to elderhood.

During the past five decades, South Korean society has experienced dramatic demographic changes including the rapid growth of those aged 65 and older, from 3.8% of the population in 1980 to 11% in 2010 (Choi 1996; Kim 1996; National Statistical Office 2010). Population aging is expected to continue in the next two decades, reaching 15.6% in 2020 and 24.3% in 2030 (National Statistical Office 2006). Social policies have adapted to current aging patterns and longer life spans with age 65 as the official entry point into elderhood. For example, people aged 65 and over are classified as ‘the elderly’ and are eligible for a variety of social benefits through the Long-Term Care Insurance Act, Old Age Pension Act, Law for the Welfare of the Aged, and Road Traffic Law, along with other acts or laws. Eligibility at age 60 applies to only four health and

social programs: Early Dementia Detection project, an eye examination project, Leisure Welfare Center for Elderly, and a free meal service for the elderly (Chung 2011, 2012). Yet, Hwan-Gap continues as the traditional marker for an aging self and little is known about the five years between the traditional and policy-mandated designation as an elder.

With increasing social interests in aging-related experiences of old people in South Korea, most attention has been paid to their declines and losses in physical and mental health and their attitudes toward the end of life (Cho 1997; Kim et al. 2003; Seo 2008). Neugarten (1996) emphasized the significance of classifying old people into three groups (i.e., young-old (age 65-74), old-old (age 75-84), and oldest-old (age 85+)) for understanding diversity in old age. She explained that the young-old were differentiated from the middle-aged by the fact of retirement and were reluctant to accept their own aging, contrary to the old-old and oldest-old who fully accepted that they had entered elderhood. In addition, the young-old were portrayed as more healthy and active than the old-old and oldest-old (Baltes and Smith 2003; Chou and Chi 2002; Neugarten 1996; Smith et al. 2002). However, research on South Korean elders assumes a more homogeneous population who share similar experiences of aging-related changes and attitudes toward death, such as declining functional capability, loss of social roles and responsibility, and (Cho 1997; Choi 2009; Kim et al 2003; Lee and Rhee 2004; Yang 2012). Although Neugarten's classification of ages was developed for a Western population, it is equally salient in this consideration of South Korean elders who are experiencing aging in a rapidly changing sociocultural climate.

Researchers also have focused on issues relevant for a productive and successful later life by highlighting the need to maintain physical health and strength and the benefits of engaging in social activities (Bae and Park 2009; Chung 2007; Jeong and Shin 2009; Kim and Kim 2009; Kwon and Kim 2008). In spite of the body of literature on aging in South Korea, little is known about young-olds' experiences of becoming old and their reconstruction of a sense of self as an older person. This study illuminates how the young-old experience and interpret entry into old age and age-related psychological, physical, and social changes.

LITERATURE REVIEW

Multidimensional Quality of Time

Time is a means to measure temporal flow and duration, usually employing clocks and calendars, and as an index

variable to designate "age" among populations. However, increasingly researchers also have begun to view time also as a socially constituted reality. Time and temporality reflect socially-shared norms and expectations relative to normal timing and sequencing of major events across the life course as well as personal concepts and sense of time that emerged through experiencing temporal events and changes within a society (Hendricks 2001; Sorokin and Merton 1937). Researchers recognized that quantitative and linear dimensions of time taken for granted in previous research are not entirely sufficient to understand how an individual perceives the passage of time and life changes and how they interpret personal experiences of time. The recognition of this shortfall underscores the need for formulating time as a temporal structure containing multiple facets and modes (Hendricks and Peters 1986; Sorokin and Merton 1937).

Hendricks and Peters (1986) employ Maltz's time schema to propose diverse aspects of time and classify time into ecological, individual, social, and ideational modes. They assert that the ecological mode refers to a temporal structure representing chronological changes from the outset of events and activities in the natural world and provide a calendar as an index of time reckoning and passing. Individual time is a temporal construct comprising one's own meaningful and private events, which affect personal awareness of external events and objects and personal life. Social time is used to identify a temporal regularity of social activities and events based on socially shared norms and expectations about life transitions or life events. Age-graded events and roles serve as reference points in systematizing and ordering individual experiences of time. Finally, an ideational dimension is a historical temporality specifying significant traditions and historical events. Such an approach to time could provide a deeper insight into human experiences of time and could tell us more about the meaning and implication of lived time in personal life.

Present Time in Old Age

Older adults begin to be aware of finite time and inevitable death and simultaneously to refashion their own sense of time through reflecting on their lives and organizing them in meaningful ways (Dittmann-Kohli 1990; McAdams 1990). Personal concepts and sense of time are crucial in adjusting to age-linked changes as well as affecting the construction of an aging self, health management behaviors, and emotional well-being (Lennings 2000; Rappaport et al. 1993; Showers and Ryff 1996).

However, research on time and aging has often dealt with older people's orientation toward time and its relationship with health and psychological well-being (Bouffard et al.

1996; Lennings 2000; Nurmi et al. 1992; Rappaport et al. 1993). Although older adults tend to focus on occurrences and goals in the present and the near future (Lennings 2000; Nurmi et al. 1992; Rappaport et al. 1993), their sense of the future is viewed as a crucial component affecting attitudes toward aging and dying, health behaviors, and life satisfaction (Bouffard et al. 1996; Lennings 2000; Rappaport et al. 1993). These studies display limited understanding of older adults' perceptions and interpretations of temporal experiences such as age-related changes and declines in the present. Further, these studies investigating temporal attitudes and experiences of the overall elderly population demonstrate a limited grasp of temporal experiences of the young-old who recently transitioned to elderhood. It is recognized that the young-old differently perceive their temporal changes and their locations in the aging process through fewer changes in health and social resources (Baltes and Smith 2003; Chou and Chi 2002; Smith et al. 2002). Older people's attitudes toward death and future time perspectives are a major issue in South Korean research on time and aging (Cho 1997; Kim et al. 2003; Lee and Rhee 2004). These studies also provide a limited insight into the young-olds' reconstruction of an aging self through temporal experiences of age-linked changes.

Life Course Perspective on the Entrance to Old Age

The young-old are relatively healthy and free from physical impairments and illness compared with the old-old and the oldest-old (Baltes and Smith 2003; Chou and Chi 2002; Smith et al. 2002), but becoming an older adult within a society is a key transition and is simultaneously a great psychological challenge in adjusting to changes in social roles and activities. Life course perspective is employed to understand the changing contexts of lives experienced by the young-old. Life course perspective provides a way to illustrate the meanings of these changes in the aging process in that it focuses on processes and changes of individual development (Elder and Johnson, 2003). In addition, it highlights that individual lives are linked to the social and historical contexts in which they are embedded and the individual life course is considered as an outcome of interactions among multiple temporal, individual, and sociocultural phenomena over time (Elder 1998; Fry 2003). Because aging is a lifelong process embedded in social contexts and historical time, life course perspective provides a theoretical framework to gain insight into variable and patterned aging-related experiences of the young-old within South Korean society and meanings of temporal experience in aging process. This study explores young-olds' experiences of time and age-related changes in South Korea in order to better understand their lives during the five-year transition between "forced" elderhood and nationally defined elderhood.

METHODS

Sample

This pilot study, conducted in 2006, used a purposeful sampling strategy for selecting young-old participants (LeCompte and Preissle 1993; Patton 1990). Inclusion criteria were those who with recent entry into elderhood and who were relatively healthy, independent, and require no particular care for health-related issues by self-report assessment of health status and activity limitation level. The first author is from South Korea and conducted all interviews in the Korean language. Through her personal contacts, twelve individuals were contacted and were asked if they were willing to take part in this study. University-approved human subject protection protocols were followed and basic demographic information and socioeconomic status were collected. Because several were similar in socioeconomic status and only three women agreed to participate, all but three men were excluded. These three men were chosen based on holding similar occupations as the women (with the exception of "housewife" as all men are or were wage earners). Therefore, a total of six were finally selected for in-depth interviews so that information from this pilot study could be used to inform a larger, ethnographic study conducted in 2009. A sample of three men and three women, aged 62 to 68, was interviewed using a semi-structured interview guide about their experiences regarding time passage and age-related changes [Table 1]. Interviews took place in the participants' homes. Each of the six participants was interviewed for one and a half to two hours. For obtaining accurate transcription of data after interviews, all interviews were digitally recorded and transcribed verbatim into texts. All persons described in this study were assigned pseudonyms.

Data Analysis

Inductive analysis, a general approach for qualitative data analysis without the restraints imposed by structured methodologies (Dey 1993), was used to identify the frequent or dominant themes that emerged from the participants' narratives surrounding time-related changes associated with entry into elderhood. This analytic strategy was suitable for developing concepts and meanings that were not derived from previous theories or research outcomes (Polkinghorne 1995). For familiarity with the transcribed data, the entire data set was carefully read and reread in detail with field notes added for increased richness. Open coding was used to capture all potential codes across the merged interview/field notes data. For analyzing at the broader level of themes, the initially coded data were sorted and clustered into potential themes and

were assessed for differences and similarities among the participants.

RESULTS

Chronological Changes in Aging

After age 60, most participants began to recognize the effects of their increasing chronological ages (Hendricks and Peters 1986) and perceive being in their sixties as an important life event relative to the transition to elderhood or the aging process. In the past when average life expectancy was lower than age 60, Hwan-Gap was a special birthday to celebrate longevity of those turning 60 and to wish them a long and prosperous life. More particularly, age 60 signified a starting point of the later stage of life. Now, however, Hwan-Gap is viewed less as a celebration of longevity by those reaching age 60 and more as an unwelcome transition to "old" age. For example, 63-year-old Soyeon Choi described her experience and emotions when she was 60 years old. After Hwan-Gap, I began to feel old. Before Hwan-Gap, I couldn't feel my age. Hwan-Gap made me feel old. Hwan-Gap itself represents "being old," doesn't it? I felt my body and mind became old [at that time].

Hwan-Gap was internalized as a special year leading to entry into old age rather than celebrating a long life in that she perceived physical declines and changes and had felt old since reaching age 60. It was a critical, socially defined, indication of a shift from mid-life to old age and created an increased awareness of aging-related changes where none had been acknowledge before the Hwan-Gap celebration. Eunkyong Kwon, aged 66, also emphasized that age 60 served as a starting point for the transition to elderhood and for experiences of being old. She explained, "[I first experienced being old] just over age 60. After 60, I can't control my body and am sick. After 60, my leg hurts, and my knee hurts... my body aches all over." She portrayed physical declines and pains as conditions caused by turning age 60. In addition, 68-year-old Jinho Yoon viewed time left to live after age 60 as a new and different period from adult life and mid-life. He said, When I was 60 years old, my youth was slipping away. Now, in my 60's, in everything... in mental things... I became limited in my abilities. Emotionally, I'm willing to do anything, but physically, I can't.

At the age of 60, he experienced a transition to elderhood and no longer viewed himself as a young adult or a middle-aged man. He underscored physical and mental limitations in abilities and motivations as a significant identity change that he experienced with increasing chronological age. For these participants, turning age 60 was a significant life event indicating the entry into

elderhood. Reaching the chronological age of 60 was a new period of facing a variety of age-related changes and was critical in self-identity as an old adult. It was important to recognize that the traditional transition year, the celebration of age 60 with Hwan-Gap, did not coincide with the nationally defined transition year, age 65 (Shin et al. 2003). This created confusion as to one's place in the aging continuum because one was often socially defined as old before one was nationally recognized as such.

Physical Changes in Aging

The participants began to perceive changes in physical functioning and strength almost immediately following Hwan-Gap and highlighted their difficulties in physical activities in everyday life. In addition, they considered these physical changes and difficulties as significant age-related phenomena in their lives. For example, 63-year-old Soyeon Choi commented on increasing physical pains after age 60 and thus physical and psychological troubles in everyday life.

After Hwan-Gap, I physically feel so bad. Because I have a pain in my legs, I can't walk well. If someone asks me about climbing together, I can't. My legs are so painful and hard to move. The ankles are so painful, so I hobble away.

She described increasing pains in her legs and ankles as an emerging change after Hwan-Gap and the impacts of physical pains on both her everyday and social activities. Painful legs and ankles led her to experience difficulties in walking and climbing and, at the same time, a decreased range of activities. Moreover, these physical pains and troubles negatively affected her psychological attitude regarding her present-time self. In addition, physical changes were found in other participants' remarks. Jinho, aged 68, described declining lung function during daily activities: "Going up the stairs, I feel old. Running out of breath, I realize I'm old. So, the older we get, the smaller lung capability becomes." He indicated that he immediately perceived the decline of lung capability and began to experience some difficulties in going up and down the stairs as age-related changes in his current life and thus began to self-identify as old. In addition, these physical declines were viewed as natural and inevitable changes as he aged and he did not seek treatment. 63-year-old Sooyoung Park also referred to physical changes and his views about how those changes reflected his present-day circumstances.

[I feel old] Not by any specific event. I feel the amount of sweat is different from before... I physically feel tough [laugh], everything is okay. I don't have any problem handling everything [requiring mental capabilities], only physical things.

Sooyoung did not experience specific physical ailments like Soyeon and Jinho; instead, he began to perceive overall declines in physical capability (i.e., loss of physical strength attributed to sweating). His perceptions of physical limitations were based on reaching age 60 and his internalized self-identity was an “old person” who was forced to accept growing old earlier than expected. It was not that he identified a particular illness; instead, the idea of aging created an internal propensity to attribute normal biological functions (such as sweating) with physical declines due to age. His contradictory statement regarding feeling physically “tough” and his problem handling physical things indicated ambivalence in his acceptance of elderhood. That is, at age 60, he entered elderhood based on beliefs associated with Hwan-Gap; however, his physical strength seemed to continue. The mixed message he and others received led to confusion over expectations and actualities associated with aging (Adams-Price et al. 1998; Bae 2009; Shin et al. 2003).

With physical declines, Jeongmi Lee, aged 62, described an age-related disease and its impact on her experiences of entry into elderhood. “My 6-year-old grandson said ‘Grandma, hold me’ and ran. But, I couldn’t run so long. Ah, my strength. I’m ill... [with] osteoporosis, so.... I feel old.” She perceived that she became old because she had osteoporosis, a chronic illness often associated with women and aging, which affected her abilities to engage in play with her grandson. Although well ahead of the nationally defined age of elderhood, physical declines she associated with the disease, rather than chronological age, were crucial to her perception of her own aging process. That is, the limitations of osteoporosis were of higher importance than her chronological age in her entry into elderhood. Moreover, disease, not age, defined her aging process. In addition, Jinho, aged 68, demonstrated emerging health problems after age 60. He said, “Now, the only thing I’m concerned about is... health. Often, I physically feel strange.” After age 60, he began to focus on various diseases including diabetes, high blood pressure, leg numbness, and prostate disease and to recognize deteriorating health conditions. He perceived these health problems as age-related phenomena but was concerned about dramatic changes in health status and its associated sufferings. With increasing physical loss and decline, the emergence of physical health problems was his transition to elderhood; a transition he scarcely noticed happening prior to age 60.

New Social Title as Elders

Changes in others’ attitudes toward the participants and shifts in their socioeconomic positions forced them into becoming “old” within South Korean society. Recognition of others’ attitudes brought the most significant social

change to their lives. Soyeon Choi remarked on young people’s changed behavior toward her on the bus.

When young people yield their seats to me, I say I’m fine and try not to sit. But... when my legs hurt so much, I sit in the seat. If my legs feel less sore, I think ‘Oh, don’t your legs hurt? Do only ours [people age 60 and older] hurt? Yours [might hurt] too. You need to take a rest.’ I feel like this, so I don’t accept their favor. When young people yield to a senior, being old is not bad. On the other hand, young people are exhausted too, so I’m wondering if I deserve this kind of favor only because I am old.

For a long time, “Jangyuyuseo,” a hierarchical order between young and old that emphasizes the respect and acquiescence the young should give to the aged, has been considered a central virtue in interpersonal relationships between the young and the old. South Koreans have been disciplined to honor elders, yield to elders’ wills, and place elders’ needs before their own. The practice of “Jangyuyuseo” led Soyeon Choi to perceive herself as an older adult. However, she felt uncomfortable with being treated like an elder by the young because she felt that they, too, might physically need the rest. She was resistant to the label the younger adults assigned to her of respected (but also frail) elder in need of assistance.

Sooyoung remarked on changing his social title within South Korean society and described his attitude toward the changed title.

When I went to a museum, I didn’t know if I should pay admission. But, later, I knew that others had paid the fee. So, I asked a staff member. She said, “Halabeoji [an honorific meaning old man or grandfather], you are free.” That meant I’m old. I felt upset.

Realizing that the free admission was for the aged, he perceived that he was categorized as a member of the elderly population. His reaction to the free admission was negative because he saw that “benefit” as only offered to elders under the assumption that the elder had limits to financial security. The shift to an identity as an elder who was financially at risk was not a voluntary movement but a socially-mediated, forced transition that failed to recognize the heterogeneity of those entering young-old elderhood.

Change in social position was also experienced in the workplace. For example, 62-year-old Jeongmi referred to people’s image of and attitude toward older teachers in school and its impact on her transition to elderhood.

Parents and People’s Solidarity for Participatory Democracy said that teachers’ retirement age had to be cut down and older teachers should be retired. Social views on older teachers hurt me. I thought it was wrong. I have

done my best to teach children. But, I'm wondering why I should be treated that way. Should they do so because I'm old?

This organization's assertion reflected a social viewpoint on older teachers. That is, even though older teachers accumulated teaching-related knowledge and experience over time, they were socially considered as incompetent and unqualified, based solely on reaching age 60 even though government-sponsored old age benefits were not offered until age 65. Such a policy could have severe consequences for those forced leave their careers prior to qualifying for benefits. Sooyoung also mentioned a limited opportunity of older and retired teachers for contributing to the educational field. Even though he retired at the nationally recognized age of retirement, he stated that, from the moment of his retirement, he no longer contributed to society. It was not because he was unable to contribute; instead, it was because he was thought by others to be "too old" and "without value" when he reached age 65. He described his perceptions of being discarded:

When I retired at age 65, the saddest thing was, even though I had know-how from rich teaching experience for the past 40 years, such knowledge was thrown away. I want to tell my knowledge to someone and to help, but there is no way to do that. I think, socially... we need to find some way to use the know-how. It seems both school and other workplaces have needs to find [qualified teachers].

He described his social position as a retired and older teacher. He interpreted his retirement to mean that society no longer saw value in the wisdom of elders in a workplace setting. It was a form of forced disengagement that made little sense in light of unmet needs for experienced workers and the rich body of knowledge he possessed.

Entering into Old Age or Not

The participants commonly experienced a variety of age-related changes, but most of them psychologically resisted their transition to elderhood and still described themselves as young. For example, despite his experience of changing physical appearance, Sooyoung remarked on his psychological refusal to enter elderhood.

[I'm] About 50. [It's] 10 years younger [than my actual chronological age]. I feel like 50. [laugh]. It's true. Compared with same-aged persons, I physically look older than them. And, my gray hair makes me look older. But, I don't feel older than them because I still think like a young man.

He admitted that age-related changes in physical appearance contributed to perceptions of age-related developmental changes. He was confident, however, compared with peers of the same age, that his mind remained sharp and "like a young man." In this sense, he resisted a label of elderly man and retained an image of himself as young, based on his mental acuity, not his graying hair. This demonstrates a reluctance to accept movement into old age based solely on appearances and, simultaneously, defines the conditions necessary for him to accept his own aging. In other words, when he no longer thought in a youthful way, he would then see himself as an older adult.

Similarly, Eunkeyeong assessed physical and psychological "self" as being 16 years younger than her chronological age of 66 years. She reported, "I can walk as much as others... I can participate in activities... I just feel like 50." She based her age on her experiences as a healthy person who continued to experience few difficulties in everyday life and social activities. Carrying out daily activities as much as others significantly younger than she was an important determinant for psychologically resisting a definition of self as an elderly person. Instead, she viewed "age" as it was related to health and well-being. Similar to Sooyoung, who gauged his age based on his abilities and delayed his acceptance of a label of elder; she experienced a psychological delay in the transition to elderhood through viewing herself as a 50-year-old woman. The emergence of physical difficulties in everyday life was her expected transition to elderhood.

Taehyun was the only respondent who perceived himself as an older adult in the current moment. He revealed that, "Psychologically, I don't feel younger than same-aged persons because there are many healthier persons than me. I've seen many healthy persons around me." Of all the respondents, he was in poorer health condition than same-age peers. Just as good health created resistance to accepting a social definition of "aged", poorer health led him to accept an identity as an elderly person. Although his chronological age was only 63 years at the time of this interview, his ill health accelerated his self-defined psychological shift to old age. The degree of difficulties or ease in cognitive and physical functioning were pivotal factors individuals used for determining psychological acceleration or delay in the shift to old age.

DISCUSSION AND CONCLUSION

Oftentimes, in research on aging, the young-old are portrayed as more healthy and vigorous than the old-old and the oldest-old and as different from the middle-

aged in the event of retirement (Baltes and Smith 2003; Choi 2009; Chou and Chi 2002; Neugarten 1996; Smith et al. 2002). Indeed, all six participants reported they were in good health when they were contacted for interviews. Although most of the participants were in relatively good physical and mental health, most also had begun to focus on physical ailments. While they may be successfully aging as discussed by Chung (2007) and Kim and Kim (2009), we found that there was considerable ambivalence and dissonance between their inner (self-defined) and outer (socially defined) experiences of being old.

Several participants were undergoing changes related to entry into old age and being old. Chronologically, physically, and socially, they were placed into a category of “old” simply because they have reached age 60. The psychological response to the socially enforced aging-related experiences is distinct in two ways: Denial or acceptance of aging. Most of the participants, who expressed a sense of continued youthfulness in physical and mental capabilities, did not psychologically define themselves as being old. However, only one, who reported poorer health status than age peers, psychologically identified himself as old after age 60 but before age 65. Although the participants in this study experienced chronological, physical, and social changes in relation to growing older, they reported that they look and perceive themselves as much younger than what they might have expected as elders. Similar to the discussion by Kwon and Kim (2008) and Yang (2012), these participants described their own confidence in physical and mental abilities related to activities and social involvement and their desires to remain active participants in South Korean society. That is, experienced changes in relation to being old were not recognized as a significant limitation of their abilities and activities. In addition, confidence in their physical and mental abilities allowed them to retain their psychological status as a young or active person, not as an old one.

Turning age 60 and of being in their 60s was a key change in relation to the process of becoming old. Participants viewed their 60th birthday, Hwan-Gap, as a socially mediated and socially enforced transition to old age. Just as described by Hendricks and Peters (1986), the chronological and ecological measure of time greatly influenced their individual and others’ perceptions of aging, similar to the arguments of Bae and Park (2009), Hendricks (2001), and Sorokin and Merton (1937) also link societal changes to perceptions of aging.

Several participants in this study accepted a socially imposed identity of “elder” and simultaneously began to feel old. Just as Dittman-Kohli (1990) and Seo (2008) describe, elders began to focus on physical and

mental changes as they aged. This is important because chronological age has been used to measure ecological influences or temporal progress, so that individuals fit an ecological template or age category (Hendricks and Peters 1986; Neugarten 1996). This “forced fit” plays a significant role in affecting personal experiences of aging and definitions of self-concepts. Perceptions of health and experiences of ageism (Jeong and Shin 2009) upon turning age 60 shifted identities toward elderhood. This critical life event or transition marked the boundary between middle age and old age (Choi 2009).

Declines in physical and mental vigor were also key features associated with reaching age 60. Those who were experiencing declines felt that they almost immediately grew older. It is interesting that they experienced the beginning of old age at age 60, not at age 65, in that gerontologists and policymakers in South Korean society regard age 65 as the entry age into old age (Choi 1996; Chung 2011, 2012; Kim 1996).

This illustrates that traditional patterns still hold salience in South Korean society, even as national policies only recognize “elderhood” as occurring 5 years later. A chronological age of 60, rather than age 65, was used as the starting point in a definition of “being old” within the changing context (Chin 1991; Elder 1998; Fry 2003; Shin et al. 2003) of South Korean society. Several participants expressed that they had not thought of themselves as old until Hwan-Gap and, only then, developed their own self-image of getting older. Thus, the ideational dimension of Hwan-Gap is shown to strongly influence meanings of age and aging (Chin 1991; Shin et al. 2003). Regardless of the social age norm related to being old, they encountered the experience of entering old age and of growing older in their early 60s, a time that in many circumstances was defined as late middle age, not as elderly. This also shows that the social agreement of age 65 as the beginning of old age overlooks experiences of people who are nearly forced to become “old” in their early 60s.

This ideational dimension is unlike the findings of several researchers (e.g., Bouffard et al. 1996; Cho 1997; Kim et al. 2003, 2010; Lee 2010; Lee and Rhee 2004; Lennings 2000; Rappaport et al. 1993; Seo 2008) who focus on perceptions of death, health behaviors, and life review but do not consider older adults’ contemporary perceptions of aging. Such a forced movement into a liminal position—old as defined by tradition, but not yet old as defined by policy—gives limited insight into the individual transition to elderhood and the process of growing old within South Korean society. Toward a deeper understanding of experiences of aging, gerontologists and South Korean policymakers might be well served to pay more attention to the significance and social implications of chronological

age as a turning point in the young-olds' experience of aging. Moreover, a view of self may not necessarily be relevant as an index for measuring temporal passage or of categorizing age. Instead, it is important to consider the lived experiences of young-old persons.

Narratives about physical changes revealed that these changes were a salient feature in the process of growing older. Indeed, physical changes were perceived as the most crucial event for marking the transition to old age. Life course theory (Elder 1998) provided an infrastructure for linking these transitions to the trajectory of an aging person as the person was compelled to take on the role of elder. This is also important in that their perception of physical changes reflected their own meaning and image (Hendricks and Peters 1986) of launching into old age and of being old (Lee 2006). Old age, to these participants, was internalized as a continuous process of deteriorating health and physical abilities based on the social-ecological context of Hwan-Gap. In addition, they perceived these physical declines and health problems as a negative experience in that they often were unable to manage their own physical situations. Because the realities of physical infirmity underlie negative aspects of aging, they also negatively affected the reconstruction of a sense of self and the expectations for the future transition to old age.

This shift in a sense of self (Lennings 2000; Rappaport et al. 1993; Showers and Ryff 1996) is off time chronologically based on national policies but on time based on social context. While the participants in this study felt they were relatively healthy prior to Hwan-Gap, once they "became old" they became more aware of finite time (McAdams 1990) and of declining health. Thus, it is increasingly important to consider young-old people's stereotypical image of being old, their view of self, and a new transitional life stage. In addition, it is imperative that researchers move beyond interests in physical changes as the key feature of being old to design research and programs that help the young-old obtain knowledge about the aging process. Knowledge of aging processes may reduce their fears of powerlessness and inability in old age.

This research also emphasizes the effect of a new social title as an elderly person. Others' perceptions influence their own understandings of what it means to become old. The forced label of an aging self, mediated through social views on and attitudes toward them, caused them to focus on their own aging within the context of others' actions in South Korean society. They became socialized to old age, even when they did not "feel" that they were old. Socialization into old age was not a cheerful experience for several in that they learned that being old meant that they were assumed to be frail, dependent, and incompetent (Lee 2006; Yang 2012). Contrary to the social image of elders, and because they still thought of themselves as

healthy and youthful, they did not readily accept social benefits (Lee 2008; Shin et al 2003; Yang 2012) normally provided to elders (such as accepting a younger person's seat on the bus). In addition, they resented that their work-related knowledge and experience were considered useless and unworthy of recognition. They internalized that, even as a holder of valuable work knowledge, they were no longer needed by work or by society. In this process, they perceived that they were set aside, no longer socially useful and no longer productive and active in a society. The change in status, often associated with Hwan-Gap, was the catalyst for entry into old age and for their acceptance of their own aging as a nearly immediate event. This study shows that participants expected to have opportunities for their activities or productivities and to retain value in society. Instead, the social title of young-old, as defined by their age, led to an undervaluation of their current ability and productivity (Lee 2006; Shin et al 2003). Socially restricted opportunities led them to experience isolation and frustration. Moreover, these restrictions negatively affected their reformation of identity as elders in the psychological transition to old age (Shin et al 2003; Yang 2012). Although this is a small study, it shows that gerontologists and South Korean policymakers need a profound rethinking of young-old people's aging-related experiences so that this phase in life is understood to be qualitatively different from the experiences of old-old and oldest-old people. The young-old are aging (a process), not already aged (a culmination of the process). Thus, a reconsideration of young-old people's aging processes and aging experiences is required. It is also important to provide social opportunities for maintaining their sense of youthfulness through participation in socially meaningful activities.

Because this study was to explore the meaning of living in the present for the young-old, a process that little is known about in South Korean research on aging, the sample size is limited. This allowed the researchers to capture in-depth narratives regarding a select group of experiences and perspectives on aging. The findings from this study point to the need for expansion to include more young-old persons with a greater diversity of socioeconomic statuses. In addition, future studies should include elders across all three categories of old age (i.e., the young-old, the old-old, and the oldest-old). Such studies could provide a deeper understanding of the meanings of aging for elders transitioning to elderhood because of Hwan-Gap, as well as those who are transitioning into old age as defined by South Korean national policies. Taking the findings from this small study could serve as a springboard for larger studies so that policies and practices associated with aging in South Korea reflect the actual lived experiences of aging.

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APPENDIXES

Table 1 Participant characteristics

Name	Gender	Birth year	Marital status	Educational level	Previous occupation	Current occupation
Jeongmi Lee	Female	1944	Married	College	Professional	Retired /part-time
Jinho Yoon	Male	1938	Married	High school	Blue-collar	Miscellaneous work
Sooyoung Park	Male	1943	Married	Master’s degree	Professional	Retired
Soyeon Choi	Female	1943	Married	8th grade	Blue-collar	Housewife
Eunkyeong Kwon	Female	1940	Married	8th grade	Housewife	Housewife
Taehyun Sung	Male	1943	Married	None	Blue-collar	Blue-collar

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Imagined Families, Lived Families: Culture and Kinship in Contemporary Japan. Akiko Hashimoto and John W. Traphagan, eds. Albany: SUNY Press, 2008. pp. 178 ISBN978-0-7914-7578-2 (paperback)

The editors of *Imagined Families, Lived Families*, Akiko Hashimoto and John W. Traphagan, have both published several important books on aging in Japan, most notably, *The Gift of Generations: Japanese and American Perspectives on Aging and the Social Contract* (Hashimoto, 1996), and *Taming Oblivion: Aging Bodies and the Fear of Senility in Japan* (Traphagan, 2000). So although this volume brings together work on the family and generations in a broad sense, it never strays far from the importance of the “low fertility, aging society” trend that has characterized much of the work on social demographic change in Japan and increasingly, the rest of Asia (see Takenaka, this issue).

While the book’s cover illustration features four anime-style caricatures of wayward Japanese youth gazing somewhat menacingly at the reader against a modern high-rise cityscape, two silhouettes of elderly figures hang ghostly at the periphery, visible, yet obscured, a poignant image of the “family” as it is figured in a changed society. In their introduction, the editors write, “our primary interest is in understanding ‘the family’ as a dynamic and continually changing social unit that does not simply exist, but is imagined or conceptualized and reconceptualized in the minds of individual people and in public discourse” (p. 10). The chapters follow this aim, exploring the myriad forms of relationality between youths, adults and elders that have emerged in post-war Japan, not only as they circulate as representations in cultural

‘texts’ (comics, anime, films), but also in lived experiences and national rhetorics of intergenerational (dis)connection.

The book is divided into two sections: “Imagined Families” (Hashimoto, Napier, McDonald) and “Lived Families” (Steinhoff, Tamanoi, Long). Rather than summing up the contribution of each chapter in detail, I will try to look at each section as a whole, since there is significant cohesion and conversation going on between them (certainly one of the strengths of this volume).

The three chapters that compose the section on “Imagined Families” all agree that popular media representations of the family in some ways parallel or reflect the experiences of consumers, and in other ways work to shape or open a space to rethink those experiences. Like the serialized family comics that Hashimoto describes, Japanese people see themselves in these representations, but are allowed to enjoy the punchline that plays on the everyday worries and failures to smoothly negotiate complicated family relationships and personal desires. This is ‘the family as comedy’ in the Aristotelian sense of revealing the ridiculous in the mundane efforts to establish a sense of normalcy and harmony.

Napier’s chapter on Japanese anime, which begins by detailing a scene on robotic eldercare from Kitakubo Hiroyuki’s 1991 animated film *Roujin Z*, ventures into somewhat less quotidian comedies, to explore a broader range of fantasy and imaginations of the family. Napier’s discussion of anime clearly displays a mastery of the genre, its many layered stories, its psychological implications, its social commentary. Like McDonald’s chapter that follows, Napier also takes time to develop a few key filmmakers and their work to draw out themes of ‘reconfiguration’

introduced by Hashimoto. McDonald, (who passed away shortly before the book was published and to whom the book is dedicated) focuses more on the care of elders with memory loss, introducing a new perspective on this topic by looking at the work of two female filmmakers. While the chapter is titled ‘The Agony of Eldercare,’ it could be equally called the ‘redemption’ of eldercare, as the films and the filmmakers themselves find ways to turn pain and conflict into moving moments of raw humanity so often left out of the social science literature on care but immediately recognizable to caregivers in both family and institutional settings.

Taken together, the chapters in “Imagined Families” repeat a few key themes of modern Japanese culture and kinship. Most obvious is the importance of changing gender roles, and especially the role of women in the family. Secondly, and closely related to the first, is the push-pull of conservatism and innovation. All of these chapters underline the desire to reconstitute “the family” in some sense, drawing on an always partial sense of traditional values and cultural models of kinship. However, this conservatism is constantly producing the grounds for change, as actors (the fictional characters, the artists and directors that create them, and the public that consumes them) weigh personal desires, dreams, traumatic dislocations, identities, affiliations and moments both painful and hopeful.

The second half, “Lived Families” is just as strong and diverse as the first. Steinhoff’s chapter is thrillingly original and illuminating, braiding together different cases of “family crisis” occurring over and between generations. As she follows the trajectories of life-courses punctuated by crisis, Steinhoff pulls together an analysis that is as

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much political as it is psychological, and where connections and disconnections between family members are a profoundly shaped by both. Tamanoi similarly looks across Japanese history and political discourse to examine changing concepts and interpretations of ethnic identity, immigration and otherness that threaten nation-based tropes of the family. Long (see this issue) has, arguably, the strongest contribution to the book, providing detailed ethnographic accounts of older adults and their families and caregivers to illustrate the reconfigurations and responses to changes in contemporary Japan. While the other five chapters do provide some anecdotes from fieldwork based research, they are much more focused on evaluating and critiquing discursive realms that do not reach the everyday voices of individuals. Long's chapter goes far in filling this gap for the more traditionally minded anthropologist.

Long's focus on ethnography gives clear examples of ways caregivers are sometimes "borrowed" from "non-normative categories of kin," as well as the tension generated within kin networks as the burdens of caregiving are shared and negotiated among family (p. 140). In this way, Long chapter shows most clearly the importance of the old anthropological category of kinship, even as it underlines how the conceptual content of the family and the desires and affects of individuals that produce families exceeds this category. All of the other authors in the volume express this same sentiment in different ways, As relationships are reconfigured

within and against kinship idioms, new imaginative spaces emerge that bring forth important revaluations of vitality itself.

Imagined Families is not a merely an update on the state of the family in Japan (there are many books and edited volumes that might be more suited to this), nor is it interested in looking at the aging population as something that can be understood distinct from its historical and generational contexts. Rather, it approaches these topics with a keen critical perspective that never disappears into the sometimes obscure language of cultural theory. By taking kinship as a central concept, the authors stay rooted in the pains and pleasures of relatedness in its various forms. Not only is this slim volume accessible and interesting, but it also succeeds in balancing the discussion between artistic creations and social and political discourse, engaging with a variety of mediums and perspectives, all of which have a place at the table. As such, *Imagined Families* serves as a model for other books on aging, generations, and the life course in anthropology and should be a welcome addition to courses that examine these themes.

Jason Danely
Department of Anthropology
Rhode Island College

Glimpses Into My Own Black Box: An Exercise in Self-Deconstruction. By George W. Stocking, Jr. Madison: University of Wisconsin Press, 2010. pp. 232. ISBN 978-0-299-24984-7. paperback.

"The ice-cold flame of the passion for seeking the truth for truth's sake must be kept burning, and can be kept alive only if we continue to seek the truth for truth's sake"

— Franz Boas¹

Autobiographies are not straightforward. For one thing, their truths, whether reflective or testimonial, are partial and personal. Stocking's recent book is not a simple autobiography; in fact it is a different kind of species altogether. Although Stocking flippantly dismisses this book as a kind of self-indulgent 'biographical' monograph (p.7), it is much more. In fact, Stocking subtitles *Glimpses Into My Own Black Box* as 'An Exercise in Self-Deconstruction', and he is both the writer and its weighty reader. So the question then arises, is this simply a narrative exercise whereby anthropology's preeminent intellectual historian in his efforts to stave off boredom and the encroachment of death upon his shrinking island, attempts to make sense of his past in the specious present? Or is this exercise an act of deconstruction, where Stocking becomes the historian and evaluator of his life, and in doing so opens up an interstitial space between his own autopoiesis and the personality of history itself.



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Potential readers (perhaps as onlookers) will have to make up their own minds, but this reviewer sees Stocking's latest book, the 12th and final volume in the *History of Anthropology* series, as an earnest self-reflective composition. Of course there are many ways to read Stocking's account. On the one hand, there is the perspective of someone who is grappling with aging and posterity. On the other, this book can be viewed as a self-critique of an historian of anthropology whose life, taken in full as a human story, is an unfolding fieldwork open to further revelations. Even though there are plenty of biographical vignettes (Stocking calls them revelatory juicy bits p. 74), these 'events' cannot be read or historicized as construed texts. Stocking shows through his analysis that biographical vignettes and recollections empower, but also reveal the imperfections of memory. The issue with historical consciousness is that events are subject, if we are 'truthful', to multiple contextualizations.

In writing about the genre of autobiography, Alison Donnell likens autobiography and for our purposes here, self-writing, as, "[...] a restless and unmade bed; a site on which discursive, intellectual and political practices can be remade [...] a place for fun, desire and deep worry to be expressed".² *Glimpses into My Own Black Box* is Stocking's attempt to remain restless, and to rethink how the development of ideas he was so much a part of (and helped to shape) resonated inside and outside of the academy. In this way, Stocking stays faithful to the craft of intersecting anthropology

and history for the sake of an uneasy and enlightened rapprochement.

AAQ readers will want to read his book, but be warned, this is not an exercise for the light-hearted. Younger readers will be forced to make an imaginary leap into the world of old age, and to grapple with the ethics and complexity of recollection, especially when other people's lives and representations are at stake. Older readers might temper their engagement with a dose of empathy, but they will be forced to confront their own potential legacies, and the challenge (if they take it upon themselves) to question and unsettle their unfolding histories that can never cohere psychoanalytically into a meaningful and straightforward narrative.

Glimpses is divided into three sections. Earlier drafts of the first two sections were already being worked on before 1999. The first section, which is the longest, is entitled "Autobiographical Recollections" and "[...] is a selective narrative account of the life events that shaped [Stocking's] work as an historian" (p.7). We come to learn about Stocking's family and upbringing. Furthermore, we are given a first-person account of someone who dedicated a portion of his early adult life (seven years) to the American working-class cause. Stocking's experience with the unions and his work in various industrial activities, however, could no longer sustain the narrative and promise of radical change. Like many of the Old Left, Stocking was disillusioned by the Khrushchev

revelations, and he eventually returned to his "liberal academic patrimony" (p.68). In addition to understanding how Stocking's upbringing and working years as a Communist sympathizer helped to shape his ideas about social groups, race and history, the reader also gets a strong sense about how his relationship with his parents was formative and complicated. His parent's ideals, and the Zeitgeist they were more or less tangential to, functioned as a touchstone. In one of the book's most moving passages, we get a sense of where Stocking's resilience comes from. Like a rewritten Ingmar Bergman movie, Stocking's visit to his mother's deathbed reveals the following: "[...] I leaned close to her face, I thought I heard her say that she wanted to end the suffering, but when she heard me suggest this, she responded in a perfectly clear voice: 'Are you crazy?'—which I took as an affirmation of life, rather than a deathbed conversion" (p.58). Stocking also writes about his mother's influence in the following way: "I remember my mother's Kulturkampf of the 1930s in positive terms as a lasting enrichment of my own life—although in some respects a superficial and somewhat uneven one" (p.55).

"Historiographical Reflections" follows up this section with a "[...] retrospective analytic interpretation of major methodological and substantive themes in the work shaped by that life" (p.7). The point here is how an historian of anthropology interprets the ideas and texts of anthropologists in an ineluctable light; one that eschews



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the inertia of facts and causal authority, but draws enlightenment from an arduous bottom-up reading and contextualizing of multiple motives, factors and relativist positions. In this section, Stocking describes his move back to academia and how working as a laborer inspired his bottom-up approach to history as a kind of inductive interpretation. There is much in this section that shows how Stocking grappled with various tensions, one of them being the "[...] struggle between yearnings for a platonic ideal of categorical ordering and the deeply rooted countervailing forces [...] of its disarray" (p. 146). For Stocking, the challenge to an historical understanding of an anthropologist's thinking is that their texts may not fully evoke underlying intentions and even relevant thinking processes. We are told that given the unconscious nature of thought and reflection, and the evidential gaps in source materials, the historian of anthropology "[...] must write around or across in a cautiously qualified but responsibly suggestive way" (p. 150). By revisiting his methodological take on conceptualization and "honest groping" (p. 146), Stocking treats us to an exploration of why and how historiographical orientations get taken up.

"Octogenarian Afterthoughts: 'Fragments Shored Against My Ruin'" is the shortest section in the book and will most likely interest readers who want a glimpse into how an intellectual comes to grips with personal loss, change, and optimism. This section was written more recently and reveals Stocking's personal experience with loss and decay from a phenomenological point of view. Anxiety, hypochondria, depression,

and a certain unbearable lightness of being come to haunt this section, making it the most personal and fragmentary of the three. In the end, Stocking ends the book with a short epilogue in which he comes full circle. Instead of closing the black box, we are left with Stocking's worries about outwitting Zeno's race, and the finality of an abyss after life.

Glimpses is a book that showcases Stocking's contribution to the history of anthropology, by revealing that what has influenced him (and what he has influenced), is neither structural nor overdetermined. In the end, this piece of work will endure, because what is being personalized here is history. In other words, how do our own histories run alongside and interpenetrate the history of the world and ideas. This review has now run its course, and we are faced with the beginning epigraph. Boas maintained an idealistic notion of science, and even though he was committed to a universalistic conception of rational knowledge, understanding the cultural and historical conditions of social life and social scientific knowledge was at the center of that flame. It wasn't so much what science could do for us technologically that was important to Boas, but rather by investigating the givenness of social structure, we could bring ourselves closer to a moment of conscious freedom.

In a similar way, Stocking's book represents an attempt to render such a project emotionally and historically liberating, at least for one individual. After reading this book for a second time, I was left wondering what

other black boxes are out there that require a disciplined and ice-cold stare?³

Philip Kao
University of St Andrews

NOTES

¹ F. Boas, *Race and democratic society* (New York: J. J. Augustin, 1945), 1.

² A. Allison, "When Writing the Other is Being True to the Self: Jamaica Kincaid's *The Autobiography of My Mother*" in *Women's Lives into Print: The Theory, Practice and Writing of Feminist Auto/Biography*. Ed. Pauline Polkey (London: Macmillan, 1999), 124.

³ I would like to thank Professor Ira Bashkow for comments on an earlier draft. All shortcomings in this piece are entirely my own.

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Submission deadlines

33 (3) June 20th, 2012

33 (4) September 20th, 2012

34 (1) December 20th, 2012

