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WHO WILL CARE FOR ME IN MY OLD AGE?
CARE OF THE ELDERLY AND THE CHANGING
FAMILY STRUCTURE IN JAPAN

by

Iku Inoue

THESIS

Submitted in partial satisfaction of the requirements for the degree of

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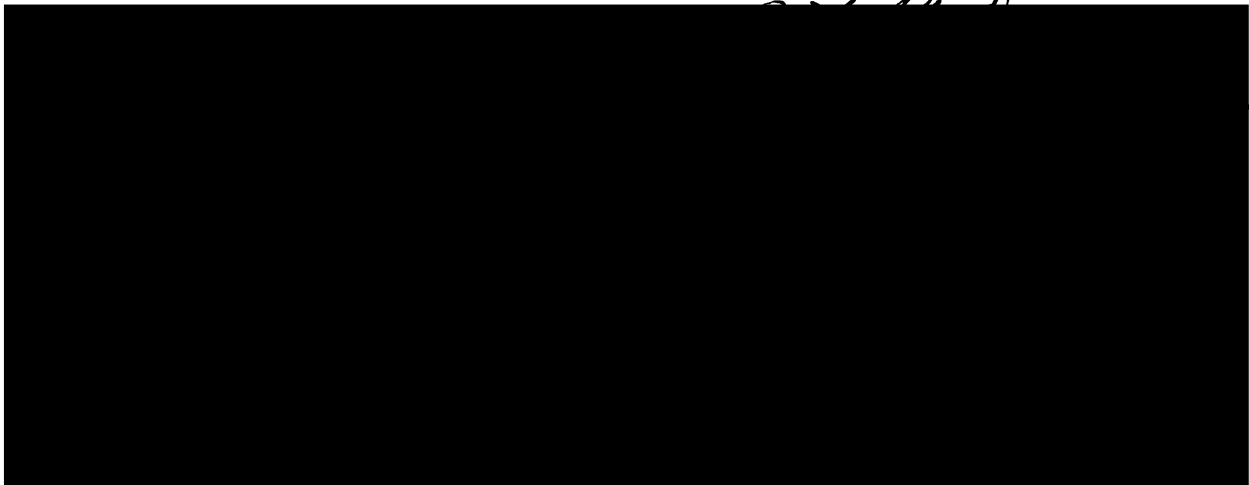
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FAMILY STRUCTURE IN JAPAN

Abstract

This study was undertaken to explore the help-seeking behavior of elderly persons in Japan. Findings were derived from intensive interviews with ten elderly Japanese. Analysis of the qualitative data revealed a striking lack of available intimate family members to serve as caretakers for elderly persons who were too ill or impaired to care for themselves.

Under the traditional Japanese family system, the elderly lived with their children who had a strong obligation to take care of their parents. As a result, the family resources for the elderly were fairly plentiful. However, the changing availability of social resources for the elderly which accompanied socioeconomic changes over the past three decades have made children less available for caretaking tasks.

This study describes the cultural values related to rights, duties, and obligations which govern interactions between the elderly and their families and between the elderly and persons outside the family. Under these interactional rules, sources of help have to be carefully matched to appropriate caretaking tasks. The factors which determine availability and appropriateness of resource persons are their physical proximity and degree of intimacy with the elderly person and their capabilities for particular caretaking tasks.

This group of elderly, when lacking sufficient "intimates" to help them, went outside of the immediate family for help, even preferring to use formal health and social services rather than burden the family or call inappropriately upon friends.

Japanese women faced special problems related to their need to provide care for their elderly husbands as well as assistance for themselves. The largest burden of caretaking fell to women of all ages.

Iku Inoue

Author: Iku Inoue

Jeanne C. Hallburg, R.D., Ph.D.

Jeanne C. Hallburg, Ph.D.

Laura Reif, Ph.D.

Laura Reif, Ph.D.

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Iku Inoue

Iku Inoue

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INTRODUCTION

In our time, we lived with several generations together and this was the custom, so I didn't have any question about taking care of my mother-in-law until she died at home. But the world has changed. I don't know what young persons think about it (caring for the aged) now-a-days.

The above statement typifies the problematic and ambiguous situation faced by many of the Japanese elderly in this study. This statement challenges the prevalent notion held among Americans that Japanese elderly are well cared for because of their respected role in the family and society in general. Also, it challenges the notion that the strong nuclear family supported by a large extended family assures a large reliable supply of caretakers for the elderly.

Contrary to the stereotyped and idealized notion held by Americans of the Japanese elderly person's social situation, this study found that the major concern of the elderly is who will care for them should they become too ill or disabled to care for themselves. Second, the actual numbers of persons they can rely upon for help is very limited. And third, the traditional family structure and values are breaking down, leading to an erosion of the obligation network which has in the past enabled the elderly to call on their children for help in time of need.

The data for this study were obtained through intensive interviews with ten Japanese elderly in the summer of 1982.*

*The methodology of this study is explained in Appendix A (see pp. 51-52).

This study explored several Japanese elderly persons' social conditions, including caretaking needs and capabilities. The areas explored were: How has the rapid changes in Japanese social environment in the last several decades altered family members' capabilities for taking care of the elderly? How do the elderly cope under these altered conditions? How do they plan to manage their situation when they become severely ill or disabled?

Although literature related to the care of the Japanese elderly has tripled between 1973 and 1977 (Kamata, Obuchi, Makita, & Gashu, 1980), most of the literature is concerned with elderly persons afflicted with particular diseases and/or case reports of ill elderly. There are few studies addressing the questions explored in this study, especially how the elderly cope under the condition of limited family resources and what they anticipate in the way of caretaking when they become too ill or disabled.

In order to orient the reader, first the traditional Japanese family structure will be described. Included in the discussion are the traditional role of the elderly within the family, the nature of rights, duties, and obligations which govern behaviors among family members and which shape interactions with others outside of the family, and cultural expectations about how an elderly person may ask for and receive help from others.

Second, the ways in which the traditional structure of roles and obligations for the elderly has changed following World War II will be described, identifying some of the factors responsible for these changes. Then, the changes which have led to an erosion of family support for the elderly will be outlined.

The change from the traditional family to the current situation of diminished family support for the elderly person is conceptualized as the "doughnut phenomenon". The analogy of the doughnut seems apt since traditional Japanese family and society structure is based on the idea of concentric circles, with the family in the center (Doi, 1981; Inamoto, 1982; Yamanaka, 1981). As will be apparent in the discussion, the traditional family structure and values can be depicted as a jelly-filled doughnut rich with family resources for the elderly. The current situation is depicted as a doughnut with a hole, a hole in family resources for the elderly.

Third, the ways in which the elderly persons go about identifying potential caretakers under conditions where the traditional family network is not viable will be analyzed.

Fourth, the special problems and concerns of those elderly persons, when faced with the prospect of increasing impairment and illness, will be identified.

Finally, a model for analyzing the process used by the elderly in obtaining assistance in their old age will be discussed.

THE DOUGHNUT PHENOMENON

The elderly in Japan, who were raised under the traditional social system and values, are in conflict with the present changed social situation and values brought about by the rapid socioeconomic and cultural changes after World War II. To understand the elderly interviewees' behavior and their problems, it is necessary to understand the traditional social system and values relating to the care of the elderly. This will first be discussed, followed by the impact of socioeconomic and cultural changes on the resource circles for the elderly.

Traditional Resource Circles for the Japanese Elderly

Japanese society is described as a highly structured society, and its basic model is a family. Each social group, such as a school, company, community, or even the whole country, is likened to a family (Reischauer, 1977). In other words, any Japanese social group can be studied as a family structure. For example, in a company, the head of a section is a parent, workers in his section are his children, workers in other sections are relatives, and other companies' workers and customers are outsiders. The basic model of Japanese society can be seen as a series of concentric circles with the nuclear family in the center. Surrounding this is the extended family, followed by non-blood-related persons (Doi, 1981; Inamoto, 1982; Yamanaka, 1981).

Based on the Japanese concept of miuchi and tanin, the concentric circles are divided into two parts. Miuchi (literally, inside of the body), which means insiders, usually refers to persons having blood relationship to oneself (Doi, 1981). The English equivalent is the nuclear family and the extended family. Tanin (literally, other persons), which means outsiders, usually indicates persons with non-blood relationships to oneself or unconnected with oneself. Figure 1 illustrates this structure and relationship. As will be apparent in the later discussion, this separation of miuchi (insiders) and tanin (outsiders) strongly influences social interactions between the two groups which have consequences on the care of the elderly.

The strong central miuchi (family) structure prevailed in what is called the ie (literally, house) system (Fukutake, 1981; Kitano, 1962; Koyama, 1962). Prior to World War II, under this system the family assumed the major responsibility of the elderly. The elderly, most particularly the eldest man, had respect and unconditional power over his family, and the major aim of the house (ie) was to hand down the family name to the descendants (Hasegawa, 1981). Most Japanese elderly lived with their children, and the care of the elderly was assumed by the eldest son and the daughter-in-law (yome). The eldest man had unconditional power over his family, and the eldest son inherited all family property and power as the head of the family from his father. The head of the family had responsibility to support and protect the whole family. Even after the eldest son became the head of the family, his parents had power and were respected as superior until their deaths (Nasu, 1978).

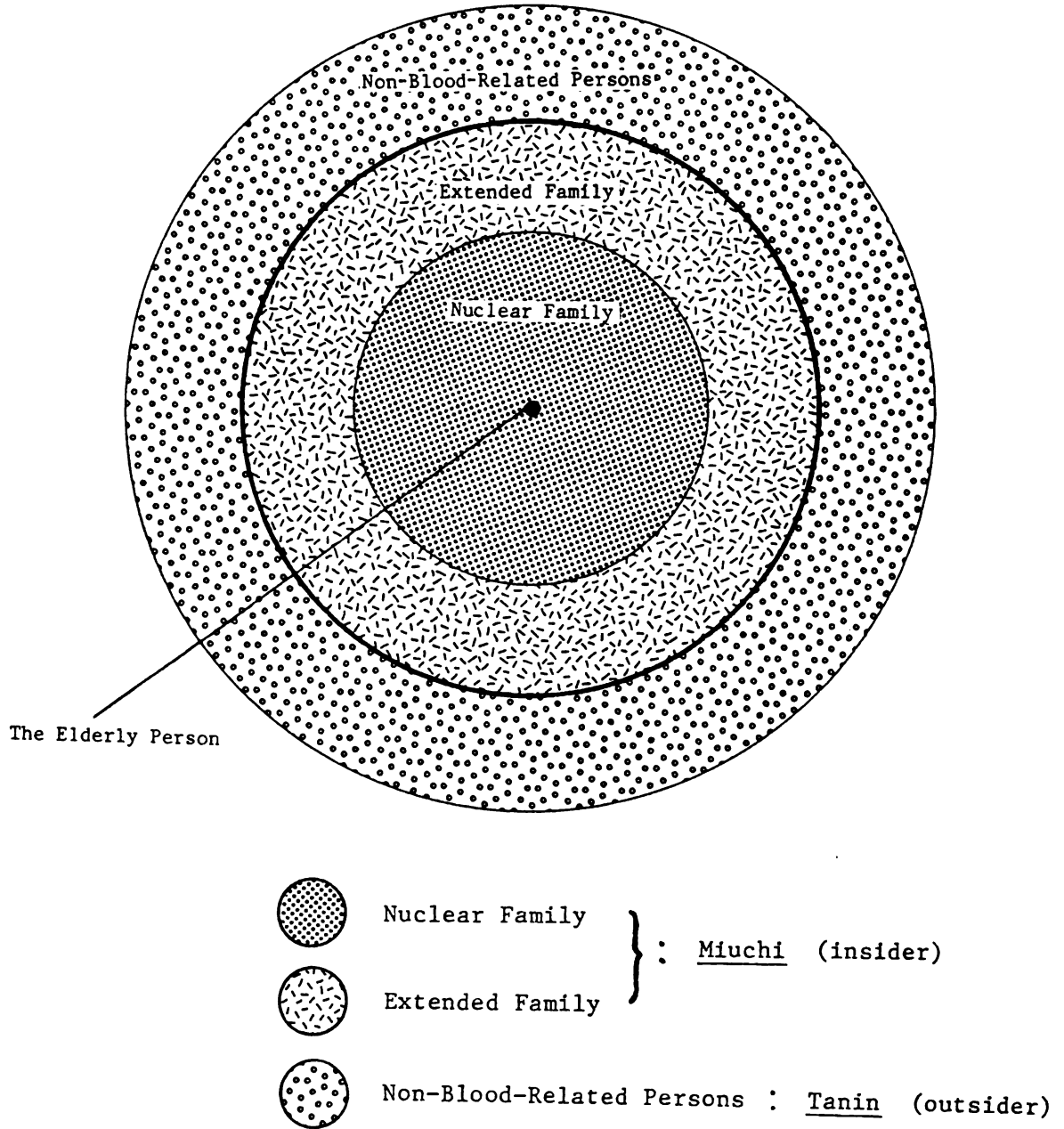


Figure 1: Miuchi-Tanin Structure

The strong dependence on the family as the major resources of care for the elderly is supported by the Japanese notion of inside-outside (uchi-soto) and insiders-outsiders (miuchi-tanin) which determines intrafamily and family-nonblood interactional patterns and caregiving and receiving expectations. Under the house (ie) system cited above, a great distinction is made between inside (uchi) and outside (soto). That is to say, there was a definite boundary between insiders (miuchi) and outsiders (tanin) (Nakane, 1970). Outsiders (tanin) can become close to insiders (miuchi) or become like insiders (miuchi no yona) by virtue of belonging to a circle of friends or colleagues. However, under the traditional system, for outsiders to become like insiders required extended interactions based on complex interactional rules.

Within the family (miuchi) circle, the parent-child relationship is the core interactional model with well-defined values and rules governing rights, duties, and obligations for caretaking responsibilities in the parent-child relationship, whereas insider (miuchi) and outsider (tanin) interactions are governed by a very different set of values and rules.

On, giri, and ninjo values. As in any society, how the caretaking obligations toward the elderly are met is determined by social and cultural values regarding duties, rights, and obligations between the family members and between the family and outsiders. In Japanese society, the values of on, giri, and ninjo strongly influence caretaking responsibilities and interactions within families and between family members and outsiders (Tazaki, 1980).

Before defining the terms of on, giri, and ninjo, it must be understood that in a hierarchically structured Japanese society duties,

rights, and obligations are based on status and the social distance between family members and between family members and outsiders (Benedict, 1946; Sera, 1980). Ideally, persons of lower status hold a sense of gratitude and duty to those of higher status and, in turn, the superior status reciprocates with protective and benevolent sentiments toward the lower. For example, in the traditional Japanese family, the eldest male had unconditional power which required obedience of other family members as a duty. In turn, the family members received financial, social, and emotional protection from the eldest man as head of the family.

On implies a debt of gratitude for kindness and benevolence received from others. Giri refers to duties associated with the debt of gratitude. On then calls in giri and brings about an interdependent relationship between the receiver and the giver of kindness and favors (Befu, 1971; Doi, 1981).

Ninjo (literally, human feelings, the English equivalent of psychological warmth and understanding) accompanies debts (on) and duties (giri). A distinction is made between psychological warmth and understanding (ninjo) within family and between non-blood relatives; psychological warmth and understanding between parents and their children or between siblings is spontaneous and natural, whereas between non-blood relations ninjo is artificial (Doi, 1981). Implied in on (debt) is a kind of psychological burden as a result of receiving favors and kindness and includes the fact that psychological warmth and understanding outside of the family is not expected or is even impossible.

On (debt), giri (duty), and ninjo (psychological warmth and understanding) values have explicit and implicit rules about what, how much, and how long a person can be obligated to another and about the repaying for favors received. Thus, children have a life-long debt (on) to their parents (Befu, 1971; Kimura, 1969). Therefore, taking care of his parents was the inevitable duty of a child, and to be taken care of by the child was the undoubted right of the parent. The strong on (debt) and giri (duty) values on family members tended, therefore, to limit resources for the elderly to only within the family. Moreover, the burden of on (debt) and giri (duty) to tanin (outsiders) was not taken lightly, which further tended to decrease reliance on outsiders as resources.

In insider-outsider (miuchi-tanin) interactions, debts (on) and duties (giri) varies with the relationship but also with the nature of the debts. Even today, relationships with certain persons such as sponsors, mentors, and benefactors carry very special obligations. For example, debts to a teacher are life-long, especially if the teacher fulfills a sponsorship role. Sometimes, if the debts are heavy, whether with insiders (miuchi) or outsiders (tanin), the sense of obligation, gratitude, and repaying may extend beyond one generation. Debts of a family member obligate the total family. Therefore, if the family member cannot repay the debt, other family members will repay even into another generation.

According to insider-outsider (miuchi-tanin) interactional rules, debts (on) must be consistent with the degree of intimacy and repayability. As a general rule, debts to outsiders (tanin) must be repayed within a shorter time limit than to insiders (miuchi) and

insider-like persons (miuchi no yona). If a person cannot repay his debt to another person for a long period of time, those debts become much heavier and impossible to repay.

Enryo and kigane values. Consistent with debts (on), duties (giri), and psychological warmth and understanding (ninjo), there are rules of proper psychosocial and behavioral expectation between the persons asking favors and receiving help and the persons offering and providing favors and help. This is reflected in the terms enryo and kigane.

Enryo is a type of self-restraint or holding back and a virtue of reserve and modesty. Literally, enryo means distant consideration; en means distant and ryo means consideration, but the general sense of enryo today is the restraint a person imposes upon himself in interaction with another person when he is offered help, a treat, a gift, and the like (Lebra, 1969, 1976). Since enryo refers to polite hesitation in most instances, the other person is generally supposed to keep insisting that his offer be accepted.

Kigane is very similar to enryo. Literally, kigane means feelings of unableness and hesitation; ki means feelings and gane comes from kaneru which means to be unable to do, to be hard to do, or to hesitate doing something. The emphasis is on feelings accompanied and evoked in asking for and receiving favors and help. It is impossible to indicate all the fine distinctions between the terms enryo and kigane, but in Japanese usage these two terms are filled with very fine nuances.

In the parent-child relationship, basically there is no hesitancy and reserve (enryo-kigane). Relationships outside this parent-child relationship, hesitancy and reserve decreases proportionately with

intimacy and increases with social distance. Thus, hesitancy and reserve are measures of the intimacy of human relationship, not just the polite and culturally sanctioned refusal of an offer (Doi, 1981).

In interactions surrounding the asking for and receiving and the offering and providing favors and help, persons asking and receiving must show the proper hesitancy and reserve (enryo-kigane) and the person offering and giving must understand such feelings held by the person asking and receiving. Of course, all cultures have this, but the degree of emphasis and its precision are much greater in Japanese society.

Insider-outsider (miuchi-tanin) interactions relative to the feelings of hesitancy and reserve (enryo-kigane) are ordained by the hierarchical interactional structure, degree of debt (on), and degree of familiarity and intimacy in the outsider (tanin) network. The general equations are: 1) with closer intimacy, there is less hesitancy and reserve; 2) when there is less intimacy, there is greater hesitancy and reserve; and 3) as indebtedness in a person increases, so does hesitancy and reserve in asking for favors.

In summary, under the stable ie system, most elderly lived in a multigenerational family. They were the center of the circle, with a large number of family and extended family members to tend to their needs. Outsiders (tanin) were usually not relied on. The dependence on the family as the sole support for the elderly was supported and maintained by the strong adherence to the values of on (debt), giri (duty), and ninjo (psychological warmth and understanding).

Prior to World War II, organized health and social services were relatively limited. Health care was limited to acute care hospitals. More often, then, the elderly were cared for at home and when acutely

ill, they were hospitalized. Even when hospitalized, family members accompanied the elderly sick, attending to their personal needs such as cooking, feeding, and bathing. Extended care facilities were practically nonexistent.

The traditional care structure is illustrated in Figure 2. To use the doughnut analogy, this care structure can be likened to a jelly-filled doughnut. The doughnut was depicted with a very thin layer of dough made up of the outsiders (tanin) and organized health and social resources. The doughnut was filled with a rich and thick jelly, family (miuchi) resources, and this jelly was sweet with ninjo (psychological warmth and understanding).

Shrinking Family Resources

After World War II, the traditional family structure was drastically altered. The change was due to the many socioeconomic and cultural changes brought about by the rapid industrial expansion and the introduction of Western ideas during the American occupation.

The core idea of the family as the main resource to care for the elderly is still very strong in today's Japanese society (Kawasumi & Hanaoka, 1983). However, the family as a resource to the elderly has changed because of the interaction of 1) decreased numbers of children per family, 2) a rapidly increasing aged population, 3) high population mobility, 4) weakened values of duties and obligations of children to parents, and 5) the rise in individualism among their children.

First is the imbalance of the growing number of elderly in relation to total family members. After World War II, the number of children in the Japanese family decreased rapidly. Until the 1950s, almost one-half

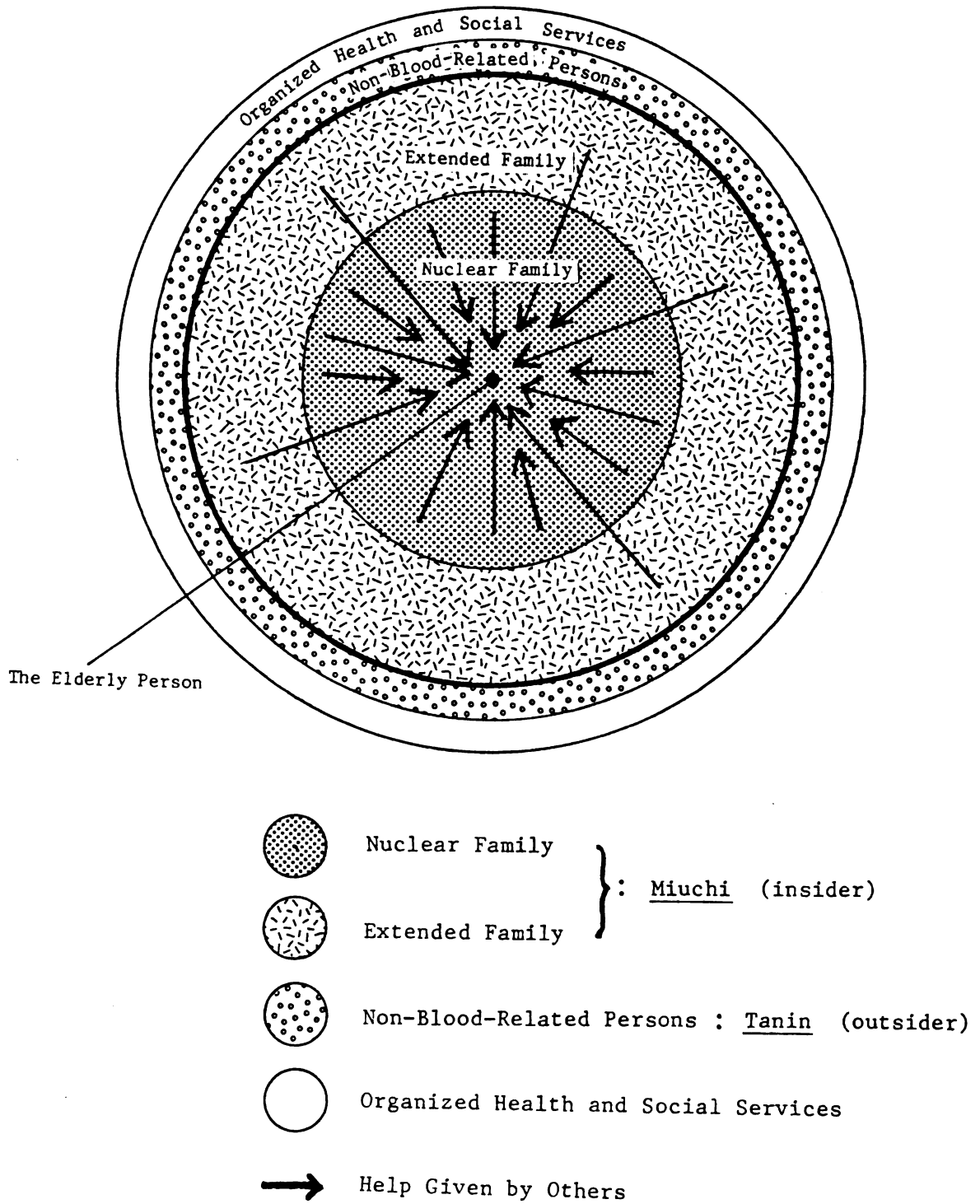


Figure 2: Traditional Resource Structure

of Japanese mothers had more than three children. After 1965 only 14-16 percent of mothers had more than three children and almost one-half had only one child. Also, the ratio of middle-aged (35-65 years) persons to elderly (over 65 years) persons has changed from 5.4:1 to 3.2:1 during these three decades (Health and Welfare Statistics Association, 1982). The difference in the ratio of middle-aged persons to the elderly means that resources for the elderly at a general population level has shrunk. At the same time, the elderly population in the last three decades has increased tremendously. The elderly population remained unchanged for almost half a century prior to 1950. Between 1950 and 1982, the elderly population has almost doubled and life expectancy increased from 59.54 years for men and 62.97 years for women to 74.22 years for men and 79.66 years for women (Health and Welfare Statistics Association, 1982; Ministry of Health and Welfare, 1983). The speed of this increase is two to three times faster than for Western countries. It took 70 to 100 years for the elderly population in Western countries to increase from 5 percent to 9 percent. In Japan this process took only 30 years (Health and Welfare Statistics Association, 1982).

Rapid industrial expansion and the resulting increased mobility of young people has further diminished the number of available family members. Children living away from their parents with jobs in another city is now more common, and extended families are scattered throughout the country.

After World War II, many traditional values in Japan were eroded. The house (ie) system weakened and the eldest son's official responsibility as well as power has also weakened. Emphasis on each

family member leading his own life with his own nuclear family is becoming more popular; the idea of individualism is growing. Along with this tendency, the family is losing the function of caretaker for the elderly. The younger generation does not have the elderly person to take care of in the nuclear families, and members of the older generation no longer have children in their nuclear family from whom they can expect the care (Morioka, 1977).

Moreover, feelings about debts (on) toward one's parents have changed. The younger generation, influenced by ideas of individualism in American society, has begun to alter their thinking about taking care of their parents to one of choice rather than a social responsibility of unpayable debt (on). Therefore, taking care of the parents is no longer the inevitable duty of a child. Also since World War II, organized health and social resources have expanded with the development of old-age pensions, the national health insurance system, and extended care services. The care of the elderly has thus shifted from the family to organized resources; the care of the elderly is becoming viewed as a larger social responsibility rather than a purely family responsibility.

With the erosion of family support, the elderly are increasingly dependent on neighbors and friends (tanin) for assistance. The strict boundary between insiders (miuchi) and outsiders (tanin) of the past has become increasingly permeable. The growing reduction of family support together with the increasing reliance on tanin and the public sector for the care of the elderly create a loss of ninjo (psychological warmth and understanding) for the elderly. Ninjo, which can only be traditionally provided by the family, is no longer available and cannot be expected from outsiders.

While the elderly person is not too functionally impaired, assistance from the children, outsiders (tanin), and public services can sustain the elderly at home. If the elderly become more functionally impaired, they are absorbed into the children's households or into the public sector. Today, with the possibility of extending lives of severely functionally impaired elderly in the face of decreased family capabilities to fulfill caretaking responsibilities toward the elderly, larger numbers of elderly are being absorbed into the public care system.

To use the doughnut analogy again, Figure 3 represents the jelly-filled doughnut turning into a doughnut with a hole. The dough, depicted as the outsiders (tanin) and organized public services, is growing and, simultaneously, the hole in the center is getting larger. The children as resources are represented by a circle surrounding the hole as they no longer live with their parents, having established separate households. The children's circle, however, is often a fragile resource because they often have other obligations such as jobs or their own families. The family is becoming more like the tanin dough, and this dough can easily crumble.

The arrows in Figure 3 indicate that for a time, if the elderly are not too disabled, the hole in resources can be filled by assistance from both insiders (miuchi) and outsiders (tanin). If the elderly cannot take care of themselves, they may either go to their children's house or may have to rely increasingly on outsiders (tanin) and public services facilities.

The sweetness, or psychological warmth and understanding (ninjo), under the house (ie) system has decreased. The elderly yearn for the

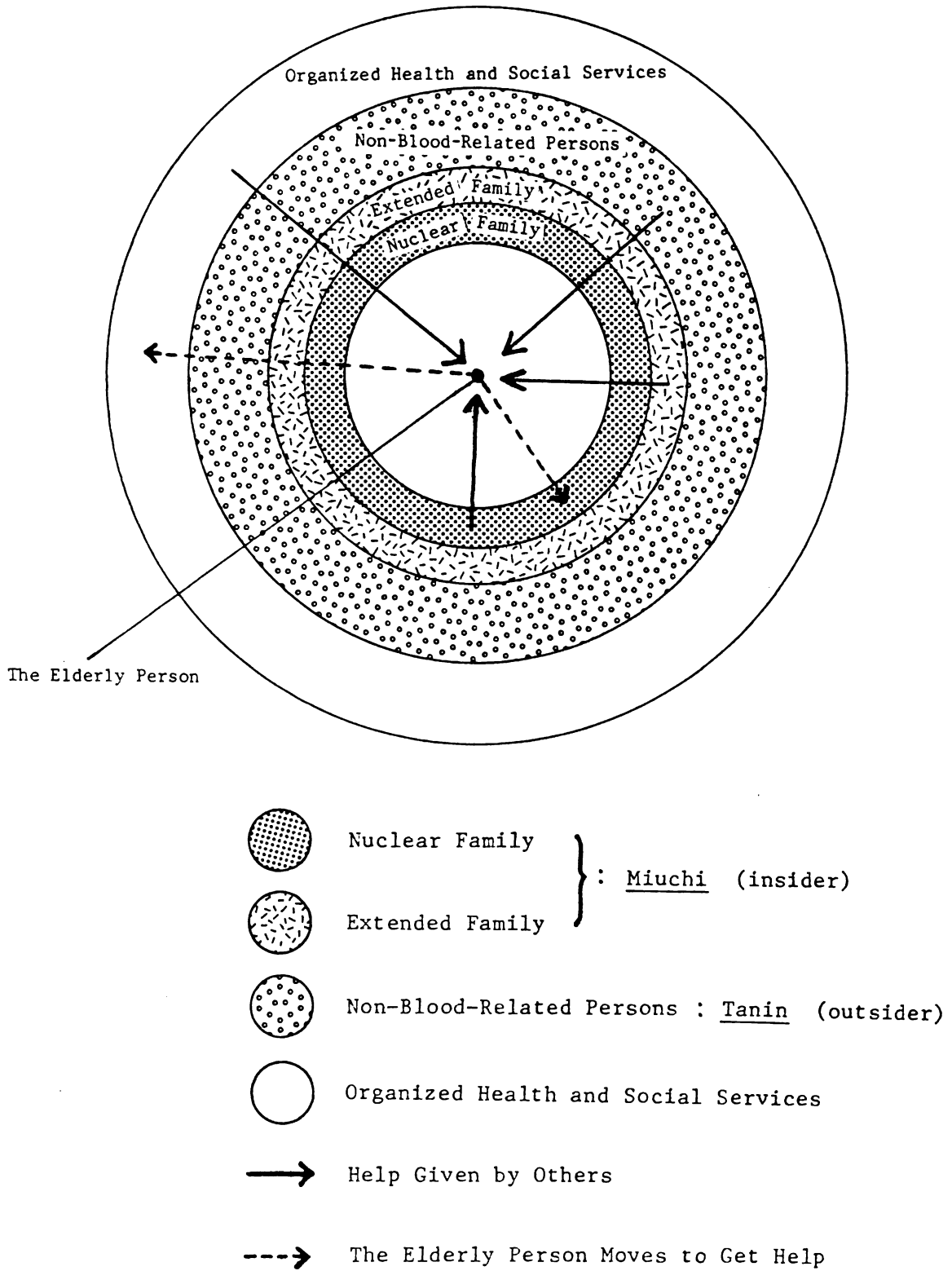


Figure 3: Today's Resource Structure

sweetness of the past. Now the sweetness (ninjo) - Tanaka (1973) called it a "treat for the heart" - is ever-so-lightly mixed into the dough and in some instances is nonexistent, particularly in the public services. To the elderly, the real sugar-sweet is very illusive and is being replaced by saccharine, a poor substitute at best, but they accept it philosophically or become unwillingly resigned to it.

MANAGEMENT OF RESOURCE NETWORK
UNDER CONDITION OF DOUGHNUT HOLE

The age range of the ten elderly in the study was 68 to 83 years (mean age 73.1 years). Three were males and seven were females. Eight of the ten had living spouses and the others were widowed. Their educational background was varied, ranging from sixth grade to college graduates. Their economic status would be middle class. Eight of the elderly persons had one to four children, two had no children. Only one widowed woman lived with her daughter. None of the others lived with their children but lived with their spouses or alone. One lived next door to her son.

The dominant characteristic of the elderly interviewed was the persistence of traditional values governing how they used their resources. Persons interviewed were raised in the period when the traditional stable family prevailed and was sustained by traditional cultural values. However, the elderly are influenced by the younger generation's way of thinking along with changing traditional cultural values. By and large, they no longer think of being taken care of by their children as an absolute right. It has become popular in today's Japanese society that parents have the obligation to raise their children but the children have no obligation to take care of their parents (Tanaka, 1973). This change is reflected in a phrase commonly used by the elderly interviewed: "Children are children and parents are

parents." Only one person in the sample of ten, an older man, held to traditional beliefs. When his parents could no longer care for themselves, he returned to their home to take care of them. He expects his eldest son to move into his home and take care of him in the same way he did for his parents. He was adamant that this was the child's responsibility, "no matter what".

The following comments made by the interviewees further illustrate the changed attitude toward children as their main resource:

Things are changed from old times. Now-a-days, children do by themselves and parents do by themselves. We should not have the idea that because I have children I will be taken care of by them.

We cannot ask our children to take care of us because they should take care of their own children. The whole society today thinks this way. We should just accept whatever our children can do.

Until children grow up, everything is for the children, but after they grow up, children are children. I have rather kigane to children, sometimes.

In our time, we lived with several generations together and this was the custom, so I didn't have any question about taking care of my mother-in-law until she died at home. But the world has changed. I don't know what young persons think about it now-a-days.

The key problem faced by many of the elderly who were interviewed came from the fact that family (miuchi) resources, which formerly could be counted on, have drastically shrunk. These elderly persons were increasingly dependent upon outsiders (tanin), but this presented problems because of the clashes between on-giri-ninjo (debt-duty-psychological warmth and understanding) and enryo-kigane (hesitancy and reserve) values in seeking help from outsiders.

Only one 74-year-old woman of the interviewees came close to the traditional family structure. Her two sons and grandsons lived in the

same city, with the eldest son living next door. She commented that she had no major worries because her son lived next door and the yome (daughter-in-law) is not working. The traditional values of on (debt) and giri (duty) of the family (miuchi) is captured in her statement:

To take care of the elderly is the children's natural responsibility. It is proper that the children take care of their parents. Even if the parents are fools, a parent is a parent. As a human, it is hardly possible to abandon one's own parents.

Nine of the ten interviewees had varying degrees of immediately dependable family resources. The extent to which these elderly could successfully obtain help seemed to depend on the availability of personal resources and acceptability of these potential helpers as judged by the cultural values held by the elderly.

Availability and Appropriateness of the Resource Network

There is a big gap between potential and actual available resources. Although the elderly in the study cited numerous potential resources, the actual availability of these resources was very low. Moreover, because Japanese society is highly structured and the rules in human interaction are very precise, the elderly often felt certain persons could not be called upon for help. The factors which determine availability and appropriateness of resources are their physical proximity, degree of intimacy and past obligations, sex of caretaker, other obligations, repayability of the debt, and the caretaker's age and physical ability. Table 1 shows the potential and actual available resources and the reasons why the potential resources were not available based on these factors.

Subject	Potential Resources	Reasons for Unavailability						Available Resources
		Physical Distance	Not Intimate /Have <u>Enryo</u>	Wrong Sex for Caretaking	Have Other Obligations	Debt Not Repayable	Age or Physically Disabled	
#6	Husband Son and <u>yome</u> Grandson Friends		X	X				
#7	Brother Brother's son and <u>yome</u> Sister Neighbors			X			Brother's son and <u>yome</u>	
#8	Husband 1st son and <u>yome</u> 2nd son and <u>yome</u> Daughter 6 siblings Cousin Friends Neighbors	X X		X	X		Friends Neighbors	
#9	Husband 2 sisters Brother Niece Niece's son and <u>yome</u> Friends	X X		X	X	X	X X Niece's son and <u>yome</u>	
#10	Husband 1st son and <u>yome</u> 2nd son and <u>yome</u> Friends	X X		X				
Total for Women	37	11	7	7	2	2	1 9	
TOTAL	54	15	11	7	5	3	2 13	

Out of a total of 54 potential resources cited among the ten interviewees, only 13 were actually available. Only two persons in the sample used outsiders (tanin) as resources. Two had no available resource.

Proximity (physical distance). The most essential factor which determines availability is proximity. As shown in Table 1, 15 out of 54 resources were not available because of their physical distance. Only one case in the sample of ten had immediately available resources, the elderly woman living next door to her son. Of the eight who had children, six of the elderly could not depend on their children because they lived too far away. Also, extended families such as siblings and other close relatives lived in other prefectures.

Degree of intimacy and past obligation. As cited earlier, according to traditional values, the family and relatives (miuchi) are the most appropriate resource because of debts (on) and duties (giri) built into the traditional Japanese house (ie) system. Also, psychological warmth and understanding (ninjo) is assured. There is also no feeling of hesitancy and reserve (enryo-kigane). As a group, the elderly expressed great hesitancy and reserve not only for help from outsiders (tanin) but from insiders (miuchi) as well. In fact, the degree of hesitancy and reserve expressed was surprising to the author. There was an awareness that these feelings were strong in Japanese society, but not to such a high degree, especially to their own children. This suggests that the sample may well be skewed with elderly holding extremely strong feelings of hesitancy and reserve. This may explain why these elderly continued to live by themselves. However, it

is generally understood that persons of this age group hold these feelings more strongly than later generations.

The fact that married children live away from home results in little opportunity to establish close relationships with the daughter-in-law (yome), upon whom most of the caretaking responsibility will fall. The daughter-in-law is thus more like an outsider (tanin), hence there is no psychological warmth and understanding (ninjo) and there is also much hesitancy and reserve (enryo-kigane) toward the daughter-in-law.

Although some of the elderly foresaw the possibility of moving in with the son's family when they were unable to care for their own personal needs, they all expressed considerable reluctance, either because the sons had their own family responsibilities or the yome was working. But consistently, they expressed hesitancy and reserve (enryo-kigane) toward the daughter-in-law (yome) and noted the lack of psychological warmth and understanding (ninjo) from her. Here are some illustrative statements:

I prefer to go to the hospital rather than to move to my son's house because yome is tanin, after all. Even though she calls me once every three days and says to come to live with them, ninjo is different.

There are certain things I can ask my wife, but not tanin or yome. I don't want to ask my children for help unless it becomes absolutely necessary. If they do so out of their own free will, it is different. I can accept that.

My only son, who lives in this city, has asked that I live with his family, so if something happens I may go to his house. But yome's nature is different from us because she came from another prefecture. Even if there are some inconveniences, I prefer living in my own house.

One elderly female stated she did not want to live with her son, not only because she felt the yome did not have ninjo, but she also did not like the daughter-in-law's family.

Moreover, with the notion of individualism growing among the younger generation, the child may not accept the traditional caretaking role. For example, a widowed mother living with her unmarried daughter - the only person interviewed living with a child - did not consider her daughter as a dependable resource. She based this on the fact that the daughter refused to help her during her husband's prolonged illness. The daughter was also described as having "no ninjo (psychological warmth and understanding)".

Outsiders (tanin) are appropriate only if they are like insiders (miuchi no yona). In other words, a proper degree of intimacy is required in order to ask for help from outsiders.

The extent of the proper degree of intimacy is illustrated by an elderly male who had very few outsider (tanin) resources as well as no immediately available family (miuchi) resources. He was also having increased difficulty with ambulation. Over several months he had become friendly with a neighbor who had come visiting more frequently. He thought that now they were intimate enough so he might be able to ask his neighbor to help with shopping.

The fact that lack of proper intimacy accounted for the second largest reason for inappropriateness of resource persons indicates how crucial intimacy is when a person seeks help. Eleven resources out of 54 among the sample were not available because the elderly felt the relationship with those resource persons was not intimate enough and/or they felt great hesitancy and reserve (enryo-kigane). Most of the

resources considered unavailable because of enryo and kigane are outsiders or distant relatives, which also indicated the continued strong insider-outsider (miuchi-tanin) values.

Sex of the caretaker. The caretaking tasks must be consistent with the sex of the resource person who usually carries out the tasks. Resources to manage female-related tasks for the elderly are very sparse. This stems from the fact that, as in most cultures, caretaking tasks are often women's work. In Japan, there is a distinct division of labor between men and women. Child rearing, meal preparing, cleaning, washing, shopping for groceries, and personal care such as bathing are strictly the domain of females. Men do not engage in such work. The man is waited on and pampered; practically all his personal needs are provided by the women. This is especially strong for the males in the sample because they were raised under traditional values. As mentioned before, there is a hesitancy to ask for help from a daughter-in-law (yome) because of feelings of social distance. Thus hesitancy and reserve (enryo-kigane) further decrease the availability of resources for female-related caretaking tasks. The net result of the sparse female resources is that the major burden of care falls on the elderly female spouse.

Because most caretaking tasks are female-related work, the elderly women in the sample who had a husband said they would not rely on their husbands for caretaking tasks. In contrast, all of the husbands selected their wives as the person they would rely on most to carry out these tasks.

Other obligations. Even when the family and relatives (miuchi) live within the same city, they are often not available because the

wives are working or have small children. For example, one elderly woman stated she had a niece living in the city. The woman felt particularly close to her niece, but could not rely on her because she was married and working.

In the United States, a daughter often takes on the caretaking responsibilities of her parents, even though married. In Japan, a married daughter is not available for her own parents because, once the daughter is married, her loyalty and responsibility are primarily to her husband's family. The following statements reflect the unavailability of daughters.

To be taken care of by my own daughter is better, but I can't ask her much because she already is a yome.

It is different if my daughter is an only child. But I have sons. I don't think to ask my daughter for help because she is a yome.

The daughters are given as yome to another family, so I can't ask them for help.

Five resources out of 54 were not available because those resource persons had other obligations. As a matter of fact, all married daughters are included in those five, which shows a married daughter's obligation is no longer to her own parents but to her husband's family.

Repayability of the debt. A debt of gratitude for help and favors from other persons must be repaid as soon as possible. Thus repayability for debts (on) must be considered, for the inability to repay would bring great feelings of hesitancy and reserve (enryo-kigane). As the aged grow older, the likelihood of being able to repay debts decreases, which in turn increases hesitancy and reserve in asking for help. Those elderly who relied heavily on outsider (tanin) resources because of having no children mentioned their gratitude toward

the outsiders and regretted their inability to repay them. The woman who had no family (miuchi) resources stated the only way she could repay was to be generally helpful to others by sharing her experiences and knowledge, knowledge acquired from many hospitalizations in the past and from many experiences with social agencies. In her effort to reduce her debts, she rented rather than borrowed the electric heating pad from a friend.

As is evident in Table 1, very few persons gave repayability as a reason for unavailable resources. However, even though they did not specifically mention it, this factor goes along with on-giri (debt-duty) and enryo-kigane (hesitancy and reserve) values.

Age and physical ability. For those elderly who depend largely on outsiders (tanin) for assistance, there are special problems. They are faced with the fact that their own friends are also becoming older and disabled and thus less able to help in times of need. This problem is particularly acute in Japanese society because friendship patterns are highly age-specific. Social interactions and intimacies are confined to one's own age group; interactions outside one's own age group are very limited. As one elderly woman stated, "I realized how important those friends are to one when I was sick. . . . But I can't ask much anymore because they are also getting old."

An elderly male stated, "I think my wife will take care of me, but she has arthritis, so I know she has some limitations. . . . If she cannot take care of me, I will have to go to the hospital." This statement shows that the elderly female's physical disability has not only a negative consequence for herself but also for her husband.

Only two persons among the sample's resources were not available because of their physical disabilities. The reason why this number is small may be because the sample was chosen from a group of healthy elderly in the community. However, there is a great chance that an elderly person's resources will become unavailable because of physical disability because of the age of those resource persons.

Summary. In summary, then, the resource situation is highly problematic for the elderly. Not only are the family (miuchi) resources not available, but the potential resources may be unacceptable because of cultural values. Family resources may not have the proper degree of debt-duty (on-giri) to accept the caretaking responsibilities and the psychological warmth and understanding (ninjo) to provide help. The elderly person may not be able to repay favors and help from outsiders (tanin). The outsiders may not have the proper degree of intimacy or the hesitancy and reserve (enryo-kigane) feelings. Also, the age and disability of more intimate outsiders may make it extremely difficult for the elderly to ask for help.

In addition, resources may be available but may not be appropriate for the necessary caretaking tasks. Since there is a distinct division of labor between men and women in Japan, caretaking tasks must be consistent with the sex of the resource. Also, age and physical ability of the resources are important factors which determine appropriateness of the resources for the necessary caretaking tasks. In short, the resources should be young enough and healthy enough to do the tasks.

Matching Resources to Caretaking Tasks.

This section will present an analysis of the selection of resources for assistance in various caretaking tasks and the length of time such resources can be used. The criteria for selecting resources are based on whether the available resources 1) are insiders (miuchi) or outsiders (tanin), 2) meet the values of debt (on), duty (giri), and hesitancy and reserve (enryo-kigane), and 3) are the appropriate sex and have the ability to perform needed tasks. These three criteria for selecting caretakers are then matched to the characteristics of the caretaking tasks.

By caretaking tasks is meant such tasks as toileting, bathing, feeding, cooking, shopping, cleaning the house, transportation to and from the medical clinic, helping in emergencies, checking up or monitoring if all is well, and giving financial assistance. Criteria for evaluating tasks include: 1) physically intimate or not intimate, 2) temporal factors such as frequency, time involved, and immediacy of action required, 3) physically offensive to the caretaker's senses, such as being physically dirty, smelling bad, or looking bad, 4) costly or not costly in terms of time, energy, and money, and 5) whether the task is appropriate for a particular sex role. The different caretaking tasks vary not only in degree but also in different combinations of characteristics. For example, bathing and toileting tasks are physically intimate, and if the elderly is severely disabled, toileting tasks may be dirty. As for frequency, shopping for groceries may be done once or twice a week whereas feeding and toileting are done daily or several times a day. Cooking, washing, and house cleaning is in Japan definitely a female-related task whereas transportation to and

from a medical clinic is more often a male-related activity. Transporting by private automobile is costly and time-consuming.

The utilization of resources by the elderly showed a definite pattern and precision in terms of whom they selected for different tasks and for how long a time. For those tasks which are intimate, such as toileting, feeding, and bathing, and are also done frequently, family (miuchi) resources were selected. These tasks were performed by wives, daughters (if available), and extended family members such as sisters and nieces, but only if they were intimate enough. These tasks are also female-related so only female family members were selected. The extent of female relatedness of this task is apparent by the fact that all the males depended upon their wives for these tasks whereas no married elderly woman selected her husband. None used or intended to use an outsider (tanin) for such assistance. In addition, there is a time limit for certain tasks and resources. For those tasks which are intimate and done frequently, that time was limited to two to three days except when an elderly man selected his wife to help. In these instances, no time limitation was imposed.

Seeking hospitalization also showed a pattern based on a time limitation for help received. Except for one elderly man, all others, including an elderly woman with a married son living next door, stated they would seek hospitalization if they could not manage their personal hygiene for more than a week. There was a time limit of two to three days for assistance with personal hygiene (e.g. such as help with toileting). Even within the family resources, to ask for assistance beyond a week was considered an imposition and would involve much

hesitancy and reserve (enryo-kigane). Therefore the elderly would prefer to seek hospitalization.

In comparison, the tasks which are clean, less intimate, and required less frequent help can be asked of outsiders (tanin). However, even for these tasks, children and extended family are preferred, if available. For example, elderly women might ask a female outsider to help with shopping because this task is less intimate, less frequent, clean, and a female-related task. Help with transportation is sought from male relatives and intimate male friends because it is less frequently needed and a clean activity and also because it is male-related work. Emergency help is equally distributed between insiders and outsiders since proximity is crucial. Again, a time limit of a week to ten days (or ten times) is set if the help comes from outsiders.

There is one notable exception from these patterns, requests for financial assistance. Even though financial assistance does not require proximity or actually doing a task. it can only be asked of the elderly person's own children, usually sons. If the children cannot assist their parents, the elderly person will seek public and social help rather than go to extended family or outsiders.

Example of Filling the Hole with Tanin Resources

Under the condition of shrinking family (miuchi) resources, it becomes crucial for the elderly to have outsider (tanin) resources to fill in the hole left by the family resources. The following is an analysis of how two women effectively filled the resource hole under different social conditions. Neither had immediately available family

resources; one had children who lived in another prefecture and the other had no children. The woman with children was 68 years old (the youngest person in the sample) and the lady without children was 79 years old (the oldest woman in the sample).

Mrs. O, the younger lady with children, had a rich network of friends such as high school and college classmates, classmates from English, dance, and yoga classes, and former co-workers. Many of them lived close by. She had several friends who were like family (miuchi no yona), and she was on very friendly terms with several neighbors, including two elderly single ladies living together.

Mrs. M, the older lady with no children, had two very close friends in addition to some distant relatives with whom she had developed a close relationship over the years, living in the same city. In addition, she had numerous casual acquaintances such as neighbors.

A striking similarity of these two women was that resources were important both for meeting their own needs, but especially for meeting their husbands' needs. Their concern for their husbands' care seemed essential and even more important than meeting their own needs. Although they illustrated different social conditions, the effectiveness of their utilization of resources was that their outsider resources were the largest in the group, cut across a wider age group, and lived close by. This enabled them more flexibility; no one person was burdened, no particular person was owed a lot of debt. Also, the wide age range of their friends made up for the dwindling resources in their own age group.

Mrs. O had a built-in resource network from her past. Mrs. M had to cultivate the network over the years. The fact that she had no child

made this cultivation of outsiders more crucial. Also, their numerous past experiences with illness and hospitalizations made them acutely aware of the importance of tanin resources.

These two women stood out from all the other interviewees in their lesser preoccupation with hesitancy and reserve in seeking help. They also willingly offered help to other outsiders. In other words, they had a mutual-support orientation absent in the other elderly interviewed. This mutual-support orientation also accommodated their debt-duty issue. An interesting contrast was a widowed lady, also childless, who was so preoccupied with hesitancy and reserve that she could not cultivate outsider resources.

On the other hand, Mrs. M was aware of her dwindling same-age group of resources and was actively cultivating new and varied support persons. This case illustrated how some elderly persons can overcome the constraints of the traditional culture which hampers the cultivation of the much-needed outsider resources. Note that the support structure constructed by these women is consistent with on-giri (debt-duty) values.

The Elderly Female's Burden of Care

Because of the sparse number of women caretakers, the burden of care often falls on the elderly women themselves, not only for their own care but also for the care of their spouses. The reliance of married elderly men on their wives was striking. Without exception, they all stated "My wife will take care of everything" when asked who attended to their personal needs. As cited earlier, wives did not perceive their husbands as a resource if they themselves became disabled. When the

wife is disabled, the elderly man is particularly vulnerable, like the elderly male with a wife handicapped by arthritis.

Without exception, the married women all wanted to outlive their husbands, not because they wanted to live longer but because they did not want to burden their children with their husbands' care, care which is predominantly women's work. Typical statements made by the elderly wives were: "If I get sick, my husband can't do anything. I can't die before him. If I die first, he will be a big problem." "If I get sick, my husband can't do anything. I'm worried about him a lot. It's just miserable when a man is left alone. I just can't go before him." This may explain why the women as a group were much more health-conscious than the men. They engaged in health-maintaining activities such as exercising and watching their diet as well as taking part in mental health activities such as art, flower arrangement, and attending lectures, encouraging their husbands to do likewise.

Because elderly men are unable to care for their personal needs, the wives felt that the only option, if they died first, was to have the husband cared for in their son's home.

In addition to personal care, the wife has the major responsibility for maintaining and monitoring her husband's health. The extent to which the wife carries the burden of the husband's care is illustrated by one woman without children who opted to have a less medically desirable treatment when she broke her leg. This was in order to stay at home in order to be available to her husband. This example illustrates how the burden of care shouldered by elderly women for their spouse has an impact on the use of sources by the elderly.

Hospitalization: Balancing Enryo, Kigane, and Ninjo

Without exception, the elderly wished to be in their homes as long as they were able. As noted earlier, the ability of men to stay at home often was dependent upon the general health of the spouse. Elderly persons without children or extended families had no option but hospitalization when they were unable to care for their own personal needs, particularly when their need for help extended beyond one week to ten days.

Only one out of the ten persons in the sample stated that he would not accept hospitalization under any condition. This individual thought that his son and daughter-in-law would care for him if he became disabled. Without exception, all those interviewed wanted to die pokkuri (suddenly and quickly) so they would not be a burden to their family.

Although all spoke wistfully of the old days when the elderly were respected and living with the family, they were resigned to accepting hospitalization if unable to care for their personal needs so as not to impose on their families to care for them.

The general acceptance of hospitalization as an option was surprising to the author. But, as mentioned earlier, the strong feeling of hesitancy and reserve among these elderly toward their families and daughters-in-law may explain their ready acceptance of hospitalization. Thus, in the absence of organized resources to sustain the elderly in their homes, the elderly anticipated that hospitalization would be their only option because of hesitancy to obligate others and concern about inability to repay favors.

Six elderly in the sample fatalistically accepted hospitalization. Four others saw hospitalization as a deliberate compromise between hesitancy and reserve (enryo-kigane) and psychological warmth and understanding (ninjo). These women had themselves cared for their parents-in-law as yome (daughters-in-law). That experience was difficult and extended. For example, one elderly lady described the prolonged death of her father-in-law. His care required seven persons working in shifts around the clock. This woman stated it took her months to recover from the physical and emotional exhaustion. Another person described the tremendous difficulty she had with toileting tasks related to caring for an elderly relative. Caretaking was further complicated by the relative's mental confusion. Therefore, when these four women expressed hesitancy and reserve (enryo-kigane) to burden their family, it was based on their own experiences. They would prefer paying for physical care for themselves due to their hesitancy and reserve in asking for help. In return, however, they expected frequent visits from their families to provide the psychological warmth and understanding (ninjo) which was often absent in care given by the hospital staff. The following statement typifies these sentiments:

I think it is better to be in hospital and to get good visits rather than to be taken care of at home and give other persons a lot of trouble, otherwise the family is pitiful. They have their own life . . . it will break the family's peaceful life. I don't want to give anybody such trouble.

Persons who had no children were extremely concerned about the lack of ninjo (psychological warmth and understanding) during hospitalization. This problem was especially important to a lady who had had many hospitalizations and knew how depersonalized and dehumanizing hospitalization can be. She mentioned the issue of

attendant care in hospitals in Japan. Because of her limited resources and financial constraints, she plans to go to a complete nursing care hospital which does not require an attendant, but she fears she will not get any ninjo in such a hospital. This issue of attendant care is now one of the biggest social issues in Japan (Ichijo, 1978; Inoue, 1983; Ishihara, 1979; Kubo, 1979; Matsuzawa, 1979; Mitsutomo, 1978; Nihonkangokyokai, 1981; Suda, 1979). This woman's concern showed how big this issue is for the elderly, especially those elderly persons who have very limited family resources.

DISCUSSION

Summary of the Most Significant Findings

The person's immediate family generally has the caretaking responsibility for that person. In the traditional Japanese family system, children - especially the eldest son and his wife - have the obligation to take care of their parents. However, as the traditional family system has changed, the assignment of this caretaking responsibility is no longer as clear as it used to be. The elderly recognize they can no longer rely on the old system of rules or on traditional family roles to guide them in the selection of an appropriate caretaker. Therefore, at present, the main concern among the elderly in Japan about their future is who will take care of them if they get ill or become impaired.

This study, based on intensive interviews with ten elderly men and women, found that many elderly persons adhere to past rules for interaction, using clear criteria for selection of support persons based on the social acceptability and capacity of that person to supply the help needed. Based on these selection criteria, there are very few actual dependable helpers among family and friends. Many persons are not viewed as acceptable or capable caretakers because of their physical distance, social distance, or lowered capacity to help because of sex-role, old age and/or disability, or other obligations.

The choice of sources of help is even more constrained due to the fact that available helpers have to be carefully matched to an appropriate task. Certain persons cannot be asked to perform certain types of tasks. In addition, other persons (even intimates) can only be asked to help for brief periods of time.

Elderly persons appear to follow very precise rules when asking for help. Most of the elderly hesitate to burden other persons. So, when lacking sufficient intimates to help them, elderly persons prefer to use formal health and social services rather than burden their families or inappropriately call on their friends to help.

Japanese women face some special problems related to caretaking of the elderly. First, elderly women had to provide care for their elderly husbands as well as for themselves. Second, the greatest burden of caretaking of the elderly falls to women of all ages because caretaking tasks are viewed as woman's work and because caretaking is consistent with the woman's role in the family network.

Discussion

This thesis has attempted to describe the traditional family structure and values in Japanese society and the way in which recent socioeconomic changes have affected this structure and value system. Information obtained from intensive interviews with ten elderly persons shows a lack of availability of intimate family members and the resulting hole in the resource network. This thesis has also described the cultural values of rights, duties, and obligations and the interactional rules governing interaction between the elderly person and his/her family and between the elderly and persons outside of the

family. This framework can be used to explain how the elderly view and utilize their limited resource network.

In the current Japanese scene, the delivery of health care to the elderly tends to be based on an idealized, traditional notion of the family and widespread acceptance of miuchi-tanin (insider-outsider) values and the associated on-giri (debt-duty) values. In order to understand current patterns of help-seeking and use of both formal and informal support by the elderly, it is necessary to understand the extent to which this traditional family structure and obligational network is being eroded. Reliance on the traditional family structure has tended to retard development of nonfamily support resources as well as the more effective use of nonfamily resources by the elderly.

Limitation of This Study

The sample in this study may be seen as exceptional because none of them lived with their children, as do the majority of Japanese elderly. In Japan, 58 to 66 percent of married elderly live with their married children (Kamiko, 1972). By contrast, in Western countries such as the United States, England, and Denmark, 68 to 84 percent of married elderly live by themselves and only 1 to 5 percent of them live with their married children.

Of the Japanese elderly who have no spouse, 82 to 84 percent live with their children (Kamiko, 1972). However, the number of the Japanese elderly living with their children has decreased rapidly over the past decade. Between 1970 and 1981, the number of all elderly living with their children has decreased from 71.2 percent to 58.9 percent, and those elderly living by themselves have increased from 18.9 percent to

29.7 percent (Health and Welfare Statistics Association, 1982). Also, the Japanese government's report forecasted that the number of the elderly living with their children would keep decreasing and become about 48 percent by the next century (Shigemura, 1982). These statistics show the rapid growth of the elderly population faced with the problem of finding help resources in old age.

Eight out of the ten persons in the sample lived by themselves. This rate is much higher than the national statistics. However, the problems faced by persons in this study will be faced by many more Japanese elderly in future years because the growing idea of individualism which accompanies the westernization of Japanese society will undoubtedly further constrain family resources for the elderly in Japan. Therefore, suggestions from this study may apply to future populations.

This research suggests that the study of rights, duties, and obligations of family members to the elderly and the interactional rules related to how the elderly utilize the resource network might also be used to understand not only Japanese but other cultural groups. Indeed, the interactional rationale used by the Japanese elderly to select resources appears quite similar to that of Westerners; the difference is only one of degree. For example, degree of intimacy, degree of psychological closeness, and degree of feelings of imposition and hesitancy felt by the elderly enter into who is chosen to help and how long that caretaker is relied upon. A similar pattern prevails in Western countries. How much assistance is expected by the elderly and is offered by the family is shaped by social norms related to rights, duties, and obligations for caretaking tasks. This is true for the elderly in other countries as well.

Suggestions for Further Study

The sample in this study was very small and overrepresentative of the elderly living in their own homes rather than with their children. Also, the interviews with these elderly focused on the elderly's perceptions of what they might do if they got ill and became disabled. Therefore, further research is needed to verify and refine the framework developed from this study. The research should be done with more varied and larger samples of elderly persons. Also, it would be helpful to study family members, particularly children, and their perspectives on what help they might give and what help they actually do give when their elderly parents are ill or disabled. Most importantly, it is necessary to study how elderly persons actually seek help and manage their resources when they become ill or disabled.

Implications of the Study for Health Services

Since the circumstances of the elderly are changing and getting more complicated, there is a need for a broader view of how to provide support for the elderly. There is a need to intensify the current home care and family support services because the elderly prefer to stay at home and receive care in the family. Beyond this, there is a growing need for further development of health and social services in view of diminishing family support. To help the elderly to find new resources to assist them, it is very important to develop new social groups and self-support groups. Existent social groups for the elderly are mostly age-related, so the dependability of these group members as caretakers is limited. It is important to develop social groups which have members with a wider range of ages.

Because of the limitations of family caretakers and because of insufficient social services for the elderly, high quality institutional care is often required. Improving the quality of extended hospital services seems indicated, with emphasis on providing more psychosocial support. For the future, instead of completely relying upon family resources, a greater range of health and social services is needed to complement care given by family and friends. The strong uchi-tanin (insider-outsider) boundary may pose obstacles in developing those new services. There is a strong taboo against involving outsiders to solve family problems. On the positive side, however, is the fact that Japanese society is quite homogeneous. Many studies of Japanese culture have observed that the Japanese are group-oriented (Brown, 1974; Doi, 1981; Inamoto, 1982; Lebra, 1976; Nakane, 1970; Ozaki, 1980; Reischauer, 1977). These characteristics of Japanese society may enable the development of a wide range of resource networks for the elderly. This probably could be accomplished sooner in Japan because of the absence of the multiple, competing interest groups which are common in more heterogeneous and pluralistic societies such as the United States.

Lastly, for nurses it is important to understand the cultural values and help-seeking behavior of the elderly in order to properly assess an elderly person's caretaking resources and to help them deal with illness and disability. Adequate care of the elderly may crucially depend on understanding which persons in the elderly person's social network are acceptable, capable, and reliable in providing necessary assistance to that person when he or she is too ill to care for him or herself.

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APPENDIX A

METHODOLOGY

METHODOLOGY

Sample

Ten elderly Japanese participated in this study. The subjects met the following sample criteria:

1. They lived in Japan.
2. They were 65 years of age or older.
3. They resided in their own homes.
4. They were basically healthy, without any mental impairment or incapacitating brain disease.

The investigator contacted public health nurses who worked with elderly Japanese and these nurses helped to recruit subjects for the study.

Of the ten subjects, the distribution was as follows:

Sex: Male - 3; Female - 7

Age Range: 68-83 years (mean age - 73.1 years)

Marital Status: Married - 8; Widowed - 2

Number of Children: No children - 2
1-4 children - 8
(mean number of children - 1.9)

Living Arrangement: Living with spouse - 8
Widowed, living with unmarried daughter - 1
Widowed, living alone - 1

Data Collection

The data for this study were collected in Japan during the summer of 1982, using one-time, face-to-face interviews which took two to four hours. The approach used was a semi-structured interview with open-ended questions. Information sought included demographic information (sex, age, marital status, number of children, educational background, and economic status) and information about their general health status, nature of the social support network, when and how this support network was used in the past and present, past experiences in caring for parents and other relatives, type of assistance they felt might be needed should they become disabled, and the social resources they might use for particular kinds of assistance (see Appendix B, Interview Guide).

Data Analysis

The interview data were analyzed by the "constant comparative method" (Glaser & Strauss, 1967; Lofland, 1971; Schatzman & Strauss, 1973). The analytic process involved coding the raw interview data for concepts. These codes were then grouped and compared to identify patterns and differences. Key codes (concepts) were linked for their relationships. An important aspect of analysis was the author's experiences in the United States which enabled her to see the elderly's responses with a new comparative eye.

APPENDIX B

INTERVIEW GUIDE

INTERVIEW GUIDE

I. Personal Information

A. Age _____

B. Sex: M F

C. Marital Status: ___ Never Married ___ Married
 ___ Widowed ___ Separated/Divorced

D. Who do you live with? ___ Spouse ___ Siblings
 ___ Children ___ Grandchildren
 ___ Others

E. Distance from other relatives who live near by:

Siblings _____

Children _____

Grandchildren _____

Others _____

F. Education: ___ 0-4 years ___ 5-8 years
 ___ high school ___ college
 ___ higher than college

G. Economic Status

1) Main source of income: ___ Social security/pensions
 ___ Own savings/property
 ___ Financial help from others
 ___ Working ___ Other

2) Is your income sufficient? _____

H. Physical Problems

- 1) Chronic Illness: What kinds of illness? _____

How long? _____
In what ways and how often does it affect your life? _____

- 2) Do you have any other problem which impairs your daily activities? _____
- 3) How often do you need help for every-day activities? _____
- 4) What sort of help do you need when you cannot get along by yourself? _____

II. Social Support and Concern about Death

- A. Suppose you were severely ill - so sick you could not care for yourself. Who would you ask for help?
- B. Has anyone close to you recently experienced a prolonged or difficult death?* Could you describe this experience?
 - 1) What was difficult?
 - 2) Who helped?
 - 3) What should/should not have been done?

*If you do not know any such person, suppose one of your family members is dying a prolonged or difficult death. Who will help and what should be done?

- C. If you were the person who was dying a prolonged or difficult death,
 - 1) What do you want to do?
 - 2) Who would help?

D. I would like to give you a few examples of some circumstances which can make a terminal illness very difficult.* For each of these examples, could you tell me:

1) What sort of help would you like?

2) Who might give you that help?

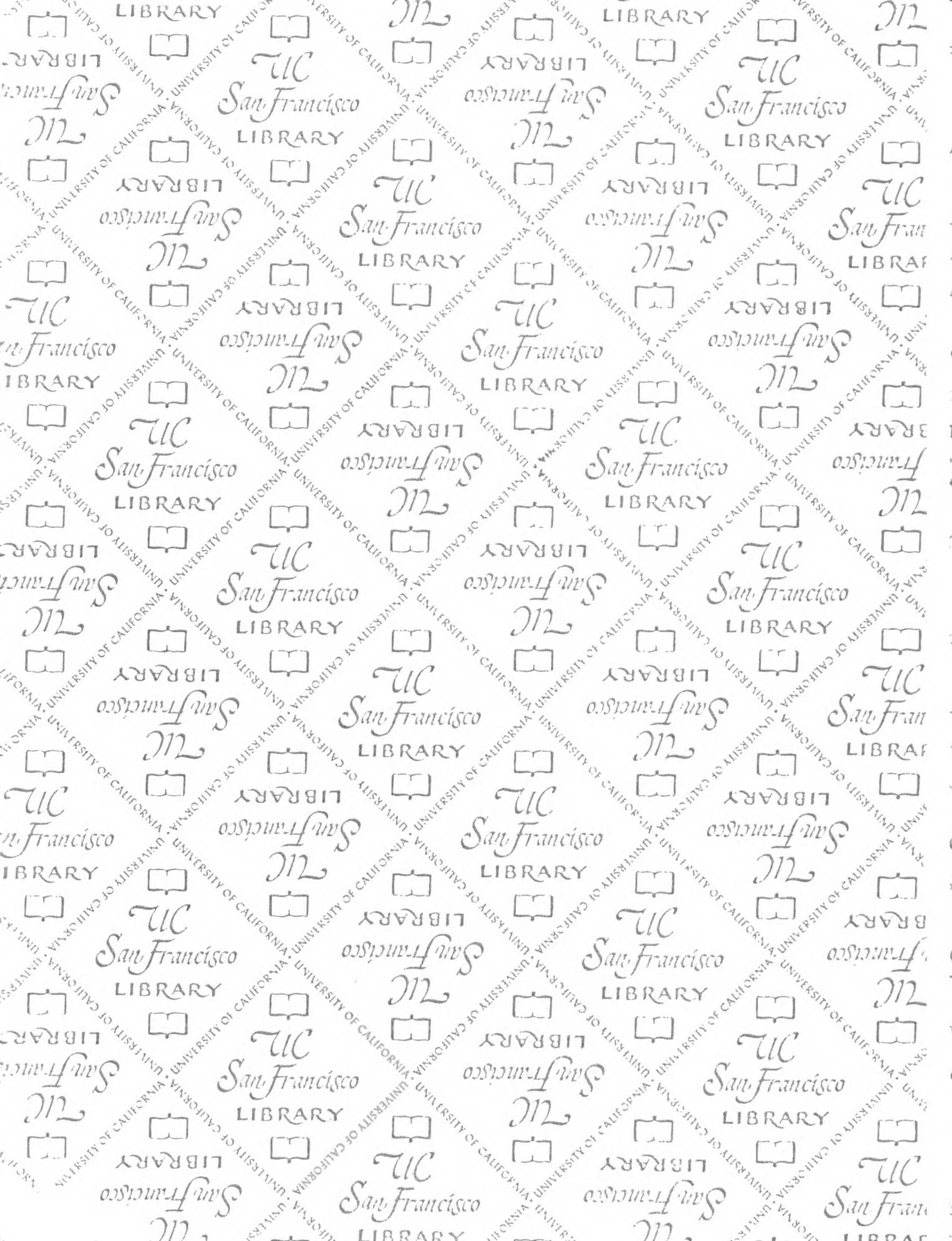
*Difficult conditions: - Suffering from Severe Physical Impairment
Severe Mental Disorder
Constant Pain
Loneliness/Isolation

- Need for extensive care

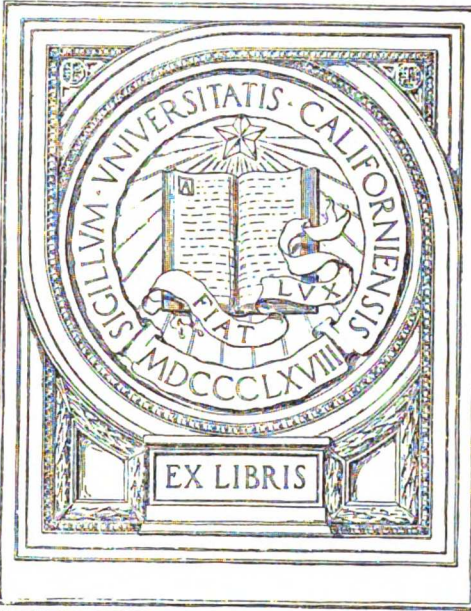
- Need for complicated/highly technical treatment

- Very costly care

E. Do you have any other concerns about severe illness or dying?



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