AKIKO ODA

Older Japanese Spouse Care in Relation to Household Structure, Gender Relations, and Political Economy

Abstract

In Japanese families, the extramarital relation is increasingly gaining prominence over the traditional parent-son stem relation as the fulcrum in many households. Patriarchy is being structurally transformed in domestic life where social changes are gradually re-shaping the family ideal in terms of care provision for older parents. At the root of this lies a change in the power balance in relations between the young and the elderly, where changes in household structures are witnessing a marked shift in which older people are increasingly maintaining couple-only households, with a recent sharp decline in the traditional multi-generational living arrangement. Consequently, older people have to rely increasingly on their own means to take care of each other's needs. This placed an increased strain on older women, in particular on those who have to take care of disabled partners. These women are traditionally subjugated by power dynamics whereas the older Japanese male maintains the dominant *daikokubashira* (head of household) status. Trying to ease the burden, the Long Term Care Insurance (LTCI) scheme was introduced by the Japanese Government in 2000. However, the elderly couples participating in my study have

shown a reluctance to ask for this kind of help. Instead they are mostly relying on their own means and are deterred from invoking external care through a number of complex factors correlating to socio-economic issues, pragmatism, social stigma, and gendered norms.

Introduction

Japan is experiencing a rapid and striking demographic development in its population of elderly people, which proportionally ranks high amongst the developed nations. The issue of who will provide for their care has come into political focus, whereas established norms of older people being cared for within the multi-generational family setting are in decline.¹ Japan's rapid change in its demographic structure is dramatic; the proportion of people over 65 was just 4.9 per cent in 1950, increased to 7.9 per cent in 1975, and 21.5 per cent in 2007 and is expected to reach 39.6 per cent by 2050.² The same trend is observed in Western Europe where those aged above 65 are estimated to reach 27 per cent and 32 per cent in the UK and Germany by 2050.³

The time period it took for the UK population aged 65 and older to double from 7 to 14 per cent of the total population was 45 years (between 1930 and 1975), while the Japanese population reached the

¹ Cf. Sumiya, Mikio (1992): *Shakai hoshō no tenkai to tenbō* [Progress and prospect of social security in Japan], 137.

² Cf. Statistics Bureau (2008): *The Statistical Handbook of Japan 2008*. <http://www.stat.go.jp/english/data/handbook/c02cont.htm> (accessed 24 October 2008).

³ Cf. Eurostat (2006): *International day of older persons EU25 population aged 65 and over expected to double between 1995 and 2050*, 12 September 2006 – 29 September 2006. http://epp.eurostat.ec.europa.eu/pls/portal/docs/PAGE/PGP_PRD_CAT_PREREL/PGE_CAT_PREREL_YEAR_2006/PGE_CAT_PREREL_YEAR_2006_MONTH_09/3-29092006-EN-BP.PDF (accessed 19 October 2008).

same growth in only 26 years (between 1970 and 1996).⁴ This is an important factor in discussions about health care finances and the pension system; the more rapid the ageing process, the faster the necessity for a political response. In the light of this demographic trend, Ueno⁵ argues that the “common sense” of care giving for older Japanese people has shifted dramatically from the *daikazoku* ideal (living in the 3 generational household and being looked after by the extended family⁶) to living alone. In 1980, about 70 per cent of the Japanese people who were older than 64 cohabited with their children’s family. This figure shrank to 44 per cent in 2006⁷ while the percentage of elderly couple’s households has increased rapidly in the last two decades and is predicted to grow further⁸. With that said Ueno pointed out that spouse caregiving in old age has now become a common practice in Japan.

In this paper, the care dynamics among 21 elderly couples living in the Kantō region of Eastern Honshū (the main Japanese island) where one partner requires intensive informal care to remain living in the community are analyzed. The main focus is on older spouses providing care for a husband who has a limiting disability that can range from physiological impairment to cancer. The more concealed situation of the older spouse is researched on in terms of caregiving in re-

⁴ Cf. Smith, Chris *et al.* (2005): *Focus on people and migration. The changing age structure of the UK population*. http://www.statistics.gov.uk/downloads/theme_compendia/fom2005/04_FOPM_AgeStructure.pdf (accessed 18 October 2008).

⁵ Cf. Ueno, Chizuko (2007): *Ohitorisama no rōgo* [Alone in later life].

⁶ Cf. Thang, Leng Leng (2001): *Generations in touch. Linking the old and young in a Tokyo neighborhood*.

⁷ Cf. Cabinet Office, Government of Japan (2008): *Heisei 20 nen kōsei hakusho* [Welfare white paper for 2008]. <http://www8.cao.go.jp/kourei/whitepaper/w-2008/zenbun/html/s1-2-1-02.html> (accessed 15 September 2008).

⁸ Cf. Statistics Bureau (2008).

gards to the difficulties encountered in performing physical labour linked to caregiving and domestic tasks. Closely related to the issue are gender power relations between husband and wife whereas the elderly man is confronted by the reality of having less control over his body because of significant medical factors and relies heavily on those providing care for him.

Power dynamics in older couple's relationships can adversely affect matters when, according to Graeber, women are compelled to handle their husband carefully in order not to cause their spouse to behave in an aggressive manner. In doing so they constantly have to perceive matters from a male point of view (imaginative identification or interpretive labour).⁹ This is not typically reciprocated by older men who are likely to disdain the converse situation, while their wives constantly have to deal with and maintain their husband's egos.¹⁰

This paper also analyzes how care provision is influenced by the type of the household (couple versus multi-generational model), and the relationship between the male care recipient and his wife. Socio-economic factors influence the types and quality of care provided which is influenced by the recipient's social class and the use of external care services that encompass inequalities of access to Japan's LTCI (Long Term Care Insurance) scheme. Elderly couple's points of view on the use of care services under the LTCI scheme are discussed in relation to traditional family ideology and gendered norms, which can be regarded as the reason for the reluctance to utilize external care

⁹ Cf. Graeber, David (2006): *Beyond power/knowledge. An exploration of the relation of power, ignorance and stupidity*. LSE Malinowski Memorial Lecture Thursday 25 May 2006. <http://www.lse.ac.uk/collections/LSEPublicLecturesAndEvents/pdf/20060525-Graeber.pdf> (accessed 1 September 2008).

¹⁰ Cf. Itō, Kimio (2002): *Dekinai otoko kara dekiru otoko e* [How "unable men" become "able"].

among older people, despite the need for intensive care by many of the elderly men.

Older Japanese women who have to take care of a disabled spouse face increasing tasks in their daily lives and have to sustain their roles despite rapid societal changes, among them particularly the decline of multi-generational living arrangements and difficult economic times. This paper therefore contrasts how older women from different social classes are challenged in their roles as caregivers. To widen the scope, this paper will also highlight a number of important factors that emerge in the decision making processes of elderly couples when they decide not to seek external care, whereby the dynamics are connected to socio-economic and class-based factors, social stigma, and gendered norms.

Methodology

This paper is based on data on a subset of 21 couples out of 47 interviewed who fulfil the required criteria that one partner or both among them has to have a significant health problem. Semi-structured interviews were conducted with married couples between the age of 62 and 87 years, focusing on couple dynamics on several issues relating to the level of care. The interviewees came from communities within the Kantō region of Eastern Honshū; therefore no claim for generalization can be made. However the analysis of the data revealed common themes amongst the older spouse caregivers. Data gathering was in accordance with ethical procedures laid out by the British Sociological Association¹¹.

¹¹ Cf. British Sociological Association (2004): *Statement of ethical practice*. <http://www.britisoc.co.uk/NR/rdonlyres/468F236C-FFD9-4791-A0BD-4DF73F10BA43/0/StatementofEthicalPractice.doc> (accessed 18 September 2008).

Sample Characteristics

There were 20 couples with one partner in need of a high level of care (17 men and 3 women) and one couple, in which both spouses showed a high level of care. The care recipient's education level, occupation, and major health problems are listed in Table 1 on page 26. In all but one case, the care for the husband was completely or almost completely provided by the wife. Among the 4 older women requiring care, 3 were cared for by their daughters or daughters in law, and only one was cared for by her husband.

Aspects correlating to a high level of dependency on care

Intimacy in care provision is particularly poignant when the recipient has developed incontinence or requires assistance with bathing and dressing, although in my research the elderly couples were reluctant to discuss such matters. This reluctance is linked to a number of issues; the most significant one being the fact that basic everyday activities such as toileting, bathing, and dressing are not verbally discussed. These activities are taboo-related and the reluctance to discuss such matters can also be described as a way of thinking. This corresponds to the psychological interpretation by regarding the importance of "non-linguistic knowledge".¹²

In terms of common frame of reference, it was pointed out on several occasions during the data collection that it was pointless to talk to me about matters outside my comprehension due to my young age and lack of appreciation. In this respect, Lave coined the term "apprentice-

¹² Cf. Bloch, Maurice (1991): *Language, anthropology and cognitive science*, 186.

ship learning”, which relies on the “assumptions that knowing, thinking and understanding are generated in practice”.¹³

For the elderly couples who refused to be interviewed separately discussing intimate matters was complicated because the spouses were reluctant to embarrass their husband by outspokenly talking about intimate aspects (e.g. incontinence) of the men’s health status. Instead, the wife was inclined to be upbeat and positive rather than focused on the negative or pessimistic aspects of caregiving, if possible. Most of the men were reluctant to discuss their declined health in any detail and tried to deflect or play down its significance on occasions.

Caregiving pressure faced by older women

Physical and psychological stress increases the burden experienced by older women who take care of their partner, who has a high level of dependency on care. Mr. Ikeda succumbed to his terminal stomach cancer several months after my interview with him. In the final stages of his life, Mrs. Ikeda and her daughter were minded to look after him and tried to keep his spirits up by maintaining a positive attitude. Despite her husband’s depression that caused great emotional hurt, as his wife and main caregiver, Mrs. Ikeda was determined to see her pastoral role through to the end. As well as carrying out physical care tasks, elderly women like Mrs. Ikeda are also giving emotional support. This aspect of hidden work is described by Kasuga as the central necessary skill for looking after older frail people.¹⁴

¹³ Cf. Lave, Jean (1990): The culture of acquisition and the practice of understanding, 310.

¹⁴ Cf. Kasuga, Kisuyo (1999): Kazoku to iu kankei no konnan to kibō [Difficulties and wishes concerning family].

Mrs. Ikeda revealed how stressful it was for her to suppress her inner feelings regarding her husband's depressive state, which was a sentiment that came across in many of the interviews with the women. Long mentions how the caregiver is expected to suppress the mental stress or burden as a virtue (of ideal caregiving).¹⁵ However, recently, there has been more public awareness in Japan about the mental and physical burden of caregiving imposed on spouses (mostly older women) taking care of their partners.¹⁶ Like in the case of Mrs. Yamashita, who suffered a stroke three years ago but has completely recovered now. She took over the management of their grocery store ten years ago, when her husband was confined to a wheelchair. She also supported the family by taking over a range of domestic tasks. Her stroke was attributed to the endurance of the great work load that according to Ochiai is a common cause of burden which induces illness in elderly women who provide care¹⁷.

Their ability to continue to provide care for their husbands in the future was the concern which was more frequently stated by older women in households in which only the couple lived and where there are less options to withdraw and support compared to multi-generational households. The main factors identified by the spouses were increased body limitations with age, and financial related difficulties.¹⁸

¹⁵ Cf. Long, Susan O. (1996): Nurturing and femininity. The impact of the ideal of care giving in post war Japan.

¹⁶ Cf. Kasuga, Kisuyo (2007): *Kea, kanjō, jendā. Kōreisha kaigo mondai wo tōshite* [Care, feelings, gender. Through the problem of geriatric care], and Kusumoto, Yuko *et al.* (2008): *Zaitaku ninchishō kōreisha no kazokub kaigoshia no kōfukukan to sono riyū – Nihon to Kankoku no genjō* [Family caregivers of demented elderly. Subjective well-being and attitudes toward caregiving – present situations in Japan and Korea].

¹⁷ Cf. Ochiai, Emiko (1999): *21 seiki kazoku e* [Towards the 21st century family].

¹⁸ Cf. Utsunomiya, Hiroshi (2000): *Kōreisha no kekkon seikatsu no keizokuishi to tekiō ni kansuru hattatsu-teki kenkyū. Kankeisei suteitasu no kanten kara* [A deve-

In general spouses from a lower income background were more aware of possible implications of their own bodily constitution, and how it could affect their viability to continue to provide care. In contrast, elderly couples from a more affluent background tended to display a more relaxed attitude and greater confidence in the future. This topic is more closely examined later in the paper in relation to the elderly people's opinions on the Japanese LTCI scheme, and the socio-economic factors impinging on their ability to afford care services.

Physical work connected to caregiving

Physical work requirements in this paper are defined as hands-on care that focuses on the body of the recipient and relates to hygiene aspects of taking care of someone. It carries the stigma of “dirty” work¹⁹. Mr. Nemura, Mr. Ikeda and Mr. Ono (individually interviewed), and several others mentioned difficulties with toileting but were reluctant to elaborate on this matter. The inability to be in full control of one's bodily functions can have a damaging effect on the person's self worth, since such a lack of toileting control has usually not been experienced since early childhood. Citing Miller²⁰, Twigg mentions how “the idiom of disgust evokes the sensory experience” whereas incontinence can be the most difficult of situations to deal with.²¹ Of the interviewed caregivers Mr. Hama talked most openly about his coping strategies

lopmental study on the intention of elderly persons to continue and adapt to their marital life. From the viewpoint of the relationship status] and Amada, Jōsuke (2003): *Rōfūfu shinjū ron*. (1) *Kōrei fūfu kaigo wo meguru aidentitī no seijigaku* [The controversy of double suicide among senior couples. (1) The political science of identity concerning the nursing of elderly couples].

¹⁹ Cf. Twigg, Julia (2000): *Bathing. The body and community care*.

²⁰ Cf. Miller, William I. (1997): *The anatomy of disgust*.

²¹ Cf. Twigg (2000).

with his wife's incontinence, and two other women described similar proceedings dealing with the incontinence of their mothers-in-law over a prolonged period of time.

Physical work can be particularly demeaning when conducted by a person of high status, and it is not unusual in such cases for distancing techniques to be applied.²² For example Mr. Hama, a senior English teacher tried to sound "matter of fact"²³ saying it was just a part of living with his wife, when talking about the difficult experience of dealing with his wife's incontinence. This type of talking is indicative of the effective "worker" characteristics of the male care giver discussed by Harris.²⁴

Gender differences in the attitudes of older people can be discovered while talking about toileting-related issues. Several women in my study pointed out that the worst case future scenario was to require toileting assistance themselves. However, none of the older men commented on the issue. It seemed as if they implicitly expected their wives to take care of their incontinence and did not feel ashamed. In this respect Namihira notes that the heightened awareness towards hygiene standards of Japanese people underwent a shift towards a desire not to mention, toilet-related matters at all.²⁵ When asked about toileting difficulties, Mrs. Hama did not disclose her previous incontinence. As it had occurred mainly in the past, she might have thought

²² Cf. Twigg, Julia (2004): The body, gender and age. Feminist insights in social gerontology.

²³ Cf. Rose, Hillary and Bruce Errollyn (1995): Mutual care but differential esteem. Caring between older couples, 127.

²⁴ Cf. Harris, Phyllis Braudy (1993): Listening to care giving sons. Misunderstood realities.

²⁵ Cf. Namihira, Emiko (1996): *Inochi no bunka jinruigaku* [The cultural anthropology of life], 69.

of it as no longer relevant. However, from my own deductions and Mr. Hama's comments regarding his wife's personality, I conclude that her reluctance to acknowledge it was based on the possibility that admitting to such a loss of bodily control is considered unacceptable in Japanese society. As previously stated, most of the older disabled men expect their wives to perform the physical work connected to caregiving. The only mentionable exception was Mr. Watanabe, who takes care of his own toileting matters despite the fact that he has been confined to a wheelchair for seven years. He had an operation to fit a colostomy bag and stoma (collects faeces). He is determined to stay as active as possible by driving a wheelchair adapted car operated by hand gears to improve his independence. He wishes to be a "proper member of society", fully participating and not to be compromised by age and disability.

Sharing the burden

Physical work connected to caregiving is complicated because it is not just limited to the hygiene aspects but as in the case of bathing involves nakedness and therefore intimacy. How these activities are performed and how the care recipients and caregivers connect emotionally is also important. Bathing for example reveals cultural differences. Twigg mentioned, that in the U.K. parents are reluctant to be bathed by their own children and prefer professional care provision instead.²⁶ However, in my study, a greater willingness to be bathed by one's own children or daughters-in-law was expressed. Mr. Nemura could not bath alone so his son assisted him and when Mrs. Nemura had difficulties bathing, their daughter assisted her.

²⁶ Cf. Twigg (2000).

Mrs. Nemura looks after her husband who suffers from vertigo and dementia resulting from a brain haemorrhage; however she is currently recovering from a thigh fracture and has difficulties looking after him. During the day, she performs her chores (cleaning and cooking etc.) for her son's family and their daughter in a three generational household. The couple's children provide occasional assistance such as transport. About half of the older interviewed couples mentioned that their extended family provided them with additional care support such as shopping and taxi service. Most of these couples stated that those arrangements were based on past reciprocity, and wished to make clear that their children were not "blackmailed" to provide them care support. As a matter of fact it is the household structure that often dictates the amount of available care. A multi-generational household is more likely to provide available helpers, by default.

An example of reciprocal caregiving is practiced in Mrs. Yamashita's home. Mrs. Yamashita has lived in the same area for most of her life. Her third son and brother-in-law live in the same neighbourhood, so she can call upon additional assistance from her extended family when she requires additional help to care for her wheelchair-bound husband. However, those couples interviewed who had a household to themselves could not draw upon a similar support network. In several cases that was due to separating distances to their family members, unavailability of help from their extended family, or due to childlessness. In this situation, the elderly couples have a tendency to cope on their own with a strong reluctance to impose any care assistance upon their children. In the case of Mrs. Katō, Mrs. Miyamoto, and Mr. Hama they all expressed a resolute couple-oriented mindset and the reluctance to seek care support from their extended families.

Important aspects of physical work related to caregiving are the direct effects on the caregiver's health. When the caregiver is advanced in years it can be very difficult and hard work to care for a disabled person. Mrs. Yamashita and Mrs. Miyamoto stated their concern about the possibility of being helpless if their husbands should have an accident at home. Several of the women also commented on their worsening knee pain due to the physical efforts required looking after their spouses. Mrs. Yamashita, for example, had strained her knees more than once when she crouched down to dress her wheelchair bound husband, and found it very difficult to stand due to the repetitive bending motions.

This section has discussed the pressure faced by older women who operate as caregivers and who provide care on a daily basis to their husbands. It has also looked at the physical side of their tasks and their options to share the burden. It was stated that the burden was greater where care support was not available as it is the case in households maintained by couples. In multi-generational households more support could be provided. Examples for physical work and emotional pressures connected to caregiving were given to show how a considerable strain is imposed on the caregiver and how in several cases elderly women sustained some kind of injury as a direct consequence of the burden. It was found that providing emotional support while suppressing one's own emotions was an attitude often found in older spouses in order to deal with their husband's particular situation. "Pragmatic acceptance"²⁷ of their caregiving responsibility is an important factor of the way in which these older women are able to cope and manage within a stressful environment.

²⁷ Cf. Mann, Michael (1970): The social cohesion of liberal democracy, 425.

Power dynamics

It is of importance to consider power dynamics between the caregiver and the care recipient, especially in situations where the man, despite his poor health, is unwilling to relinquish his *daikokubashira* (head of household) status, meaning that he remains the dominant partner in the couple's relationship.²⁸ Also the men's behaviour due to their inability and frustration to accept their disability, and how it undermines their personal status, has an effect on the power dynamics within the couple's relationship. It is an important issue because chronic illness and disability can have a very negative impact on the nature and quality of a couple's relationship.

Couple power dynamics

David Graeber referred to his observations of the situation comedy culture in 1950s America when he talked of the internalized forms (conscious or sub-conscious guiding principles) of structural inequality in couple's relations to each other. This is based on images subscribed to patriarchal families in which men ridicule their wives as irrational or for having their own female logic, while the wife is expected to understand her husband's.²⁹ Several elderly women in my research expressed that they have to make an effort to understand their husband's perspectives and their feelings. Graeber's observations are supported by the older men in my research who were unable or unwilling to take account of their wives perspective on various matters such as finances and health concerns etc.

²⁸ Cf. Itō (2002), Ueno, Chizuko (2003): *Ueno Chizuko ga bungaku wo shakaigaku suru* [Ueno Chizuko sociologises literature] and Ueno (2007).

²⁹ Cf. Graeber (2006).

The men in my study had a traditional body image that requires the body to be “healthy and apt” and in cases when they were unable to live up to this image, their frustration often manifested in form of emotional outbursts against their wives. Living alone with her husband, consequently put Mrs. Gotō in her husband’s line of fire. She claimed to often having to calm down her husband. The women in my study typically voiced frustration towards their husbands regarding the inequality in their relationships and their desire for a more egalitarian understanding and mutual participation in household chores. It was however assumed that it was unlikely to change as according to the women their husband’s mindset conformed to the *Shōwa hitoketa* (the single-digit Shōwa-Japanese, born between 1925 and 1934), which refers to old fashioned values and mindsets in which men regard labour as gender-segregated.³⁰ Furthermore, the women believed that at their husbands’ current stage in life and with their poor health it was too late for them to undergo a radical change of attitude. Mr. Gotō’s wife quoted her husband saying, “I feed you, so if you do not like the way I do things, leave”, which is at the least, an uncompromising statement. The use of what can be best described as “economic blackmail” to assert the husband’s authority in the marital relationship was also reported by Ueno.³¹ Regarding structural inequality, older women such as Mrs. Gotō are in a weak position in this type of relationship when according to Graeber “patriarchal families of this sort are, as generations of feminists have emphasized, most certainly forms of structural violence; their norms are indeed sanctioned by threat of

³⁰ Cf. Borovoy, Amy (2005): *The too-good wife. Alcohol, co-dependency, and the politics of nurturance in post war Japan*, 36f.

³¹ Cf. Ueno (2007).

physical harm in endless subtle and not-so-subtle ways”.³² Graeber’s “violence” broadly refers to situations, which oppose the realisation of a more egalitarian social relationship when women are wary of challenging the status quo by seeking to debate, clarify, or re-negotiate contentious issues with their husband.³³ The cause behind the situation is the husband’s unwillingness to consider his wife’s point of view, expressed through abrupt endings to any discussions on the matter. Consequently, the husband’s point of view is justifiably perceived as unreasonable by his wife. In the interviews, none of the women disclosed any information suggesting they were in fear of, or had previously suffered physical harm. But following Graeber’s philosophy “physical harm” also includes verbal attacks that inflict mental psychological stress.³⁴ Due to her lack of financial autonomy and the social normative restrictions applied to women in Japan, the dominant position of Mrs. Gotō’s husband in the marital relationship is likely to remain unchallenged.

A number of important factors that explain why many spouses tolerate situations like Mrs. Gotō’s became clear during the conducted interviews. Reasons given by the elderly women included not to seek *jukunen rikon* (older couple divorce) on the ground of having invested so much into their relationships over a long period of time. Also, their husbands advanced age or poor medical prognosis often predicted a natural ending to their marriage. Women were also opposed to divorce considering possible negative effects on their children. Implications were also made, indicating the potential cause of a schism within the extended family network.

³² Cf. Graeber (2006), 7.

³³ Ibid.

³⁴ Ibid.

Intergenerational power dynamics

Daikazoku (large family) in Japan is an idealized image of the extended family household in which older parents demand power and respect, especially from their daughters-in-law, and it is synonymous with older parents being well cared for within the extended family settings.³⁵ However, Mrs. Katō and Mr. Ikeda stated that previous tensions with their daughters-in-law were the dominant factor behind the decision to live away from their son's families. Mrs. Yamashita also reported similar tensions that resulted in her daughter-in-law moving out. In each case, the daughter and parents-in-law were in dispute over a power struggle where the daughter-in-law refused to follow the established convention of the idealized image of the *daikazoku*.³⁶ It was further implied by several women of my study that their daughters-in-law had a mercenary mindset. The basis for this accusation was a reluctance on behalf of the daughters-in-law to provide care, where those cared for were unable to provide a financial legacy.

Although the older couples in my study who live in multi-generational settings received help from within their families, it is my contention that the idealised image of the *daikazoku* is exposed to increasing pressure due to social changes. Ochiai, Jenike, and Kasuga argue that the ideal of warmth in *daikazoku*, which assumes that elderly people in three generational households are well looked after by their extended family, is a myth.³⁷ Instead the older people in such households may struggle to be taken care of by their family, and in my study,

³⁵ Cf. Thang (2001).

³⁶ Ibid.

³⁷ Cf. Ochiai (1999), Jenike, Brenda R. (2004): *Alone in the family. Great-grandparenthood in urban Japan*, and Kasuga, Kisuyo (2009): *Kōreisha to jendā – hitori to kazokuno aida* [Older persons and gender – between individual and family].

some older couples did in fact struggle to care for each other when their co-resident children were busy. Ochiai and Jenike have pointed out that many older people living within multi-generational households experience loneliness and depression.³⁸ Jenike, Hashimoto and Kasuga have also highlighted how increasing numbers of older people who live in multi-generational households are becoming more isolated with less communication and other forms of contact with their co-resident children. This has been termed *kateinai hitorigurashi* (living as a single person within a family).³⁹

Older people's perception of what intergenerational relations ought to be in a stem family may also have changed. In my study, a major opinion of the elderly women was that the daughters-in-law were less normative in the way they related to their parents-in-law, and had greater autonomy than previous generations. The changed dynamic is such that most Japanese people believe that economically secure older parents should live independently in separate households to avoid possible conflicts with their daughters-in-law⁴⁰, an observation that also proved to be true in my study. This contradicts the "traditional" *daikazoku* ideal and until recently would have led to stigmatization of older parents, as it would have indicated their failure in raising children.⁴¹

This section has discussed the complex power dynamics between older couples in different household settings. Initially, the power dy-

³⁸ Cf. Ochiai (1999) and Jenike, Brenda R. (2003): Parent care and shifting family obligations in urban Japan, Chapter 9.

³⁹ Cf. Jenike (2004), Hashimoto, Akiko (2008). Blondie, Sazae, and their storied successors. Japanese families in newspaper comics, and Kasuga (2009), 2.

⁴⁰ Cf. Ueno (2007).

⁴¹ Cf. Koyano, Wataru (1996). Filial piety and intergenerational solidarity in Japan.

namics in the older couples were based on the patrilineal family system, in which the husband retained the dominant position despite his failing health. In the intergenerational setting, the power dynamics have shifted away from the elderly couples towards the younger generation where the former norm of the older parent's authority over the family has declined considerably. A further important area of interest related to caregiving involves the LTCI scheme introduced in Japan in 2000. The LTCI scheme is based on policies that are designed to provide support and care for the elderly in contemporary Japan.⁴² The large shift in Japan's population's age average coupled with the decline of multi-generational households and socio-economic factors, as well as the changing attitudes found in the society concerning how to take care of its elderly people means that the support provided under the auspices of the LTCI scheme is likely to become more significant. We now examine how the older couples in my study relate to the LTCI scheme.

Attitudes and use of external care (LTCI)

Ueno and Long et al. have argued that external care provided through the LTCI scheme can be beneficial in terms of the effect on the life quality of elderly couples where one partner has a serious chronic or disabling illness.⁴³ Mrs. Katō mentioned particular advantages of her husband's regular day care centre attendance, which offer her space and respite. Under the LTCI scheme, people can attend the day care centre several times a week, or receive home care visits, depending on

⁴² Cf. Sumiya (1992).

⁴³ Cf. Ueno (2007) and Long, Susan O., Ruth Campbell and Chie Nishimura (2009): Does it matter who cares? A comparison of daughters versus daughters-in-law in Japanese elder care.

the assessment of the individual's needs, the availability of particular services, and also the affordability of the combination of services. At the day care centre, elderly people are able to use a bathroom that has wheelchair adapted fixtures, and they can also receive assistance in feeding if required.⁴⁴ Mr. Hama used the LTCI scheme for his wife and had an attendant prepare meals at his home once a week. Mrs. Watanabe used the weekly home care bathing service for her husband, and Mr. Katō regularly attended the day care centre to take part in a rehabilitation program after his stroke.

However, Shimono and Takami et al. have argued that the LTCI scheme is not sufficient to support elderly disabled care recipients in the community because it is based on the premise that the caregiver's burden is reduced.⁴⁵ This issue was raised by elderly couples in my study who pointed out that the LTCI scheme is more beneficial for family caregivers who need respite from caregiving rather than for the care recipients themselves.

Factors in reluctant utilisation of external care services

The strength of social stigma that opposes the use of LTCI care has been reported by several scholars.⁴⁶ Nonetheless, the number of eld-

⁴⁴ Cf. MHLW – Ministry of Health, Labor and Welfare (2009): *Kaigo hoken seido no gaiyō* [An overview of the long term care insurance system]. http://www.mhlw.go.jp/topics/kaigo/index_gaiyo.html (accessed 19 September 2009).

⁴⁵ Cf. Shimono, Keiko (2007). Why it is important to have a kind daughter-in-law in Japan. Long-term care for the elderly in Japan and Australia, and Takami, Chie, Saway Tadatsu and Mizuko Manabu (2008). *Kaigo hoken sābisu riyōsha no sābisu ni taisuru manzokudo shakudo datōsei oyobi shiranaisei* [Validity and reliability of the scale of users' satisfaction with services received under the long-term care insurance system].

⁴⁶ Cf. Brown, Naomi (2003): Under one roof. The evolving story of three generation housing in Japan, Jenike (2003) and Tsukada, Noriko and Yasuhiko Saitō (2006):

erly people registered to use the LTCI services has significantly increased during the past 5 years.⁴⁷ Recent studies have shown that the social stigma is lessening, particularly amongst the younger elderly people.⁴⁸ However, it is often reported that significant numbers of older frail men in lower socio-economic groups are less inclined to use the health services to which they are entitled.⁴⁹

The frequent use of utterances such as “not wishing to be dependent” and “being unlucky” in relation to external care indicated the desire of many older men in my research not to depend on care provided through the LTCI scheme, neither day care visits nor home visits. Instead, Mr. Endō emphasised reciprocity, saying that as he had devoted a significant amount of time and effort into caring for his children and grandchildren in the past he now expected them to provide for his care. The intergenerational reciprocal ties are strong enough such that support is provided within the Endō family. But there’s also Mr. Ono who lives with his eldest daughter’s family whereas his wife leads a busy life managing her own hairdressing salon and is therefore not able to dedicate a lot of time to her husband’s care. She is an exception among the older women in my study. However, Mr. Ono is content with the care provided by his daughter and does not envision

Factors that affect older Japanese people’s reluctance to use home help care and adult day care services.

⁴⁷ Cf. Cabinet Office, Government of Japan (2009): *Annual report on the ageing society 2008*. <http://www8.cao.go.jp/kourei/whitepaper/w-2008/zenbun/20index.html> (accessed 17 May 2009).

⁴⁸ Cf. Wake, Junko *et al.* (2007): *Kaigo hoken seido shikō 5 nengo no kōreisha sābisu ninchi to riyō ikō* [The aim of the geriatric care system. Recognition and utilization after 5 years of implementation], and Long *et al.* (2009).

⁴⁹ Cf. Hiramatsu, Makoto, Katsunori Kondō and Hiroshi Hirai (2009): *Kaigo yobō shisaku no taishōsha ga kenshin wo jushin shinai haikei yōin* [Integral background factors for the neglect of health check-ups by recipients of the care precaution policy].

any future LTCI care intervention. External care was widely perceived as something undesirable among the older couples in my research, which come from a self-employed background. That included institutional care as well as any associated assistance provided under the LTCI scheme, even though a mandatory insurance premium is deducted from both state and occupational pensions.

The elderly people's desire not to depend on the state also relates to a stigma of not wishing to be seen as having been abandoned by one's family and to be perceived as being unable to cope in the eyes of friends or neighbours. On this basis, Jenike, Tsukada and Saito have argued that stigma is the prime cause of under-utilisation of the care services.⁵⁰ Furthermore, there was a strong sense of the individual capability to cope amongst the elderly couples in my study. The women tended to express their resoluteness by emphasising that they were physically able to provide care for their husbands, even if they were handicapped and/or multi-generational based care was not available. These older women's accounts indicate that they take pride in being able to take care of their husband's needs at home. Amada has highlighted how older wives providing care use mothering experiences and apply those to their husbands.⁵¹ Nakamura and Okura et al. have also reported that women participating in their studies commented on feeling pity for their husbands and caring for them because of their husband's frail state of health due to age.⁵² This was observed in my study as well, particularly in the case of Mrs. Ikeda who ex-

⁵⁰ Cf. Jenike (2003), Tsukada and Saito (2006).

⁵¹ Cf. Amada (2003).

⁵² Cf. Nakamura, Ritsuko (2004): *Rōrō kaigo saikō* [The rethinking of older spouse care] and Okura, Mika *et al.* (2008). Perceptions of nursing care held by elderly women in mountainous regions.

pressed complex emotional thoughts on looking after her terminally ill husband.

Tsukada and Saitō argue that stigma is the prime cause of under-utilisation of the care services.⁵³ Bathing involves nakedness and elderly people who consider assistance from external care service providers may be troubled by the fact that their bodies could be exposed to younger people during bathing. Twigg's study highlights how older people have an internalised image of their bodies and perceive it as unattractive, which then contributes to the sense of discomfort felt during personal hygiene and to the asymmetrical nature of the exchange, where the older person is in the position of least power.⁵⁴ During a recent hospital stay Mr. Yamashita was showered by a female nurse which he perceived as a humiliating experience. For older men in my study, it comes down to the importance of maintaining one's sense of self-sufficiency, authority, and masculine identity, and refusal to the "powerlessness" ascribed to care recipient dependant on the younger woman.

Another factor that explains why elderly people are reluctant to request external care was highlighted by Mr. Watanabe and Mr. Hama. They stated that the LTCI scheme doesn't meet their needs because it was founded by healthy people who fail to address the fact that people have different disabilities and need different types of care and discourage the disabled person's desire to be autonomous and independent.

This section has focused on different opinions on the LTCI scheme to be found amongst the older people – among which only three couples reported any previous associations or current uses of health care assistance provided under the LTCI scheme. An interesting criticism

⁵³ Cf. Tsukada and Saitō (2006).

⁵⁴ Cf. Twigg (2000), 59.

was directed towards the “young and able bodied” architects of the LTCI care services who, because they lacked a common frame of reference, were unable to take the particular needs of elderly disabled persons into consideration. Factors identified to shape the elderly peoples attitude towards the use of external care included their family background, generation and reciprocity. These issues of social class and LTCI care service affordability are also important factors for the avoidance of older people to either seek or receive external care that meets all their needs.

Care choice, constraint, and affordability

In Table 1, the care recipients (17 men and 4 women) have been characterised into three broad “mainstream” sub-groupings defined by Kelly.⁵⁵ This categorisation was based on my assessment of socio-economic groups according to the care recipients self-reported education level, former/current occupation and housing. Mrs. Ōtsuka and Mrs. Fujita are shown as members of the upper middle and middle class, respectively because of their husbands’ financial prosperity. Mr. Katō, who is a former *salaryman* with a university degree is categorised as lower middle class on the basis of his current declined socio-economic circumstances.

Class definitions in Japan are not directly comparable to social classes as in the UK or the US where social inclusiveness rather than categorical differentiation apply, as represented by the term *chūryū* (middle class) which translates as “mainstream”.⁵⁶

⁵⁵ Cf. Kelly, William Wright (2002): At the limits of new middle class Japan. Beyond “mainstream consciousness”.

⁵⁶ Cf. Kelly (2002).

Table 1: Major health problems, education level, and previous/current occupations of care recipients who were categorised by the author as (a) upper middle class, (b) middle class, and (c) lower middle class. These categories are in accordance with the "mainstream" identified by the term *chūryū*.

Care Recipient	Major health problems	Education level	Occupation
(a) upper middle class			
Mrs. Hama	depression, dementia, slow mobility	university degree	housewife
Mr. Harada	lung cancer	university degree	senior salaryman
Mr. Gotō	cerebral infarction, stroke, diabetes, hearing	university degree	dentist
Mr. Iriya	stroke, physically frail	university degree	senior salaryman
Mr. Niyama	multiple cardiac problems	high school	senior manager
Mr. Watanabe	paralysed below waist	high school	salaryman
Mr. Ono	pulmonary embolism, dialysis, HUS, vertigo	high school	accountant
Mr. Endō	frequent fever, lymph gland removed	basic school	agri-administrator
Mrs. Ōtsuka	diabetes, fluid on knee, cardiac pacemaker	basic school	cattle farmer
(b) middle class			
Mrs. Fujita	breast cancer in remission	high school	housewife
Mr. Nemura	vertigo, dementia, impaired movement	high school	agri-administrator
Mrs. Nemura	diabetes, thigh fracture, pancreatitis	basic school	crop farmer
Mr. Kubota	right side partial paralysis, poor vision	basic school	small business owner
(c) lower middle class			
Mr. Katō	stroke (in remission)	university degree	salaryman
Mr. Wada	multiple strokes, impaired movement	university degree	postman
Mr. Ikeda	terminal cancer, dialysis, poor vision	high school	haulage driver
Mr. Kotani	cardiac arrest, dialysis	high school	haulage driver
Mr. Miyamoto	cardiac arrest, gall stones	high school	poet
Mr. Ishikawa	diabetes, poor hearing and vision, fever	high school	small business owner
Mr. Kitagawa	dialysis, diabetes, cardiovascular, poor vision	high school	small business owner
Mr. Yamashita	wheelchair bound, slurred speech	basic school	grocer

This line of thought showed in the responses given by the majority of elderly people in my research. By identifying with the societal mainstream, the Japanese people tend to see themselves within the wider population in relation to class. Since the 1960s, about 90 per cent of

those questioned in large scale surveys have consistently seen themselves in the upper-middle, middle, or lower-middle class strata.⁵⁷

In Table 1, those belonging to the upper middle class had medical insurance and at least one private income through a pension or other sources, and consequently are more likely to find the relevant information on how to use the local authority care services. Mr. Hama was able to get information on hand rail support subsidies from his city council and regularly studies the care insurance systems. Mr. Watanabe increased his independence by purchasing a wheelchair adapted car, two imported wheelchairs and a French bed (operated by electric remote control). Mrs. Yamashita, on the other hand, has to assist her husband to get about and cannot afford certain essential care items. Consequently, Mr. Yamashita does not enjoy the same level of life quality.

In the UK, Arber and Ginn, and Twigg point out that substantial evidence exists to prove that people belonging to the middle class and people with a higher education have better negotiation skills dealing with professionals to optimise their care with help that meets their individual requirements.⁵⁸ Recently, this socio-economic class based inequality has been looked into in Japan. One aspect within the works of Kondō and Hisamatsu et al.⁵⁹ focuses on the ability of older people of lower skills or educational background and their comprehension of complicated information protocols on how to identify the most appro-

⁵⁷ Cf. Kelly (2002).

⁵⁸ Cf. Arber, Sara and Jay Ginn (1991): *Gender and later life. A sociological analysis of resources and constraint*, and Twigg (2000).

⁵⁹ Cf. Kondō, Katsunori (2005): *Kenkō kakusa shakai* [The society of polarized health] and Hiramatsu et al. (2009).

priate health care services, as well as completing the documentation to access these services.

The findings in my study revealed that socio-economic circumstances influenced the quality and availability of health care received by the older people on the basis of income through a pension as well as financial affluence, which depended on my interviewee's former occupation as low or medium skilled, or professionals. This agreed with results from other large scale researches.⁶⁰ The elderly people in my study who receive an occupational pension or other asset-related income are in a better position to afford a range of external care services, and also have more autonomy to purchase the required items to meet their individual needs. However, those shown in Table 2 as lower middle class are not so fortunate, which agrees with similar findings by Kondō.⁶¹ Mr. and Mrs. Ikeda went ahead with private surgery for Mr. Ikeda's cancer without medical insurance and consequently spent almost all of their savings on the medical procedure. Subsequently, Mrs. Ikeda had to seek *seikatsu hogo* (poverty relief). After drawn out negotiations with officials, Mrs. Ikeda obtained this benefit which exempted her from health care costs, local taxes and prescription costs. Several people from this group incurred significant hospital-based medical expenses, which impacted heavily on their financial state such that they are in a constant struggle to deal with the consequences.

⁶⁰ Cf. Kondō (2005), Hiramatsu *et al.* (2009), Hanibuchi, Tomoya (2010): Iryō to kenkō no kakusa – JGSS-2008 ni motozuku iryō akusesu no bunseki [Inequalities in health and health care access. Analysis of access to medical care using JGSS-2008] and Murata, Chiyoe (2010): Iryō fuan to shakai keizai chii no kanren-JGSS-2008 ni motozuku bunseki [Concern about health care and socio-economic status. Analysis using JGSS-2008 data].

⁶¹ Cf. Kondō (2005).

This section has illustrated the distinct gap between the older people who, through financial affluence and social background, are able to cope better in their retirement and obtain the required healthcare to meet their needs, as opposed to those in the lower middle class. A lack of adequate pensions coupled with costs incurred through medical expenditure, as well as normal everyday life expenses had a more significant impact on those in the lower middle class. Furthermore, those in couple households and belonging to the lower middle class, i.e., the Katō, Wada, and Miyamoto households, had to face additional disadvantages as they couldn't rely on support by extended family members to meet their care requirements.

To provide a wider perspective, the interrelated areas of spouse care, couple and intergenerational power dynamics, and external care have been researched upon to gain a deeper insight into the spouse care dynamics of older Japanese couples. The areas have focused on the processes of performing physical work connected to caregiving and the complex factors that come into play and have a bearing on whether or not external care assistance through the LTCI scheme or care from within the extended family is either sought or received.

Discussion

In terms of the key demographic, it is expected that approximately 40 per cent of Japan's population will be in retirement by the middle of this century, and that currently, nearly one in three older Japanese couples live on their own.⁶² With increased life expectancy into the 21st century, age-related health decline in both men and women is

⁶² Cf. IPSS – National Institute of Population and Social Security Research (2008): *Population statistics of Japan 2008*.

likely to put increased pressure on the care support system. To further complicate matters, the proportion of elderly people who live in multi-generational households is likely to continue to fall, so the care options provided within the family will decline as well. This paper has therefore explored the complexity of older spouse care in the rapidly changing Japanese society to further the understanding of older Japanese couple relationships.

The pressure, on older women in particular, to function as a caregiver and to provide care for a disabled spouse comes from a complex net of social conflicts, which arise out of discrepancies between couples, as well as discrepancies between generations; conflicts of interests and social processes such as individual attitudes and use of the LTCI scheme, and socio-economic reality linked to class-based considerations. In spouse care dynamics, it was highlighted how power imbalance between married couples has shaped the current care arrangement. The two main features were the lack of appreciation of the hidden (emotional) aspects of caregiving provided by the older women, and the reluctance of their husbands to give up or soften their dominant position within the household, even in cases where the man's physical health had declined. These marital dynamics should be further investigated particularly with respect to the men, who have been largely under-reported in previous researches. We need to understand in particular why older Japanese men are much less likely to provide care for their wives compared to the reciprocal arrangement, which is largely based on hegemonic patrilineal factors.⁶³

I have argued that spouse care and physical work correlating to caregiving for elderly people are pertinent pressing issues in Japan's

⁶³ Cf. Long, Susan O. (2008): *Someone's old, something's new, someone's borrowed, someone's blue. Tales of elder care at the turn of the 21st century*, Chapter 7.

ageing society. With the changes taking place in intergenerational reciprocity and power dynamics, some older people are increasingly at risk to be left without any family or external assistance. To ensure that sufficient care will be provided in the future, we need to look more closely at individual cases and family histories of elderly people in assessing their care requirements and needs, rather than assuming that elderly people will have sufficient family-based support.

I contend that the LTCI scheme could be further developed to provide care support for older people. To achieve this it is necessary to grasp the wide complexity of issues that currently serve to undermine its use amongst older people in the community. This paper has illustrated how such considerations are based on class and socio-economic factors, as well as gendered norms, and the adherence to patrilineal notions of care provision within the families. Furthermore, policy-makers need to take the diverse views of elderly people to modify the care services according to their needs into account although it is likely to be tempered to an extent by financial pragmatism and the tailoring of care services.

Outside of Japan, it is found that the strength of hegemonic masculinity in older men has precluded them from seeking medical help to deal with health problems.⁶⁴ Therefore more research is needed to explore the connection between health and socio-economic background of older men in Japan. Especially as the correlation between poor health and “risky behaviour” (e.g. drinking and smoking) has been discussed in the field of men’s studies, it is a promising area of

⁶⁴ Cf. Courtenay, William (2000): *Constructions of masculinity and their influence on men’s well-being. A theory of gender and health*, Charles, Nickie and Vivienne Walters (2008): *Men are leavers alone and women are worriers. Gender differences in discourses of health*, and Sieverding, Monica *et al.* (2008): *Gender differences in FOBT use. Evidence from a large German survey*.

research.⁶⁵ Research in this area is also of great importance in respect of lessening the future burden of women who currently have to provide care to their husbands at a relatively early stage in life.

Acknowledgements

I am grateful to Professor Sara Arber my PhD supervisor who has been invaluable in helping me shape the content of this paper through tutorial discussions. I acknowledge the University of Surrey who provided the bursary, enabling me to attend the Düsseldorf VSJF conference. I wish to thank Dr. Stephen Bailey for his help and suggestions on the grammatical composition of this paper. Finally, I wish to thank the Duesseldorf VSJF conference organisers for giving me the opportunity to present some of the findings from my PhD research.

⁶⁵ Cf. Kondō (2005), Hiramatsu *et al.* (2009).

References

- AMADA, Jōsuke (2003). Rōfūfu shinjū ron. (1) Kōrei fūfu kaigo wo meguru aidentitī no seijigaku [The controversy of double suicide among senior couples. (1) The political science of identity concerning the nursing of elderly couples]. *Shakai Fukushi Kenkyū* [Social Welfare Research] 22, 1–17.
- ARBER, Sara and Jay GINN (1991). *Gender and later life. A sociological analysis of resources and constraint*. London: Sage Publications.
- BLOCH, Maurice (1991). Language, anthropology and cognitive science. *Man, New Series* 26: 2, 183–198.
- BOROVY, Amy (2005). *The too-good wife. Alcohol, co-dependency, and the politics of nurturance in post war Japan*. Berkley: University of California Press.
- BRITISH SOCIOLOGICAL ASSOCIATION (2004). *Statement of Ethical Practice*. <http://www.britisoc.co.uk/NR/rdonlyres/468F236C-FFD9-4791-A0BD-4DF73F10BA43/0/StatementofEthicalPractice.doc> (accessed 18 September 2008).
- BROWN, Naomi (2003). Under one roof. The evolving story of three generation housing in Japan. In: TRAPHAGAN, John and John KNIGHT (Eds.). *Demographic change and the family in Japan's aging society*. New York: SUNY Press, 53–72.
- CABINET OFFICE, GOVERNMENT OF JAPAN (2008). *Heisei 20 nen kōsei haku-sho* [Welfare white paper for 2008]. <http://www8.cao.go.jp/kourei/whitepaper/w-2008/zenbun/html/s1-2-1-02.html> (accessed 15 September 2008).
- CABINET OFFICE, GOVERNMENT OF JAPAN (2009). *Annual report on the ageing society 2008*. <http://www8.cao.go.jp/kourei/whitepaper/w-2008/zenbun/20index.html> (accessed 17 May 2009).
- CHARLES, Nickie and Vivienne WALTERS (2008). Men are leavers alone and women are worriers. Gender differences in discourses of health. *Health, Risk & Society*, 10:2, 117–132.
- COURTENAY, William (2000). Constructions of masculinity and their influence on men's well-being. A theory of gender and health. *Social Science and Medicine* 50, 1385–1401.
- EUROSTAT (2006). *International day of older persons EU25 population aged 65 and over expected to double between 1995 and 2050*, 12 September 2006 – 29 September 2006. http://epp.eurostat.ec.europa.eu/pls/portal/docs/PAGE/PGP_PRD_CAT_PREREL/PGE_CAT_PREREL_YEAR_20

- 06/PGE_CAT_PREREL_YEAR_2006_MONTH_09/3-29092006-EN-BP.PDF (accessed 19 October 2008).
- GRAEBER, David (2006). *Beyond power/knowledge. An exploration of the relation of power, ignorance and stupidity*. LSE Malinowski Memorial Lecture Thursday 25 May 2006. <http://www.lse.ac.uk/collections/LSERPublicLecturesAndEvents/pdf/20060525-Graeber.pdf> (accessed 1 September 2008).
- HANIBUCHI, Tomoya (2010). Iryō to kenkō no kakusa – JGSS-2008 ni moto-zuku iryō akusesu no bunseki [Inequalities in health and health care access. Analysis of access to medical care using JGSS-2008]. *Nihon Ban Sōgō Shakai Chōsa Kyōdō Kenkyū Kyoten Kenkyū Ronbun Shū 10* [Japanese General Social Surveys Centre of collaborative research 10th collection of research articles, JGSS Research Series] 7, 99–110.
- HARRIS, Phyllis Braudy (1993). Listening to care giving sons. Misunderstood realities. *The Gerontologist* 38:3, 342–352.
- HASHIMOTO, Akiko (2008). Blondie, Sazae, and their storied successors. Japanese families in newspaper comics. In: HASHIMOTO, Akiko and John TRAPHAGAN (Eds.). *Imagined families, lived families*. Albany: SUNY Press, 15–32.
- HIRAMATSU, Makoto, Katsunori KONDŌ and Hiroshi HIRAI (2009). Kaigo yobō shisaku no taishōsha ga kenshin wo jushin shinai haikai yōin [Integral background factors for the neglect of health check-ups by recipients of the care precaution policy]. *Kōsei no Shihiyō* [Welfare Index] 56:3, 1–8.
- IPSS – NATIONAL INSTITUTE OF POPULATION AND SOCIAL SECURITY RESEARCH (2008). *Population statistics of Japan 2008*. Tokyo: National Institute of Population and Social Security Research.
- ITŌ, Kimio (2002). *Dekinai otoko kara dekiru otoko e* [How “unable men” become “able”]. Tokyo: Shōgakkan.
- JENIKE, Brenda R. (2003). Parent care and shifting family obligations in urban Japan, Chapter 9. In: John TRAPHAGAN and John KNIGHT (Eds.). *Demographic change and the family in Japan’s aging Society*. Albany: SUNY Press, 177–202.
- JENIKE, Brenda R. (2004). Alone in the family: great-grandparenthood in urban Japan. In: Charlotte IKELS (Ed.). *Filial piety. Practice and discourse in contemporary East Asia*. Palo Alto: Stanford University Press, 217–244.
- KASUGA, Kisuyo (1999). Kazoku to iu kankei no konnan to kibō [Difficulties and wishes concerning family]. In: Shin HAMADA et al. (Eds.). *Ima ka-*

- zoku to wa* [What family means today]. Tokyo: Iwanami Shoten, 111–156.
- KASUGA, Kisuyo (2007). *Kea, kanjō, jendā. Kōreisha kaigo mondai wo tōshite* [Care, feelings, gender: Through the problem of geriatric care]. In: Mariko ASHIDATE et al. (Eds.). *Feminisuto poritikkusu no shin tenkai, rōdō, kea, globalization* [New development, labour, care, and globalization of feminist politics]. Tokyo: Iwanami Shoten, 107–127.
- KASUGA, Kisuyo (2009). *Kōreisha to jendā – hitori to kazokuno aida* [Older persons and gender – between individual and family], Hiroshima • 1000 series. Hiroshima: Hiroshima Joseigaku Kenkyū Jo.
- KELLY, William Wright (2002). At the limits of new middle class Japan. Beyond “mainstream consciousness”. In: Olivier ZUNZ, Leonard SCHOPPA and Nobuhiro HIWATARI (Eds.). *Social contracts under stress. The middle classes of America, Europe, and Japan at the turn of the century*. New York: W. W. Norton, 232–254.
- KONDŌ, Katsunori (2005). *Kenkō kakusa shakai* [The society of polarized health]. Tokyo: Egakushoin.
- KOYANO, Wataru (1996). Filial piety and intergenerational solidarity in Japan. *Australian Journal on Ageing* 15, 51–56.
- KUSUMOTO, Yuko et al. (2008). *Zaitaku ninchishō kōreisha no kazoku kaigōsha no kōfukukan to sono riyū – Nihon to Kankoku no genjō* [Family caregivers of demented elderly. Subjective well-being and attitudes toward caregiving – present situations in Japan and Korea]. *Bulletins of Nagano College of Nursing*, 10, 57–68.
- LAVE, Jean (1990). The culture of acquisition and the practice of understanding. In: James W. STIGLER et al. (Eds.). *Cultural psychology. Essays on comparative human development*. Cambridge: Cambridge University Press, 309–328.
- LONG, Susan O. (1996). Nurturing and femininity. The impact of the ideal of care giving in post war Japan. In: Anne IMAMURA (Ed.). *Re-imagining Japanese women*. Berkeley: University of California Press, 156–176.
- LONG, Susan O. (2008). Someone’s old, something’s new, someone’s borrowed, someone’s blue. Tales of elder care at the turn of the 21st century, Chapter 7. In: Akiko HASHIMOTO and John TRAPHAGAN (Eds.). *Imagined families, lived families: culture and kinship in contemporary Japan*. New York: State University of New York Press, 137–159.
- LONG, Susan O., Ruth CAMPBELL and Chie NISHIMURA (2009). Does it matter who cares? A comparison of daughters versus daughters-in-law in

- Japanese elder care. *Social Science Japan Journal*, 12:1, 1–21.
- MANN, Michael (1970). The social cohesion of liberal democracy. *American Sociological Review* 35:3, 423–439.
- MHLW – MINISTRY OF HEALTH, LABOR AND WELFARE (2009). *Kaigo hoken seido no gaiyō* [An overview of the long term care insurance system]. http://www.mhlw.go.jp/topics/kaigo/index_gaiyo.html (accessed 19 September 2009).
- MILLER, William I. (1997). *The anatomy of disgust*. Cambridge: Harvard University Press.
- MURATA, Chiyoë (2010). Iryō fuan to shakai keizai chii no kanren – JGSS-2008 ni motozuku bunseki [Concern about health care and socio-economic status. Analysis using JGSS-2008 data]. *Nihon Ban Sōgō Shakai Chōsa Kyōdō Kenkyū Kyoten Kenkyū Ronbun Shū 10* [Japanese General Social Surveys Centre of collaborative research 10th collection of research articles, JGSS Research Series] 7, 111–122.
- NAKAMURA, Ritsuko (2004). Rōrō kaigo saikō [The rethinking of older spouse care]. *Gendai Fukushi Kenkyū* [Modern Welfare Research] 4, 19–35.
- NAMIHIRA, Emiko (1996). *Inochi no bunka jinruigaku* [The cultural anthropology of life]. Tokyo: Shinchō Sensho.
- OCHIAI, Emiko (1999). *21 seiki kazoku e* [Towards the 21st century family]. Tokyo: Yūsankaku.
- OKURA, Mika et al. (2008). Perceptions of nursing care held by elderly women in mountainous regions. *Journal of the Tsuruma Health Science Society* 32:1, 85–92.
- ROSE, Hillary and Bruce ERROLLYN (1995). Mutual care but differential esteem. Caring between older couples. In: Sara ARBER and Jay GINN (Eds.). *Connecting gender and ageing. A sociological approach*. Buckingham: Open University Press, 114–128.
- SIEVERDING, Monica et al. (2008). Gender differences in FOBT use. Evidence from a large German survey. *Zeitschrift für Gastroenterologie*, 46, 47–51
- SHIMONO, Keiko (2007). Why it is important to have a kind daughter-in-law in Japan. Long-term care for the elderly in Japan and Australia. *Economic Papers* 26:3, 196–210.
- SMITH, Chris et al. (2005). *Focus on People and Migration: the changing age structure of the UK population*. <http://www.statistics.gov.uk/downloads>

- /theme_compendia/fom200_5/04_FOPM_AgeStructure.pdf (accessed 18 October 2008).
- STATISTICS BUREAU (2008). *The Statistical Handbook of Japan 2008*. <http://www.stat.go.jp/english/data/handbook/c02cont.htm> (accessed 24 October 2008).
- SUMIYA, Mikio (1992). Shakai hoshō no tenkai to tenbō [Progress and prospect of social security in Japan]. *Gakujutsu no Dōkō* [Scientific Trends], 120–143.
- TAKAMI, Chie, Sawayo TADATSU and Mizuko MANABU (2008). Kaigo hoken sabisu riyōsha no sabisu ni taisuru manzokudo shakudo datōsei oyobi shiranaisai [Validity and reliability of the scale of users' satisfaction with services received under the long-term care insurance system]. *Kawasaki Medical Welfare Journal* 17:2, 343–351.
- THANG, Leng Leng (2001). *Generations in touch. Linking the old and young in a Tokyo neighborhood*. New York: Cornell University Press.
- TSUKADA, Noriko and Yasuhiko SAITŌ (2006). Factors that affect older Japanese people's reluctance to use home help care and adult day care services. *Journal of Cross-cultural Gerontology* 21:3–4, 121–137.
- TWIGG, Julia (2000). *Bathing. The body and community care*. London: Routledge.
- TWIGG, Julia (2004). The body, gender and age. Feminist insights in social gerontology. *Journal of Ageing Studies* 18, 59–73.
- UENO, Chizuko (2003). *Ueno Chizuko ga bungaku wo shakaigaku suru* [Ueno Chizuko sociologises literature]. Tokyo: Asahi Shinbunsha.
- UENO, Chizuko (2007). *Ohitorisama no rōgo* [Alone in later life]. Tokyo: Hōken.
- UTSUNOMIYA, Hiroshi (2000). *Kōreisha no kekkon seikatsu no keizokuishi to tekiō ni kansuru hattatsu-teki kenkyū. Kankeisei suteitatsu no kanten kara* [A developmental study on the intention of elderly persons to continue and adapt to their marital life. From the viewpoint of the relationship status]. Doctoral dissertation at Hiroshima University.
- WAKE, Junko et al. (2007). Kaigo hoken seido shikō 5 nengo no koreisha service ninchō to riyōikō [The aim of the geriatric care system. Recognition and utilization after 5 years of implementation]. *Kōsei no Shihyō* [Welfare Bulletin] 54:15, 1–8.