

Preface

“Life, you never know.” I often heard these words at Lake District Senior Center during my initial fieldwork in 1987–1988. The contexts in which they were uttered varied. Participants at the Center used this expression to note the unpredictability of life—for example, when they heard of the sudden death of a friend or a peer’s marriage late in life. They also said it to those facing difficult times, as a way to encourage them to be optimistic or at least open-minded about the future.

Since I finished my doctorate in 1991, two “life, you never know” incidents occurred that significantly delayed the writing of this book. First, my husband was diagnosed with advanced cancer in 1992. Thus instead of launching my career, I became his full-time caregiver. He went through multiple operations, radiation treatments, and chemotherapy regimens over the next six and a half years until his death in 1999.

Second, after having drafted a few chapters of this book in 2005, I went on the first of a series of long trips to Japan to assist my aging mother. These biannual trips continued for nine years, until 2014. While in Japan, my writing would stop. Though it would resume when I returned home, the frequent loss of momentum greatly slowed the pace of my writing. Consequently, completing this book took more than a decade.

Reflecting back on his life afflicted with serious illnesses, the late Japanese novelist Shusaku Endo said, “There is nothing wasteful in life.” I agree. The long delays I encountered in completing this book were not a waste. They had many positive influences that compensated for the time lost. For one thing, they broadened the temporal horizon of my work. The three decades of follow-up research allowed me to learn what had become of the elders who had participated in my initial fieldwork. This longitudinal study also opened my eyes to the dynamic aspects of senescence, which is characterized by major

transitions, including changes in residence, serious illness, the death of a spouse, remarriage, and divorce.

It is not only my informants' lives that have changed. Tremendous transformations—both major and minor—have swept American society and the world since the late 1980s. When I started my research, no one even dreamed of the ubiquitous presence of digital cameras, cell phones, and personal computers. In the late 1980s, elders at the Senior Center exchanged information about the best deal for film development and used landlines to make phone calls. The Center's office was equipped with typewriters instead of computers. In addition to technological advancements, the culture of aging has also changed. For instance, facilities and services for older people in American society have expanded remarkably, resulting in concomitant changes in people's perceptions of extrafamilial eldercare, which was once shameful but is now a socially acceptable option.

Furthermore, my experiences as a caregiver for my husband and as his widow, as well as with my mother's senescence and death, have enhanced my understanding of the inevitable age-associated hardships of the participants in this study. Because of my own firsthand experience, I could visualize what it was like when they were hospitalized or had surgery, since my knowledge of American hospitals no longer came from ethnographic descriptions alone. My own experience helped me understand how these elders felt when they or their loved ones were diagnosed with cancer or when doctors told them that all treatments had been exhausted and death was imminent. Elders at the Senior Center and I also shared the sorrow of losing a spouse. Only after my husband's death could I detect the pain a widow was still feeling when she talked about the husband she had lost years earlier, recognizing the grief buried in her matter-of-fact tone.

Being a caregiver for my mother gave me an opportunity to observe various aspects of Japanese hospitals (e.g., doctor-patient relationships, nurses' roles) and Japanese attitudes toward terminal illness and death. I was also exposed to Japan's single-payer medical insurance and long-term care insurance systems for senior citizens. Neither generated the tedious paperwork Americans face after major illnesses—the large piles of insurance statements and medical bills. However, above all, looking after my mother in Japan did not just inform me of these cultural differences; it also made me realize the similarities in the pan-human experiences of illness, old age, and death.

"Some things in life . . . are best done slowly," notes Marc Freedman. "Efficiency, expediency, and productivity have a way of undermining [people's] endeavors" and elders' "slowness" is a "virtue" (1999, 233). He sees this as a positive side of aging. Freedman's statements are equally applicable to the long delays I experienced during the writing of this book. I sincerely hope that its readers will benefit from the deepening of my knowledge and appreciation of older people's lives brought on by these delays.