

# **Beyond Old Age**

A study of the elderly in post 3.11 Japan

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## Chapter 1 Introduction

This paper attempts to articulate the specificity of the ageing<sup>1</sup> problem in the context of post 3.11<sup>2</sup> Japan. By looking into the particular needs and risks of the elderly in and after the disaster, it shows that a monolithic image of older people is problematic with respect to providing them help, and that more adaptable measures should be taken in order to cater to each individual of their group.

The paper contributes to academic discussion in two ways. First, it adds to researches on post 3.11 rehabilitation, because it not only discloses drawbacks of practices that are carried out too generally to be suited to older people's real needs, but also substitutes stereotypes of old age with a multi-dimensional image that accommodates various senses of being old. Second, it helps refine sociological theories on ageing, which tend to focus mostly on the structural and systematic aspects, because it sheds light on "the less-expected, unscheduled events" (Marshall and Bengtson 2011, 24).

The research on disaster is revealing, for they "disclose fundamental features of society and culture, laying bare crucial relationships and core values in the intensity of impact and the stress of recovery and reconstruction" (Oliver-Smith 2002, 26). Such impacts are multidimensional, "sweeping across every aspect of human life, impacting environmental, social, economic, political, and biological conditions" (Oliver-Smith 2002, 23-24). In contrast to the naïve conception of disaster as a misfortune that is solely natural, researches reveal that "the root causes of disasters lay more in society than in nature" (Oliver-Smith 2002, 27).

The interrelation between nature and society exhibited in disasters can be most significantly demonstrated with the concept of vulnerability. Defined by Blaikie et al. as "the characteristics of a person or group in terms of their capacity to anticipate,

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<sup>1</sup> "Ageing" is the British counterpart of the term "aging" in North-American scholarship. In this paper, I stick to the former in my own language, while keeping the spellings as they are in quotations.

<sup>2</sup> The 2011 earthquake off the Pacific coast of Tōhoku (Tōhoku-chihō Taiheiyō Oki Jishin), also known as the 2011 East Japan earthquake and tsunami, or the 3.11 Great East Japan earthquake (Higashi nihon daishinsai).

cope with, resist, and recover from the impact of a natural hazard”, the occurrence of a natural hazard is distinguished from the production of a disaster, which results more from unsafe conditions already latent within the society (1994). Oliver-Smith notes that people “differentiated along axes of class, race, ethnicity, gender, or age” are placed “at different levels of risk from the same hazard and of suffering from the same event” (2002, 28).

Based on these insights, this paper proposes specifically that the same event, the 3.11 disaster, is not experienced the same among older and younger people. The vulnerability of older people is greater, not only because of physical limitations, but more significantly because of the structural inequality they are faced with. Accordingly, although this paper situates itself within the context of disaster, it focuses not only on individual and collective *reactions* to the disaster, but also on the structural discrimination and deficiency that, when agitated by the occurrence of the natural hazard, challenges the elderly in various ways. It helps define specific difficulties and needs of the elderly in disasters, and thus reduce potential mortality and alleviate other negative consequences concerning the ageing population. In short, the studies on disaster can be extended by bringing the specificity of older people into focus.

On the other hand, the sociology of ageing benefits from this study because, as opposed to the usual tendency to focus on macroscopic and long-lasting issues, an examination on post 3.11 Japanese society reveals more transient and microscopic aspects that a large-scale sociology of ageing usually leaves untouched. Compared to long-term factors of the life course, which can usually be accounted for with models and general theories, the impact of disaster is better studied with context-specific observations, for situations usually vary case by case, and it is impossible to devise a unitary image that accommodates everyone’s specificity.

Both of the two ways in which this paper tries to contribute to academic discussion call for attention to specificity. This, however, is not an easy task. One

cannot expect to recognize immediately the needs of the elderly within a post-disaster society.

The approach taken here is an anthropological one. Instead of regarding senility and disaster as technical problems, and thus trying to explain them, “fix” them and eventually leap over them, this paper admits that they are ultimately inevitable. It acknowledges the facts, comfortable or uncomfortable, by patiently living with them. It directly confronts people’s life experiences, feelings, emotions, as well as what gives rise to them. The whole paper is written with the belief that one really helps only when one properly understands.

The organization of discussion is inspired by the anthropological method of “thick description”. Starting with general and large-scale documentation of the situation, prevalent theories and their findings, it then gets deeper and deeper by confirming, modifying or challenging them with observations of the life of the elderly in post 3.11 Japan. Such observations may come either from reports of researchers or from interviews and fieldwork experience.

The main chapters of this paper are divided according to the *level of manifestation* of the problem of old age. The underlying idea is that, although the problems have various sources and causes which are usually interrelated, they tend to become explicit and radicalized at a certain level. The body of the paper is accordingly divided into four parts: 1) the *governmental* level (Chapter 3), including public policies, legislation, government practices after the disaster etc.; 2) the *organizational* level (Chapter 4), including the function of NPOs and neighborhood associations; 3) the *family* level (Chapter 5), including taking care of the elderly, rules of inheritance, patterns of co-residence, domestic rituals etc.; 4) the *personal* level (Chapter 6), including individual perceptions, emotions and feelings as well as the ways they are expressed or suppressed. It is important to note here that the classification is not made according to the *causes* of the phenomena. For example, some stereotypes of old people are manifested in personal perception, but have roots

in social structure, ideology or media discourse; they should fall into the fourth category of this paper rather than the first.

The research tends to focus on the prefecture of Iwate, and the fieldtrips and interviews were mostly carried out there. The reasons are that, first, in Fukushima, the situation gets complicated by the accompanying nuclear disaster. With areas becoming devoid of residents, it is more difficult to evaluate the impacts of the disaster on the elderly as well as the corresponding reacts. Second, Miyagi, the regional economic center of Tōhoku area, has been less affected by the ageing problem, and is thus not as typical as Iwate for an examination on the elderly in and after the disaster.

## Chapter 2 The Context of Research

The ageing of population is an urgent problem in nowadays society. Holding 41.9 million citizens over the age of 60, Japan “has the highest proportion of older people [those over 60] in the world (32.8%)”, and this proportion is expected to reach 37.3% in 2030 and 42.5% in 2050. On average, a 60-year-old can expect to live for another 26 years, among which 20.3 years are lived in good health (Global Age Watch 2015). To be more specific, in 2008, when the Medical System for Elderly in the Latter Stage of Live (*kōkikōreisha iryōseido*) was introduced, the average life expectancy of Japanese male was 79, and female 86. It is reported by Global Health Observatory (a branch of World Health Organization) that, by 2013, the Healthy Life Expectancy (HALE) at birth of Japanese was 74.9, ranking the first among WHO member states (2015).

Accordingly, there are “growing concern [...] for the problems of the aged”, exemplified by “the growth of gerontology and the impressive size and resources of the Tokyo Metropolitan Institute on Gerontology”. (Palmore 1975, 111). However, the concern remains largely superficial. In a survey concerning knowledge about old age among Japanese college students majoring in the study of social welfare, it is shown that those questions concerning the physical features of the elderly is better understood in comparison to those about mental features. For example, a large proportion of respondents (89% among freshmen and 85% among junior students) mistakenly believe that the majority of the elderly tend to feel bored, which in fact is not true (Minami 2004).

The lack of depth of understanding calls for systematic studies on old age. Ideally, such studies should accommodate the varieties of interpretations and help people treat the elderly with respect to their particular situations.

The sociology of ageing witnessed a boom in the 1960s, which, according to Marshall and Bengtson, were “a dazzling period of theoretical developments in the

sociology of aging at both the macro and micro levels” (2011, 17-18). During the years of 1979-2009, the sociological studies of ageing was rapidly brought to maturity and institutionalization. Journals such as *Research on Aging*, *Journal of Aging Studies*, and *Ageing and Society* emerged during this period. Scholarship of ageing enjoyed more than “a marginal status in most disciplines” and no longer needed to “struggle for its legitimacy as an area of inquiry” (Settersten and Angel 2011, 3-4). In terms of content, the sociology of ageing evolved from the debate between the “disengagement theory” and the “activity theory”<sup>3</sup> into a “systematic research on age norms”, then followed by manifold investigations concentrated upon “the life course perspective” (Marshall and Bengtson. 2011, 18-20).

Prosperous and prominent may it be, but the sociology of ageing still faces a number of challenges nowadays. Notably, “the predominance of the life course perspective” may sometimes “obscure our vision, preventing us seeing the value of different perspectives”, especially when sociologists are “trying to squeeze theorizing into the life course perspective” (Marshall and Bengtson 2011, 28).

This, of course, does not mean that the life course perspective is inherently problematic, misleading, or outdated. In fact, it is undoubtedly relevant to the research interest here. Interpreting the problem of ageing as an expression of the standardization of a series of stages within one’s life, the perspective reveals that “the life course, when defined as interdependent sequences of age-related social roles across life domains (family, education, work, health, leisure), is a product of the linkages among state (welfare), market and familial (gender) institutions, and demographic behaviors across the life span” (Marshall and Bengtson 2011, 23). It can thus be inferred that what one encounters *as* a member of certain age group is profoundly related to all those contextual factors and their historical vicissitudes. For example, the episodes an 87-year-old Japanese woman in post 3.11 Rikuzentakata

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<sup>3</sup> According to Marshall and Bengtson, the disengagement theory “posited that biological, psychological, and social withdrawals were universal, inevitable, and adaptive in preparing both the individual and the society for eventual death”, whereas the activity theory “implicitly treated aging as a decrement to be ‘adjusted to’ by attempting to maintain as much as possible the activity levels of mid-life”. Both sides “led to healthy progress in the explicit development and testing of concepts and theories over the next two decades”.



underwent can hardly be studied without reference to the roles her generation played when she was young, as well as the way her generation gets perceived and accommodated nowadays.

However, the life course perspective, with its emphasis on constant or long-term factors, might distract us from the fact that there are still unexpected impacts on the life course. The life courses of individuals, of which ageing is thought to constitute a major part, can be dramatically disrupted by disasters. As Shanahan and Porfeli observes, “chance events” such as disasters exceed statistical calculation of probabilities when perceived in real life (2006). One has to take additional precautions against probable disasters, for otherwise one would turn out to be utterly helpless whenever they really come. This is exacerbated by the fact that modern societies are what Beck calls “risk societies” (1992). In these societies, “social institutions provide less ‘insurance’ against the vicissitudes of life, [...] and individuals are expected to assume responsibility to navigate these risks” (Marshall and Bengtson 2011, 24).

Consequently, vulnerability of the elderly in the face of disasters results partly from the fact that modern societies tend to leave them alone under such circumstances, whereas traditional societies provide more bonds between generations, so that whoever runs into a disaster is less likely to remain helpless. That being said, this paper is not so much a challenge to the life course perspective than an amendment to it by means of shedding light on 1) how life courses of different people can diversity, especially under the impact of the disaster, as well as 2) how different life courses result in different situations in disaster.

Related to the second point, there is a particular vulnerability of the senior group in disasters. A report released by Help Age International, an international NGO that aims at the well-being of older people, points out four key reasons why older people are more vulnerable in the face of disasters (Hartog 2014):

1. Physical decline that comes with ageing, which can include poor health, mobility, sight

and hearing.

2. Lack of provision of adequate services for older people, both on a daily basis and in emergency situations.
3. Age discrimination, which serves to exclude and isolate older people, and often violates their rights.
4. Poverty levels among older people, often exacerbated by lack of social protection mechanisms and livelihood opportunities.

Specifically, a statistical research on the 3.11 earthquake by Nakahara and Ichikawa corroborates the vulnerable features of the elderly by showing that, in regions of Iwate, Miyagi and Fukushima prefectures, “age-specific mortality showed a tendency to increase with age; there were no sex differences” (Table 1). (2013)

**Table 1** Number of deaths by region, sex, and age group

Age (years)	Iwate		Northern Miyagi				South					
	Female		Male		Female		Male		Female		Male	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
0-4	33	1.5	16	0.8	47	1.8	46	2.2	41	1.6	52	2.1
5-14	26	1.2	26	1.4	102	3.9	84	4.0	68	2.6	64	2.6
15-24	53	2.4	53	2.8	53	2.0	66	3.1	90	3.4	91	3.7
25-34	78	3.5	87	4.5	111	4.3	102	4.8	105	4.0	130	5.3
35-44	133	6.0	136	7.1	156	6.0	138	6.5	160	6.1	174	7.2
45-54	194	8.7	184	9.6	216	8.3	180	8.5	210	8.0	219	9.0
55-64	369	16.5	337	17.6	389	15.0	333	15.7	436	16.5	451	18.5
65-74	513	23.0	452	23.6	510	19.7	517	24.4	529	20.0	535	22.0
75+	834	37.3	626	32.7	1005	38.8	654	30.8	1000	37.9	717	29.5
Total	2233	100.0	1917	100.0	2589	100.0	2120	100.0	2639	100.0	2433	100.0

For sure, the fact that the aged are more likely to be killed in disasters has its

roots in their physical decline. But it also results partly from inadequacy in post-disaster policies and programs, which, in turn, is frequently caused by the lack of precise understanding of the target groups: when projects are carried out without flexibility, or when stereotypes of the elderly interfere, it usually turns out that what is provided for them does not correspond to what they actually need.

Before going into the details, it is helpful to have a working definition of being old. However, as life expectation is prolonged with the development of medical care, it becomes harder to find a unitary definition. On the governmental level, according to the Ministry of Health, Labour and Welfare (*kōseirōdōshō*, MHLW), people stop paying the social insurance at the age of 60 and are eligible to receive public pensions (*kōtekinenkin*) from 65 (MHLW 2017). As for the medical insurance, people aged between 65 and 74 are regarded as “early elderly” (*zenkikōresha*), while those over 75 “late elderly” (*kokikōresha*); the long-term care insurance system (*kaigohokenseido*) considers persons between 40 and 64 as secondary insured persons (*dainigōhihokensha*), while those over 65 primary insured persons (*daiichigōhihokensha*) (MHLW 2015). In the Road Traffic Law of Japan, a person aged over 70 is encouraged to display the “aged driver sign” (*kōreisha* mark) on the front and rear of the car, while drivers aged 75 and over must apply the mark (Fig. 1).



Fig. 1 The “aged driver sign”

In terms of employment, there is no definite criterion either. 95.4% of Japanese corporations have established a retirement system. Table 2 shows the distribution of retirement age among these corporations (MHLW 2015).

**Table 2** Distribution of retirement age among Japanese corporations with retirement systems

Enterprises with a definite age of retirement	Among them, the age of retirement is set at						
	60	61	62	63	64	65	66 or above
98.2%	80.7%	0.5%	1.0%	1.3%	0.4%	15.2%	1.0%

With respect to people’s self-recognition, a 2014 survey carried out by Cabinet Office, Government of Japan (*naikakufu*) on people aged over 60 shows the proportion of people who think themselves as *kōreisha* (Table 3):

**Table 3** “Do you think you are a *kōreisha*?”

Age range	Positive (%)	Negative (%)	Unanswered (%)
60-64	10.3	86.4	3.3
65-69	24.4	71.8	3.8
70-74	47.3	48.2	4.5
75-79	66.2	26.4	7.4
80-84	78.7	12.5	8.8
Above 85	85.6	6.2	8.2

As is shown in the table, it is not until the age of 75 that more than half of the people would regard themselves as *kōreisha*, which contradicts the common social practices of treating persons over 60 or 65 as old. Correspondingly, the Japanese Gerontological Society (*nihonrōnengakkai*) and the Japan Geriatrics Society (*nihonrōnenigakkai*) proposed to re-define the categories of old age as they observed the phenomenon of rejuvenation (*wakagaeri*) in the fact that, compared to a decade ago, the ageing process can be delayed for 5-10 years (2017). People between 65 and 74 are defined as “pre-old” (*junkōreisha*); people between 75 and 89 are called “old” (*kōreisha*); those above 90 are called “super-old” (*chōkōreisha*).

In this paper, the categorization of the elderly is achieved by means of adhering to the discourse. In other words, it acknowledges the variety of conceptions about old age, and regards any material with expressions such as *kōresha*, *otoshiyori* and *rōjin* as potentially relevant. The reason for bringing materials with different definitions together is that all of them constitute a general image of the elderly – and moreover, when an author makes his or her own definition, the definition is intended to correspond, in its specific context, with the general image. Items within this set of concepts share a relationship of family resemblance. Therefore, the working definition of old age is broad enough to accommodate a range of materials, but not so broad that it becomes impossible to claim generality.

### Chapter 3 The Governmental Level

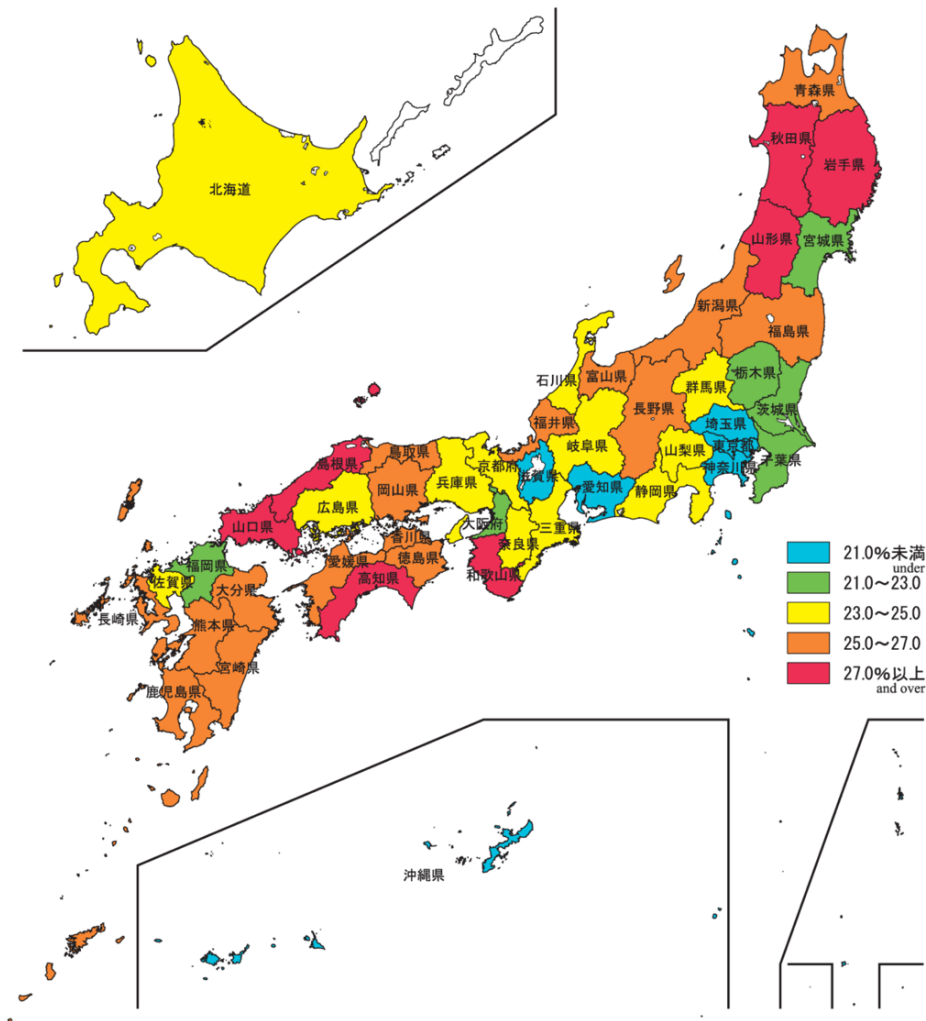
This and the next chapter analyzes the structural implications within Japanese society which gets manifested in the way institutions tackle with the elderly. An overview of the situation of senior citizens at the institutional level with regard to institutionalized policies, such as pension, health insurance and retirement system of older adults is already provided in the previous chapter. Now it is time to pay special attention to the adequacy or inadequacy of institutional practices in and after the 3.11 disaster.

The examination begins with government policies. The nature of policies is that they are made to apply generally, and often in an undifferentiated manner, to every target citizen. For example, as is mentioned in Chapter 2, the age limits concerning retirement or reception of pension refer mostly to chronological age and “do not take into account the actual state of physical or psychological ageing of an individual, although the subjective definition of one’s own ageing is very likely to be heavily influenced by them” (Linhart 2008, 125). Since the life of a Japanese person is mostly associated with occupations and earnings, the changes that the policies stipulate are likely to be indicative of “a person’s social status” (Linhart 2008, 127). This shows that government policies are forceful in formulating supposedly homogeneous groups and assigning to them people who may well diversify in their particular ways of belonging to those groups.

Another character of government policies, especially those devised in a hurry, is that they tend to construe their target citizens as mostly passive. Instead of believing in and waiting for spontaneous changes they may initiate, policies are usually manipulative, interfering in all the matters and making decisions *for* people. For example, the pension system is “designed to protect and guarantee, rather than to promote autonomy and independence”, for it is “geared toward promoting *certainty* and *predictability*” (Hashimoto 2000, 20). The welfare of a person is most certain and

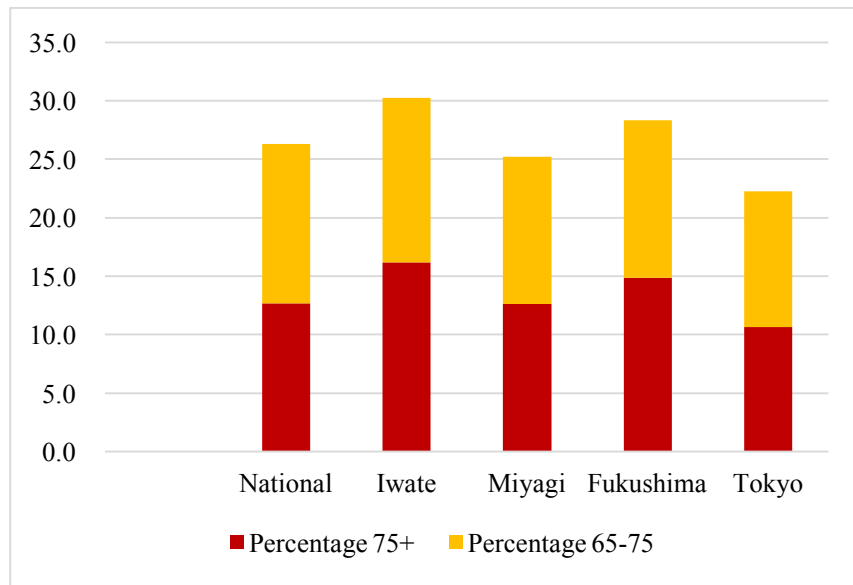
predictable if he or she remains compliant and follow the ways the policy designs.

In addition, some of the policies carry implicit discriminations that may lead to structural inequality. As a result of many years of national concentration on the development of the Greater Tokyo Area, the Tōhoku area, with the exception of Mayagi, the regional economic center, has been largely drained of young and capable population. Older people from the area are less likely to be benefited by such policies, and thus have no choice but to stay. Fig. 2 and 3 illustrate the proportion of the elderly in Tohoku disaster-hit area as compared to that of Tokyo and of the whole country.



**Fig. 2** The proportion of people over 65 by prefecture

(2010 Population Census, Statistics Bureau Ministry of Internal Affairs and Communications Japan)



**Fig. 3** The outstanding ageing proportion of Tohoku region

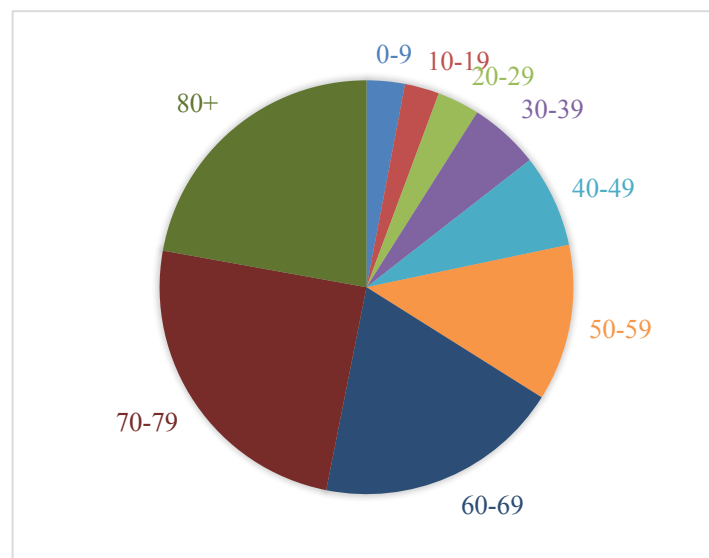
(2015.10.1, Japan Statistics, Ministry of Internal Affairs and Communications, MIC)

These three features of government policies (generality, manipulation and implicit discrimination) accounts for the fact that they leave vulnerability and risks in the society. Once the society is faced with an unexpected disaster, vulnerability and risks turn into manifest problems. When the 3.11 earthquake hit the areas that were suffering from ageing problems, the elderly was the first to be exposed to death threats. Fig. 4 (next page) shows the causality proportion in the 3.11 disaster by age ranges.

Four main factors contribute to the astonishingly high rate of causality of the elderly. First, their ability to move and to avoid danger is limited, which accounts for the high probability of immediate death. Second, they usually lack information about or understanding of the disaster and their own situation, which led to delay of evacuation or utter inactivity. Third, their living and medical conditions were drastically deteriorated due to the disaster (Ōtani 2012). Fourth, some of them committed suicide due to depression, poor living condition or isolation after the disaster. If the first factor can still be ascribed to the physical, the rest three are



obviously related to policy-resulted vulnerability of the area: there is not enough young people in the area to carry out crucial tasks in and after the disaster, such as explaining to the elderly the severity of the disaster, providing medical care, and accompanying the elderly through their hardest days.



**Fig. 4** Causality in the 3.11 disaster (2011.3.11-2013.3.11)<sup>4</sup>

(National Police Agency Japan)

Some policies and programs are carried out in and after disasters with good intentions, but fail to meet their goals due to ignorance of particular needs of the older people in disaster-hit areas. After 3.11 earthquake, the Japanese government carried out the three-step system for the accommodation of local residents in the aftermath of the disaster: 1) evacuation centers (*hinanjo*); 2) pre-fabricated temporary housing (*kasetsujūtaku*, Fig. 5); 3) “disaster recovery social housing” (*fukkōjūtaku*, Fig. 6). Of course, people who are affluent and have strong social networks could rebuild their own houses and restart their business from zero; it is not rare that wealthier persons would choose to leave the hometown, moving to hotels, relatives’ houses, or private rental housing (*chintaijūtaku*). The majority of older people, however, have less

<sup>4</sup> The causality presented here refers to the amount of payments of condolence money for disaster victims. Therefore, it includes those who were injured in the disaster and died because of the injury.

choices because they can neither afford to restore their former houses nor to move to other cities due to the low income / pension level.



**Fig. 5** A village of *kasetsujūtaku* in  
Takekomacho, Rikuzentakata  
(photo taken Apr 2016)



**Fig. 6** A complex of *fukkōjūtaku* in  
Takekomacho, Rikuzentakata  
(photo taken Apr 2016)

As for the evacuation centers, Ōtani reports issues of “privacy, hygiene and nutrition”:

Many survivors are located in large facilities with little privacy, with families divided by cardboard boxes in crowded school gyms. Emergency toilets are often built outside the buildings in open-air places. [...] In the cold weather many people, especially older people, restricted their eating and drinking because they did not want to wake up in the middle of night to walk to the outdoor toilets. This caused many to suffer from dehydration and malnutrition [...]. (2012, 244)

Things did not get less problematic when older people were moved into social housing provided by the government. The houses were poorly or even inadequately constructed because the government’s sole attention to apparent results. According to my interview on 28<sup>th</sup> Oct 2016 with the chair of the neighborhood association (*jichikaichō*) in a temporary housing complex (*kasetsudanchi*) in Ogatsuchō, the city of Ishinomaki, the public restoration housing there was not damp-proof, so that mold was found on the walls of rooms on lower floors. In my fieldtrip to Takekomachō, the city of Rikuzentakata, I have observed a decline in the supporting land (*jibanchinka*) of some social apartments. The reason was that they were hurriedly built on piled-up

(*kasaage*) grounds in order to “avoid” the damages of potential tsunamis, but the soil used was taken directly from the neighborhood and was not resistant enough to humidity (Iwate Nippo 2016).

As the assignment of families into social houses was based on individual households, old communities and social bonds were largely broken. Yotsui et al. states that:

Due to land shortages, only 30 percent of those eligible were housed in community-allocated units. The remainder were housed according to a ballot system where individual households waited at a shelter until they were relocated to temporary sites using a random selection process. With long-standing communities almost completely dismantled, older people in some temporary housing communities suffered many physical and mental problems due to a decline in social interactions. (2016, 1054)

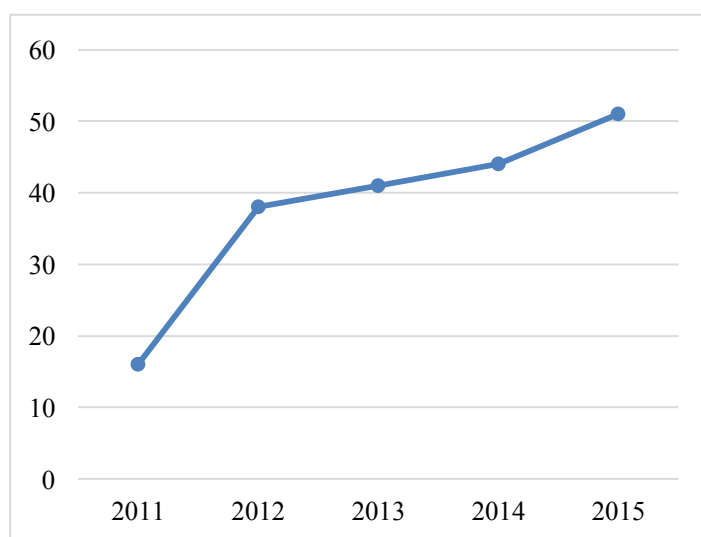
The neglect of the function of communal bonds has double effects: not only the primary bonds at villages where people originally lived were damaged, but the secondary bonds formed at temporary housing places, which were still weak, did not have the chance to survive. People who were waiting there for social housing did not know when they or their neighbors would be selected by the ballot system and thus move out. When they eventually arrived at social houses, they found life there even more isolated. This is threatening especially for older people living alone. As Table 4 shows, this group takes up roughly one fourth of the residents at *fukkōjūtaku* (Kahoku Shimpō 2016):

**Table 4** Older residents of *fukkōjūtaku* in Iwate, Miyagi and Fukushima (11<sup>th</sup> Sep 2016)

Prefecture	Number of residents (in thousands)	Proportion of people over 65	Proportion of people over 65 living alone
Iwate	5657	40.8%	27.1%
Miyagi	21470	37.8%	23.2%
Fukushima	7470	40.5%	26.4%
General	34597	38.9%	24.6%

In fact, the issue of older people living alone at social houses already acquired the attention of the government. Accordingly, the government decided to first move those living with their families out of the evacuation center, in the hope that people left at the center might keep one another's company. This, however, led to some older people's feeling abandoned by the whole society.

According to a report by Asahi Shimbun (2016), in temporary housing, the problem of dying alone (*kodokushi*) has become worse and worse since 3.11 in the three disaster-hit prefectures (Fig. 7). Among the 190 deaths from 2011 to 2015, 109 (57.4%) were aged over 65; 137 (72.1%) were male. The reason for this is that, with people continuously moving out, the bonds of neighborhood is getting increasingly weaker. During the five years, 162 people committed suicide due to 3.11-related issues, out of which 106 (65.4%) were above 60 years old; 107 (66.0%) were male; and 93 (57.4%) killed themselves for health reasons (MHLW 2015).



**Fig. 7** The situation of *kodokushi* in post 3.11 *kasetsujūtaku*

The government also provided condolence money to the families of those who were killed by the disaster. However, the amount was set to be identical and did not take into consideration the victim's role in his or her family. While the amount might

be reasonable for a normal family, it was usually insufficient for older people who lost their bread-winner spouses or children. Inequality also arose from procedural obstacles in applying for other kinds of funding, for they usually required that people actively reach to the institutes that issued them and prepare forms and supporting materials. This was sometimes difficult for older people who could not see, hear or write well, who were not able to get to the agents of institutes due to reduced mobility, or who were suffering from psychological problems that prevented them from reaching out for help. In addition, there was hardly any regulation or advice on how to spend the condolence money. Some older people, especially men under great pressure, simply used it for gambling (*pachinko*) or to live an alcoholic lifestyle, and thus went broke soon after receiving the money.

All these show that, while government policies can be expected to address general concerns and accommodate basic needs in and after the disaster, it is still very likely that they leave behind structural (that is, more than sporadic) problems with the elderly, who usually need to be taken care of on a one-to-one basis.

### Chapter 3 The Organizational Level

Non-governmental and local institutions are supposed to work at a more down-to-ground level in order to meet the specific needs of the elderly. With respect to the social capitals they make available, these institutions can be further distinguished into two types: 1) the *bridging* type, namely institutions that were already existent outside the disaster-hit communities and that interfered to offer them help; 2) the *bonding* type, namely institutions that developed, usually in an improvised manner, out of the disaster-hit communities themselves.

The bridging type is best represented by non-profit organizations (NPOs) or voluntary organizations. Coulmas notes that “the significance of elderly care by voluntary organizations” lies in the fact that they “assume a new role between family and state in the production and reproduction of social life” (2007, 71). In other words, NPOs function as the mediation between macro and micro levels of elderly care. In fact, the Japanese government has already realized the importance of NPOs and the indispensable roles they play. The enactment of the Nonprofit Organization (NPO) Act in 1998 is a sign that the government supports the work of NPOs and attempts to integrate them into a more comprehensive system of elderly care (Adachi 2000, 200). Table 5 provides an overview of NPOs related to elderly care in Tōhoku area (Potter 2008, 693).

**Table 5** NPOs related to elderly care in Tōhoku area

Prefecture	Total NPOs	Social welfare NPOs	Elder care NPOs	Other care facilities
Aomori	203	na	80	395
Akita	130	na	na	374
Iwate	249	154	na	353
Yamagata	197	121	36	249
Miyagi	412	166	50	534
Fukushima	328	na	48	380
Japan total	24727	11519	4067	22180

The activities of these NPOs include at-home living support, rest home / day service support, cultural and social projects, provision of goods tailored to elderly, and so on (Potter 2008, 698). After 3.11, lots of volunteer groups are also involved in removing debris, cleaning shelters, assisting agricultural activities, chatting with survivors and helping with organizing community-bonding assemblies, such as “handcraft café” (*shugekafe*), “cuisine classroom” (*ryōrikyōshitsu*) and Karaoke singing competitions. (Fig. 8 and 9)



**Fig. 8** Posters of community-bonding assemblies in a *fukkōjūtaku* complex (taken Jun 2016)



**Fig. 9** A *shugekafe* at the community center (*shūkaijo*) of a *kasetsujūtaku* (taken Apr 2016)

It can be said generally that NPOs are “answering a public need not fulfilled by public social welfare policies”, and furthermore, that they also “function as outlets for social participation for the elderly” (Potter 2008, 704). However, researchers like Ogawa found that the voluntarism associated with NPOs has been promoted by the government in a somewhat coercive manner, so as to mobilize young people (mostly high school and college students) to “take care of the expanding number of ageing people as non-paid workers” (2008, 723). Although this may not significantly

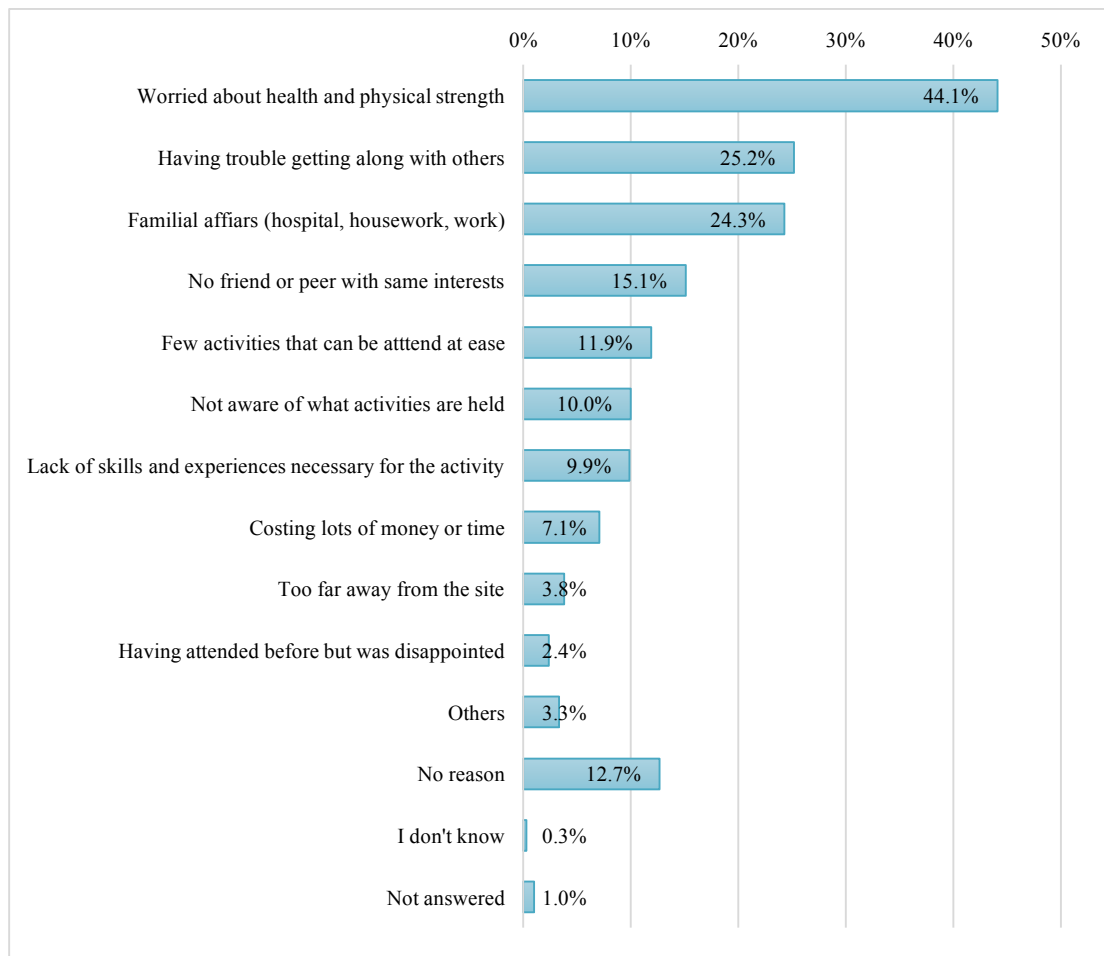
influence enthusiasm in helping older people through NPOs, such enthusiasm is usually blind, for young people who are involved have little opportunity to properly understand what they are doing and why. For example, Slater reports in his post-disaster ethnography that an old man living alone said to the volunteers who attempted to help him repair his yard which had been destroyed by the earthquake: “No help needed here. We’re pretty much OK.” He had no interest in the volunteers or their offer, while the volunteers, feeling “unappreciated and unwanted” without understanding the old man’s psychological situation, cultural norm or practical needs, simply thought that the old man was “creepy” (2013, 271-273). Clearly, the elderly can only be taken good care of with enthusiasm and endurance, and more indispensably, with professional skills as well as appropriate comprehension.

Another case is from a local NPO that aims at linking the younger generation with regional vitalization *Tomiokamachi*, a town where the Fukushima Daini Nuclear Power Plant was located and where all residents were required to evacuate after 3.11. When I asked the director how they helped the elderly in their voluntary activities, he replied that the problems of the elderly are very “difficult”. Some of the older people took up a passive lifestyle and seldom showed up at community assemblies (Fig. 10 (next page) shows the reasons they reported). Even worse, they were reluctant to go out of their small shelters and talk to others. Consequently, it turns out that only people who were willing to accept help from outside were really benefited. This also helps explain the aforementioned high proportion of older persons committing suicide or dying alone due to desperate isolation.

On the other hand, the bonding type of social capital is best exemplified by various kinds of neighborhood associations (NHAs). According to Pekkanen and Tsujinaka, “NHAs are important to the generation of social capital in Japan”: they “can improve government performance, while lowering costs”. NHAs are in a sense indispensable, for “participation in face-to-face group activities contributes directly to social capital stocks in the community” (2008, 712). Significantly, among NHA chairs



one-third is “from the retired elderly, and two-thirds are older than 60” – an evidence that participating in NHAs is “a good opportunity for the elderly to enjoy social life” and to realize their values (Pekkanen and Tsujinaka 2008, 714). Maeda reports that in 1996 approximately 34 percent of the population aged 60 and over are members of NHAs (2000, 38).



**Fig. 10** “Why don’t you attend the communal activities?”

(Cabinet Office, Government of Japan 2014, 13)

In a statistical research carried out by Yotsui et al. (2016, 1052), it is shown that temporary communities of older people that were formed after the 3.11 earthquake “helped reconstruct their own social identities shattered by the dissolution of former communities, the shock of displacement and loss of possessions”. The functions of these communities are characterized as: 1) rebuilding and revising social identity, and

solidarity; 2) creating positive social representations of self and future; 3) helping the elderly take ownership of their lives and future; 4) increasing access to culturally appropriate local knowledge (Yotsui et al. 2016, 1063-1078).

Some of the neighborhood associations are formed on the basis of new media technology. Traditional media like television and newspapers are older people's primary access to information (Yoshifuji and Watanabe 2017, 7), but they have the disadvantage that they only enable one-way communication. In contrast, new media like SMS message and social media enhances mutual communication, and thus promotes communal bonding. For example, according to a pamphlet, a temporary housing unit called "Nagahora-Genki village" has been established in Nagahora region, Hirotacho, Rikuzentakata city, and its residents, mostly older people, have formed a community via mobile phones they got from Fujitsu and Docomo. They created a "group mail network" that is "practically used in daily life". The messages on distribution of living goods are sent via SMS. There is also a village blog that automatically sends notification messages to villagers whenever it is updated. This is very effective for rehabilitation of social network; even people who are shy and who live alone can get to others much more easily (Murakami 2015).

Although NHAs are more likely to cater to older people's particular situations and needs, usually they are also quite weak at *kasetsujūtaku* and *fukkōjūtaku*. The former has a highly mobile population, accommodating people without definite expectation of when they would leave; the latter suffers from low occupancy rate and isolated spaces. Consequently, still a lot of problems that older people face after 3.11 remain unsolved.

## Chapter 4 The Family Level

It is usually mentioned that, compared to other modernized countries, Japan has a stronger tradition of family care for the elderly. For example, by arguing that “there are some societies, such as Japan, in which the culture (filial piety and respect for seniors) and social structure (“vertical” rather than “horizontal”) tend to counteract the effects of modernization on the status and prestige of elders”, Palmore is suggesting that problems that are typical in a modernized society “can be at least partially ameliorated by culture” (1999, 69). Although disasters are not new to human being, the structural vulnerability in the face of them is largely produced by processes of modernization, such as the decline of the proportion of younger people in rural areas. A researcher with Palmore’s optimism might expect that support from within families can help older people through the disaster, especially when governments, organizations and neighborhood communities fail to cater to their specific needs. This, however, is not always the case.

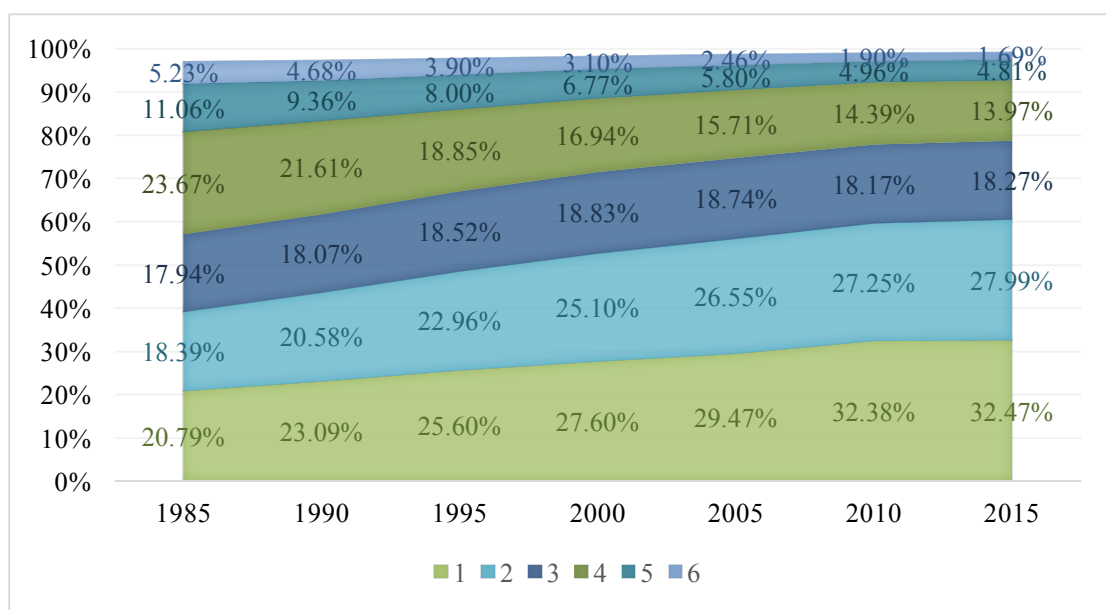
Observations supporting Palmore’s claim are mostly centered upon the concept of filial piety [*oyakōkō*]. It signifies a complex of values, practical norms and regulations. The traditional model of family care is situated within the stem-family (*ie*) system, “a family and residential unit organized around affective bonds among its members”. Dating back to 1898, the stem-family system involves “the family, the household, and the house itself” (Traphagan 2004b, 36). Usually, the eldest son and his spouse would inherit the household, including the parents’ properties, under the condition that they take care of the parents. Other siblings exit the household when they grow up, either through marriage (for daughters) or through setting up another household (for non-successor sons). This old system has the advantage of clarity and certainty, for the obligation of caregiving is clearly assigned, and, correspondingly, the caregivers are reasonably rewarded.

Practices of filial piety are also ensured culturally. In an earlier work, Palmore

notes that, in Japan, “traditional practices in the family which show respect for the elders include honorific language, giving the best seats to the elders, serving elders first, elders going through doors first, using the bath first, catering to the tastes of elders in cooking, [...] and bowing to elders” (1975, 110). Under certain circumstances, filial piety even “prescribes the ideology of devotion by the grateful child to the parent, and also places debt and obligation at the heart of the discourse on parent-child relationships” (Hashimoto 2004, 182).

If Japanese people were still organized within the stem-family system; if they could live up to the norms of filial piety, then they would have shown greater resilience against disasters, and older people’s life would have been less impacted. However, as the experiences of the elderly in post 3.11 Japan show, it is too idealistic to expect their families to carry all the burden.

Challenges to the old ideal of family care can be classified into two kinds. First, pragmatic matters may make it impossible to fulfill the obligations that are dictated in the old model, especially when changes in legislation, family structure and lifestyle are taken into consideration. As Fig. 11 and Table 6 shows, the traditional structure of stem-family is undergoing a process of dissolution during the past thirty years, making it less and less feasible to stick to the old model of family care.



**Fig. 11** The change of the number of members in a Japanese family

**Table 6** Percentage of elderly households among private households

(Statistics Bureau, Ministry of Internal Affairs and Communications Japan 2016, 12)

Type	1995	2000	2005	2010	2015
Elderly households (households with members over 65)	29.13%	32.19%	35.10%	37.30%	41.48%
One-person elderly households	5.02%	6.48%	7.88%	9.24%	10.84%
Aged-couple households	6.29%	7.83%	9.15%	10.13%	-

Besides, Coulmas notes that “legal reforms after World War II based on equal rights of the sexes and equal inheritance by all children have paved the way for a steady movement away from the three-generation *ie* family model to the nuclear family”, although “this trend has been slow, and co-residence with aged parents continues to be much more common in Japan than in Europe and North America” (2007, 64). The incompatibility between legal reform and actual practice sometimes results in situations where caregivers do not receive a fair amount of reward: for example, “even though the eldest son and his wife take care of the aging parents, they may receive the same share of inheritance as the other sibling(s)” (Kawano 2010, 38). Moreover, the wife may also be taking care of her own parents, without receiving the major amount of their inheritance. The obligation of the eldest son to be the caregiver, which is still strong in practice, can also obstruct the son in getting married, because the obligation is considered “an unattractive characteristic for a spouse, at best” (Traphagan 2004a, 198).

**Table 7** The net-migration of disaster-hit prefectures in 2014 and 2015

	2014	2015
Iwate	-3,200	-4,122
Miyagi	2,437	-76
Fukushima	-2,211	-2,395

The situation is aggravated by the fact that the younger generation prefer to migrate into urban areas, while their parents are left in the countryside (Table 7). Caring for the elderly distracts young people from urban life and can even threaten their occupational careers. One of the reasons why equal inheritance is not carried out very often in practice is that younger sons prefer to legally give up their claims to inheritance, just in order to be exempt from the duty of caregiving (Izuhara 2002). Ōtani reports that, after 3.11, “many families now live separately, whereas before the disaster they lived in three- or even four-generation households”, the reason being that “the young and middle-aged might have moved to the city in the search of jobs and cash income”, while “older people might have been left alone in their original houses, or in evacuation centers” (2014, 130-131). In my fieldtrip to a *kasetsujūtaku* in Rikuzentakata in May 2016, I talked with an old woman, aged between 70 and 80, at the community assembly. She told me that her grandson lives in Hokkaidō and they meet only once or twice a year, and it has become less often than when her grandson was younger. She remains silent on her own children.

If the children choose to live with their aged parents, the price can be very high, especially when the parents live in disaster-hit areas. Mugikura et al. mention a daughter who lives with her widowed father. In order to take care of her father, the daughter remains unmarried and unemployed. Apart from earning a bit in the stock market, which is very unreliable, this small household depends largely on the father’s pension. Nor will the daughter receive pension when she grows old. The daughter said that she has “terminated her life / career (*jinsei wo owareseta*) too early in her 30s” (2016, 41). In another case, a 50-year-old couple lives with the parents of the husband in a *kasetsujūtaku*. They have been living there for 3.5 years, and are expected to stay for another 3-5 years in order to save enough money for the rehabilitation of their own house on the privately owned land (Mugikura et al. 2016, 42). This is so because the income of people who live in disaster-hit areas with their parents is very limited.

The second kind of challenge to the old ideal of family care is connected with the discrepancy of values between generations. The current aged group comprises a cohort that were “socialized early in life to expect an old-age in which a male child and that child’s spouse and children would co-reside, providing company and, if needed be, care as time went on” (Traphagan 2004b, 37-38). On the other hand, the young generation is much more familiar with values of the modern, individualized society. There are sometimes reactions against the rigid ideology of filial piety. Because “the piety discourse engenders a disempowerment of youth”, youth “problems” emerge as “forms of response to social disempowerment and as modes of passive resistance to a generational power hierarchy rooted in a world of social obligations”, such as “social withdrawal, school absenteeism, classroom anarchy, teen prostitution, and juvenile homicide” (Hashimoto 2004, 184). Palmore also mentions that these is “a theme of resentment and desire to abandon senile and incapacitated aged which can be found in many stories and a recent best-selling novel” (1975, 111). The issue of the Law for the Prevention of Elderly Abuse and Support for Caregivers in 2006 indicates that “cultural values such as filial piety and respect for elders are no sufficient safeguard against abuse of elderly people” (Coulmas 2007, 69). In the face of disasters, the relationship between generations is sometimes deteriorated, though compromises can also take place.

Given these situations, it is difficult to agree with Palmore’s claim in 1975 that “the Japanese tradition of filial responsibility and respect for the aged seems to be the main force maintaining integration of the aged in their families despite the counterforces of industrialization” (1975, 52-53). The economical outweighs the cultural in the long term.

The occurrence of the disaster radicalizes the conflicts between older people and their children, making it even harder to reconcile their respective needs. As a result, alternative modes of caregiving can be recognized in the post-disaster society. Some older people “are able to obtain support to stay longer in their own homes with

minimal or no family assistance because they have paid service providers to perform some caregiving tasks” (Long 2008, 209); others simply opted for “co-survivorship in a couple”, namely caregiving by a spouse (Kawano 2010, 38). It is not always easy for an old couple to live on their own. Mugikura et al. tell about an old couple whose children live in big cities. After 3.11, they were accommodated in a *kasetsujūtaku*, and the government is not sure whether if their previous land can be rehabilitated and so returned to them. Then have no money to rebuild their house, and although the husband is a master carpenter, he is already very old. The wife is worried that, if her husband dies, she can find no way to carry on her life (2016, 41). An old lady I knew refused volunteer caregivers because she “does not want to be a trouble to others”; she only agreed to subscribe to a newspaper, so that the postman would know it when she eventually passes away. Her neighbor, a man between 40 and 50 who also lives alone, would occasionally bring her some food or eat together with her.

It is proper to conclude here that, in contemporary Japan, care for the elderly from their families is not always more reliable than that from their neighborhood. On the other hand, people are likely to be encouraged to live with their parents in disaster-hit areas if the government issues them specific funds or carries out programs such as income-tax deduction for people who support their aged parents (Maeda 2000, 38).



## Chapter 5 The Personal Level

While the situation of older people is easier to track on the governmental, organizational or family level, it is difficult to evaluate their personal feelings, self-perceptions and emotions. Things at the personal level become manifest predominantly through overt self-expression. As the elderly usually has less opportunity to speak out in public, concerns on their feelings at the personal level are deficient, especially as compared to those on other levels such as sustenance or community building.

Moreover, there is a trend to focus on levels other than the personal when it comes to post-disaster rehabilitation. Expenditures, policies and organizations are comparatively more patent and more controllable. When the government, organizations or other family members interfere in older people's affairs and make judgments *for* them without taking their own opinion into serious consideration, the personal level of caring for the elderly after disaster is left untouched. When this becomes the routine, the personal level may even become forgotten and dissolved.

One of the major causes of the oblivion of the personal feelings of the elderly is ageism, an essentialist picture of the elderly as unable to make reasonable decisions *because of* their old age and its natural consequences. This image of old age is, however, a socially constructed one, and even the most certain piece of knowledge concerning old age is produced and propagated in order to facilitate the corresponding system of value and power within a specific social context.

Although ageism is often broadly defined as "any prejudice or discrimination against or in favor of an age group" (Palmore 1999, 4), this paper confines itself to negative ageism towards the elderly. It is indeed the type of ageism that is most commonly found and most severely practiced (Butler 1969, 3-4).

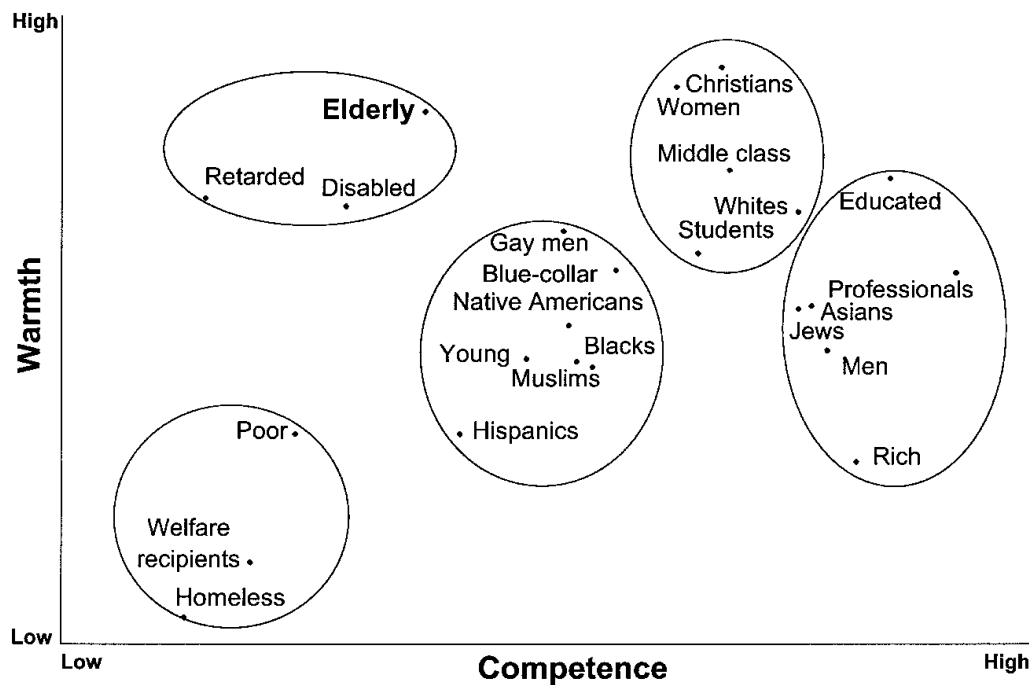
There are various manifestations of ageism. Below are some examples of negative ageism towards the elderly (Palmore 1999, 3-4):

- Older persons falter for a moment because they are unsure of themselves and are immediately charged with being “infirm.”
- Older persons are constantly “protected” and their thoughts interpreted. Older persons forget someone’s name and are charged with senility and patronized.
- Older persons are expected to “accept” the “facts of aging.”
- Older persons miss a word or fail to hear a sentence and they are charged with “getting old,” not with a hearing difficulty.
- Older persons are called “dirty” because they show sexual feeling or affection to one of either sex.
- Older persons are called “cranky” when they are expressing a legitimate distaste with life as so many young do.
- Older persons are charged with being “like a child” even after society has ensured that they are as dependent, helpless, and powerless as children.

In terms of the means of manifestation, Palmore distinguishes ageist stereotypes and discrimination. Stereotypes are “mistaken or exaggerated beliefs about a group” (1999, 19), whereas discrimination signifies “inappropriate [...] treatments of members of that age group (such as compulsory retirement)” (1999, 4). Roughly speaking, the former corresponds to perception and judgement, the latter to act and institution. A number of examples of ageist institution were already presented in previous chapters, such as the compulsory retirement system. Stereotypes are usually more personal, taken either by younger people or by older people themselves. Stereotypes of the elderly include illness, impotency, ugliness, mental decline, mental illness, uselessness, isolation, poverty and depression (Palmore 1999, 20-28).

Ageist institution and stereotypes are mutually constitutive. On the one hand, institutionalized practices strengthen and solidify the stereotypes that are presumed within them; on the other hand, stereotypes give rise to unequal rules and norms that usually appear to be “rational” because of people’s ignorance about the stereotypes they carry. A survey on stereotypes of different social groups reveals that older people

are perceived to be “incompetent and warm” (Fig. 12). This, in turn, results in the corresponding affection of pity (Cuddy and Fiske 2002, 9-10).



**Fig. 12** American social groups arrayed along perceived competence and perceived warmth and sorted by cluster analysis

However, the pity thus aroused can be problematic, especially when it affects institutional practices. In a post-disaster society, this is exemplified by the scarce attention to older people’s self-perception and self-expression despite the preponderant media coverage on their external situations. Among the reports and interviews concerning older people in disaster-hit areas, many were in fact presenting younger people speaking *on behalf of* the elderly. Even though some older people had the opportunity to speak, on the television for example, both they themselves and the interviewers were explicitly or implicitly aware of a certain framework of discourse, so that what eventually got uttered was still largely about visible and measurable facts instead of genuine and candid feelings. It seems that the whole society, including older people themselves, are collaborating to suppress or to forget the innermost

selves or individuality of the elderly – in a sense, there is hardly anything personal about them.

This leads to the second cause of the ignorance of the personal feelings of the elderly, namely the lack of the sense of the self in Japanese individuality. For sure, Japanese people seldom feel the lack of identity within their society; but the acquisition and preservation of such identities are not unconditional. If older people fail to meet these conditions, they may be socially “depersonalized”; even if they don’t, the constant attempt to meet the conditions would gradually dissolve their individual thoughts and needs into undifferentiated conformity.

Ruth Benedict is right when she proposes in her pioneering research that “the arc of life in Japan” (Fig. 13) is “a great shallow U-curve with maximum freedom and indulgence allowed to babies and to the old”; that “after the age of sixty men and women are almost as unhampered by shame as little children are” (1946, 254). However, “freedom and indulgence”, or being “unhampered”, does not necessarily mean status and dignity. If we take into consideration the fact that “Japanese normative values emphasize *social utility* as a foundation for generating a sense of self-worth and self-identity” (Traphagan 2000, 4, my emphasis), it becomes clear that freedom and indulgence might imply the opposite of esteem.

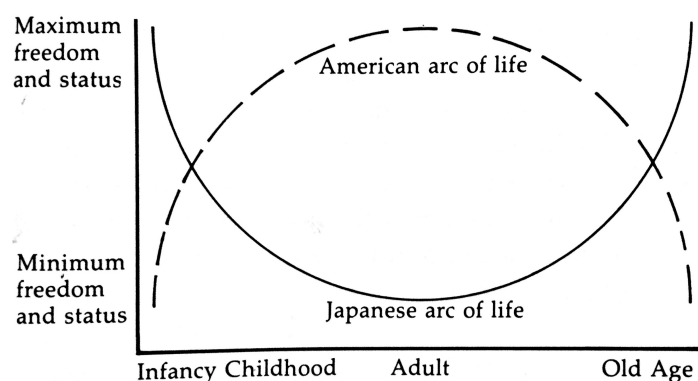


Fig. 13 Japanese and American Arc of Life (Palmore 1975, 109)

For example, in his research on the discourse of *boke*, a “culturally constituted

category of illness”, Traphagan shows that *boke* is “a moral concept”, which is “tied to an individual’s social responsibility to be an active, contributing member of society by taking care of one’s physical and mental health, to avoid situations that burden others, and to return the obligations one incurs through relationships of interdependence with others”. The *boke* condition corresponds to a person who fails to fulfill such responsibility, and is “a condition that is viewed as fundamentally antisocial in nature” (2000, 4). The tricky moment of the discourse is that “the *boke* condition is one in which a person has *allowed* himself or herself to drop out of the game” (2000, 182): the failure is culturally interpreted as *deliberate* self-abandonment. Correspondingly, the *boke* condition is associated with “a loss of self-identity and entrance into a form of life outside that of normative social tendencies”; it is “a social death from which one is released only in physical death” (2000, 184). In short, the grant of dignity to the elderly poses the premise that they are still functional to the society.

Other researches support this observation. Palmore mentions that respect for elders is “based on the elders’ fairness, wisdom and aid”. If they turn out to be “unjust, immoral, or unpleasant”, however, they are “no longer respected” (1975, 111). What gets respected, in the name of filial piety for example, is the social *role* of the elderly rather than the elderly themselves as individuals; individuals who do not qualify for the role are denied respect.

Traphagan studies the ritual actions carried out by the elderly in the rural area of *Tōhoku*, and find that they “play a central role [...] in maintaining, or caretaking, well-being”. The role of maintaining well-being for the whole family is the source of respectfulness of the elderly, and they tend to “reify” it by means of making it “not only the property, but the embodied possession, of themselves and the groups to which they belong” (2004b, 181). Old people purposefully make themselves “useful” to the family and to the society, so as not to fall out of respect. Otherwise they would probably be marginalized, as Jenike shows with the case of great-grandparents.

Because the great-grandparent “fills only a symbolic role”, “with no duties to perform within the household”, they are usually “left lonely and isolated even in the midst of a large, bustling extended family” (Jenike 2004, 218).

As older people tend to dissolve themselves into the roles that are assigned to them, and as such roles are mostly prescribed in an ageist manner, they sometimes get stuck in self-accusation. From the perspective of a highly functional society, they find themselves to be burdens and troubles (Long 2008, 209), especially during the hard time of evacuation and post-disaster rehabilitation. Consequently, the motivation to articulate their personal opinions and feelings is further suppressed.

The oblivion of the personal emotions and needs of the elderly results in various kinds of deficiency in post-disaster policy-making, projects of organizations, and familial decisions. Ōtani takes a close look at this aspect by emphasizing different senses of vulnerability. While some of the senses, such as the economic and the social, are more visible, there is still another implicit sense of vulnerability concerning the lived experience of the elderly. As Ōtani says (2014, 131):

After a disaster, survivors are especially vulnerable, and life at evacuation centres and temporary shelters following a disaster raises challenges for all the main aspects of human security: “freedom from fear”, “freedom from want”, as well as “freedom to live in dignity”. Life in evacuation centres may be temporary but such situations challenge the dignity of survivors. They often lack privacy. This may be more of a challenge for women. Losing their jobs also challenges the dignity of survivors. Immediately afterwards they are more concerned with surviving day to day, but over time they become more concerned with what they have lost because of the disaster. In this sense, both “fear”, and “want” are present but shift from the emergency period over the mid and longer term. Survivors soon fear for what will happen to them and how they will be able to make a living when they have lost everything.

While the public pays attention to governmental and communal levels as a direct response to the emergency, in the long run the personal level is at least equally

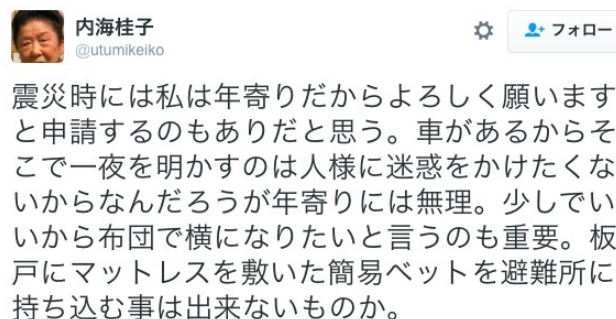
important. Although older people, like others, might care very little during the emergency period, various needs re-emerge as the panic is over. When these needs are not adequately addressed, it would be no less painful for them to survive. Moreover, the projects of rehabilitation are largely pragmatist, and thus often ignore older people's "strong emotional attachments to long cherished property and mementoes that have been lost", as well as their "lower adaptability than in their younger days" (Ōtani 2014, 134). The adaptability here is not only practical, but also psychological. It is difficult to address, within a socio-engineering framework, the inadequacy of uprooting people from their homes like transporting objects, or assuming that anyone is able to get adapted to a totally new environment in no time.

As the oblivion of the personal factors has negative effects on the situation of the elderly in a post-disaster society, it is helpful to confront the oblivion by means of counterbalancing its causes.

Ageism can be dissolved in similar ways as sexism and racism are. Like sexism and racism, ageism is wrong in that it confuses a natural category with a socio-cultural one. What exactly ageism confuses, however, is not easily clarified. Cohen (2000) makes a distinction between senility and dementia. While the clinical term dementia "presumes a focus on the pathology of the individual", and thus can be clearly defined in terms of natural science, senility signifies "a process rooted in the material changes of physiology and political economy and in a diverse set of social practices that determine how generational and other sorts of difference come to matter" (Cohen 2000, xv). Now it is obvious that, when people talk about old age, they actually refer to senility, while they talk *as if* the elderly all fall within the category of dementia. Ageism can be viewed as a combination of the absoluteness of dementia (which senility lacks) and the pervasiveness of senility (which dementia lacks). Scheper-Hughes and Lock (1987) approaches the same topic with their distinction between 1) "a phenomenally experienced *individual body-self*", 2) "a *social body*, a natural symbol for thinking about relationships among nature, society, and culture",

and 3) “a *body politic*, an artifact of social and political control”. While the social body, and especially the body politic, becomes old at a definite age, the individual body-self enjoys greater variety. Like Matsumoto says, “lumping together people who have varied health and living conditions in a single category of the ‘elderly’, and assuming that their lives and needs are similar because of their advanced age, is utterly meaningless” (2011, 7). As long as their variety gets revealed, comprehended and disseminated, people will less frequently perceive older people as homogeneous, and consequently, the public will allow more openness to and patience for different people’s different ideas. This is also the way to confront conformism in Japan.

This is a project that takes years or even generations to fulfill. For now, more modes of expression and communication should be applied so as to enable older people to voice their specific needs and concerns. For example, Keiko Utsumi, a 94-year-old female stand-up master comedian (*manzaishi*), posted a twitter to address older people’s mood when they hear others talk about sleeping in a car as a shelter to avoid injury in aftershocks. “I want to address anyway”, says she, “that one wants to lie down with a futon – is it impossible to bring a simple bed with a mattress on a plate door to the shelter?” (Fig. 14) Perhaps she is just articulating what most of older people want to say; but with new media her voice is heard by more people without being edited, abridged or censored.



**Fig. 14** Keiko Utsumi’s Twitter



## Chapter 6 Conclusion

This paper presents an examination on the specificity of older people's situation in post 3.11 Japan. It is carried out at the governmental, the organizational, the family, and the personal level.

Although government policies and practices play a large part in evacuation and post-disaster rehabilitation, they have drawbacks such as generality, manipulation and implicit discrimination. These lead to certain kinds of vulnerability of the elderly. Some policies with good intention, including the three-step accommodation system and the provision of condolence money, fail to meet their goals because of ignorance of older people's specific needs such as privacy, communal bonds and aid to overcome procedural obstacles.

Organizations play an intermediary role between the government and individuals. They bring about both bridging and bonding types of social capital to the elderly. NPOs answer needs that are not fulfilled by the government, but also suffer from blind enthusiasm and lack of professional skills. Neighborhood associations enhance participation in face-to-face activities, and helps older people reconstruct their identities after the shock. But the bonds they create are usually very weak due to the instability of the community.

Although families are expected to help older people through the disaster by catering to their specific needs, they often fail to do so, because the stem-family system, the basis of the traditional practice of filial piety, is undergoing disintegration. Changes in rules of inheritance, as well as in young people's lifestyle, give rise to this disintegration; and it gets worse after the disaster due to decrease of source of income. As a result, the provision of family care from children is getting less reliable, and is giving way to alternative modes such as paid caregiver, co-survivorship in a couple, or mutual care within neighborhood.

Compared to other levels, the personal level, concerning older people's feelings,

self-perceptions and emotions, is more invisible and underrepresented. It is forgotten when others routinely make decisions for the elderly. The sources of this oblivion are negative ageism towards the elderly and the absence of the self in Japanese identity. Older people are conceived as deserving pity, and their dignity is threatened by the suppression and self-suppression within a highly functional society. This, in turn, leads to the situation that their innermost feelings are scarcely articulated and thus barely cared about.

It is clear from the discussion in previous chapters that the problem of the elderly in post-3.11 Japan is not solvable at any single level. One cannot reduce all phenomena to results of a single factor, be it governmental practice, change in social capital, or arbitrary wills of a group of people. After all, the levels that are investigated in this paper only represent some perspectives of inquiry. It is the variety and specificity of older people's situations that a proper research on them has to respect. Correspondingly, the foremost implication of this research is the importance of being patient to, and leaving space for, the multiplicity of the voices of the elderly.

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