Aging and Subjectivity: Ethnography, Experience and Cultural Context

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Abstract:

Anthropologists use the concept of subjectivity to describe the interplay between feeling, experience and social context. How can ethnography help researchers link theories of subjectivity to practices of working with older adults? This paper brings together critical gerontology of global aging, narrative gerontology, and anthropological theories of subjectivity to examine the experience of aging in contemporary Japan. In 2015, over one in four Japanese people were over the age of 65, and as pensioners enrolled in the national mandatory long-term care insurance program, older Japanese adults, like those elsewhere in the world, feel pushed and pulled by a variety of interests as they attempt to manage interpersonal relationships, health and hopes. One narrative that has emerged from this context of longevity and care was a narrative of old age as being "burdensome." Using examples of this narrative from fieldwork with older adults between 2005 and 2014, I argue that these concerns reveal tensions between competing subjectivities. While many older people still aspire to maintain selves embedded in interdependent and reciprocal relationships, care services address them as if they were autonomous individuals. This chapter describes the frustration this brings for thinking about future possible selves in old age, and considers alternative cultural models of subjectivity.

Keywords: subjectivity, Japan, care, burden, ethnography

3.1 Anthropology, Aging and Subjectivity

Since the late twentieth century, anthropologists influenced by critical cultural theories developed mainly by post-colonial, feminist, and queer studies movements have shifted their focus

from descriptions of mainstream social structures to more socially and politically marginalized voices, including those of children, disabled persons, the ill, and the old. While this shift has led to important contributions to our understanding of these previously under-recognized groups, and addressed ethically problematic omissions in the field, it has also become the subject of recent critiques for reinscribing the subject of anthropology as what Joel Robbins has referred to as the "suffering slot" (Robbins 2013). That is, marginal voices have been characterized as suffering subjects of dominant culture, at once part of the larger human experience of political subjection but also made into a subject for anthropology. Alternately, anthropology would do well, Robbins suggests, to also study "the good," hopeful, and well-being that can be found throughout the world (e.g. Corsin-Jimenez 2008; Suzuki 2013).

Not surprisingly, anthropological work on aging is following a similar trend, from a recognition of the once excluded voices and suffering of older people to a focus on care, empathy, hope, and creative aging around the world (cf. Danely 2015; Graham and Stephenson 2010; Lynch and Danely 2013).This work asserts the need to challenge both the popular alarmist discourses on the economic and political consequences of global aging as well as universalist framing assumptions such as "successful aging" (Cosco et al. 2014; Gullette 2004; Lamb 2014; Martin et al. 2014; Rubinstein and Medeiros 2014) that dominate the gerontological literature in health and social sciences. Anthropology aims to not only offer points for critical reflection, but also to establish a space for examining individual and cultural diversity in aging as a basis for a more inclusive, holistic perspective of everyday lived experience. This chapter argues the concept of *subjectivity* brings these aims together by locating aging in processes of self-formation in response to cultural and political contexts. Increased longevity and rapid, dramatic social change in many parts of the world now challenges local traditional understandings of age-based life course trajectories (Meiu 2014), while technologies, globalization, and neoliberalism have given rise to new relationships of power between and within generations (Baars et al. 2006; Cole and Durham 2007; Otto 2013; Pols 2012; Vincent, Phillipson and Downs 2006). These

changes are not only external to and acting upon older persons, but become integrated into personal narratives and emotionally charged subjectivities. Jessica Robbins (2013a, 2013b), for example, shows how 'Third Age' groups in Poland link moral ideals of self-knowledge and self-responsibility over aging in ways that articulate with older person's values and memories of collective and political identity while at the same time realigning those ideals towards new hopes for the future based on a more global, neoliberal vision. In a very different setting, Annette Leibing (2014) shows how narratives of place and illness become intertwined with aging subjectivities and experiences of bodily suffering in a Brazilian favela. Studies like these illustrate the strength of ethnographic approaches for linking local, personal narratives to global developments in areas like health policy, medical research, and citizenship.

These anthropological studies of aging share a common concern with subjectivity: dynamic inner processes that make up our selves (emotions, thoughts, embodied senses, e.g.) as they are shaped and constrained by cultural norms and power relations (Good, Beihl, and Kleinman 2007; Lurhmann 2006, Ortner 2005; Parish 2008). Subjectivity has been described as "the emotional world of the political subject" (Luhrmann 2006, 358), and a perspective that requires putting the "political at the heart of the psychological and the psychological at the heart of the political" (Good 2010). In this way, subjectivity differs from theories of the self as conceived purely as the internal and invisible 'seat of the soul,' and theories of the subject that hinge on the fundamental social determination of subjects (Lester 2005, 37-47). It differs as well from accounts of 'identity' which assume a stable, coherent and self-aware individual. Subjectivity implies a process that is perpetually unfinished, inherently relational, and forms our way of responding world.

Gerontologists and geriatric psychologists have written hundreds, if not thousands of research articles on associations between feelings of "subjective stress" and "subjective well-being" (which includes elements of both social and emotional well-being) and the physical, institutional, and everyday life-styles of older adults. However, the results that emerge look more like Bruno Latour's (1997)

dissected whale—something massive and mysterious to be cut up and measured scientifically --rather than a picture of culturally embedded, thinking, feeling, relational subjects. While feelings of subjective well-being or unease are important from both a clinical and humanistic standpoint, they do not in themselves reveal the ways cultural constraints (sanctions, values, stigma, e.g.) transform initial appraisals and self-reflective judgments that make up subjectivity. Critical and cultural gerontologists (particularly from the humanities) have started to bridge the divide between the psychological and the cultural processes affecting aging subjectivity (Twigg and Martin 2014). This work argues that investigating embodiment, narrative, agency, and identity helps shed light on ethical and political puzzles of experience (Neilson 2012), gender and sexuality (Twigg 2013) and the ethics of care (Nortvet 2003), and provide very promising opportunities for interdisciplinary cross-fertilization between the work of anthropologists and more mainstream gerontology.

In this chapter, I will illustrate how thinking about subjectivity can help us understand the experience of older adults in contemporary urban Japan, where I conduct fieldwork. Japanese adults, like those in many other places in the world, are living longer, healthier lives than at any time in history, and yet longevity has brought along new challenges as they find themselves pushed and pulled by a variety of interests (family, community, social welfare agencies, insurance groups, e.g.) while striving to manage interpersonal relationships, day-to-day stresses, and maintaining meaning, hope, and well-being (Danely 2016; Long 2012; Matsumoto 2011; Traphagan 2000). In my research, I was interested in how this new politics of old age in Japan affected not only the social and institutional frameworks, but also how it affected older adults' feelings about loss, dependence, self-worth, and meaning in life. I was also interested in whether we could place these feelings in a broader context of Japanese values, aesthetics, and concepts of mind/ body interconnectedness (cf. Lock 1993; Shattschneider 2004). Exploring subjectivities of older adults in this way, I contend, could help us understand what kinds of lives these older Japanese adults felt possible for themselves, and what kinds of futures become disrupted, blocked, or foreclosed due to cultural and political circumstances.

3.2 Cultural Models of Aging and the Self in Japan

The nature of the Japanese self remains a matter of considerable discussion and debate (Rosenberger 1994). While acknowledging that any singular definition of the Japanese self will be both insufficient and unable to account for historical and cultural change, there is wide agreement that not only is the *cultural model* (D'Andrade 1995) of the self in Japan more interdependent and relationally construed (Doi 1985; Kitayama and Markus 1991; Shimizu 2001) but also that it has sharper divisions between sometimes dramatically contrastive public and private selves when compared to western cultural models of the whole, coherent, individual actor (Bachnik and Quinn 1994; Hendry 1993; Kondo 1990; Levy 1999). Children and adults are socialized to accept and act in a manner that locates the sense of self within a larger relational world that requires empathic awareness and emotional selectivity depending on the social context (Grossman, Huynh and Ellsworth 2015). This cultural model is reproduced and habitually reinscribed with each generation, embedded in language, habits, and popular cultural activities. The nationally holiday 'Sports Day' (*taiiku no hi*), for example, is observed by both children and older people, centering around community gatherings where participants compete in relay-races and other cooperative (rather than team or individual) sports events. To the extent that individual winners are recognized at community Sports Day events, they are always recognized first as a representative of their local block association, and not merely as a talented individual. These kinds of events emphasize an ethos of solidarity, discipline and egalitarianism that cuts across socioeconomic and generational divisions, organizing feelings and sensations of participating and incorporating them into subjectivity.

What might an event like Sports Day tell us about aging subjectivity? The last time I participated in one of these Sports Day events, in October of 2013, I noticed an event that I had not seen before, called "Guardian Corps" (*mimamoritai*). The game consisted of six children (three on each side of the elliptical track) running a short distance to pick up a number card laid on the track, then

matching their number to those on signs held by older men and women standing further down the track. The children (two for each adult) held hands with the older man or woman between them and "ran" together to the finish line. Guardian Corps was at once a performance of positively valued, extra-familial, community-based intergenerational care, and a thinly masked suggestion of elder dependence (everything depended on the actions of the young "guardians"). Those watching the event cheered the children as they escorted their partners across the finish line, even though most of them abruptly dropped the hand of the older person as soon as they crossed the finish line so that they could collect their prize of candy and return to their parents.

The kind of passive, dependent subjectivity performed by older adults in this event at first resembles what anthropologist Ruth Benedict (1974 [1946]) described as a culturally accepted role for older Japanese adults. Such descriptions, perhaps appropriate a century ago, have contributed to a common assumption that Confucian values of filial piety, strong interdependence within the family (indicated by high rates of coresidence and care), and cultural traditions such as the veneration of the ancestors, have made older Japanese adults impervious to the kinds of emotional insecurity faced elsewhere in the world. Even in the early 1990's, Akiko Hashimoto (1996) characterized older Japanese adults as assuming a greater degree of dependence and decline in old age as well as a greater assumption that care is best provided through one's family relationships (1996, 75-76). Though moving beyond ideologies of the family and focusing on close analysis of individual narratives, Hashimoto nonetheless argues that norms of reciprocity within the Japanese family (and the shame of abandoning an older parent in need) supported a culturally shared pattern of "deservedness" that appeared much less pronounced in her self-reliant American sample (Hashimoto 1996, 83).

I would argue, however, that over the last generation, the narrative of old age and the subjectivity it composes have created greater opportunity to resist and narrative of decline and dependence. Several informants, for example, told me that while older family members used to deserve care and indulgence, changes in the family and in the implications of longevity mean greater concern

about "becoming a burden" (*hito no sewa ni naru*) on others. This complaint was often used to explain the rejection of care or coresidence with adult children in old age. Such complaints could be interpreted as masked solicitations of care (*amae*) (Tomita 1994); polite fictions covering real desires with humble self-depreciation; expressions of pride and a desire for independence; or a means of enforcing and regulating reciprocity (cf. Rosenberger 2009). These explanations follow a functionalist logic-- the complaint allows older people to signal an awareness of anticipated dependence on others while retaining a sense of agency and dignity for the moment—but in what way might we say this strategy indicates older adults' subjectivity?

In order to answer this question, it is important to examine the emotional states associated with feelings of being a burden (not only shame and guilt, but also in some cases acceptance and relief), as well as the political context and broader discourses of the national burden of Japan's aging population. Older Japanese men and women were very aware that unlike their parents' generation, their cohort was likely to face a more prolonged period of dependence and old age, dying not of a single sudden incident, but multiple slowly progressing chronic causes. In this context, complaints of being burdensome express an effort to navigate and make moral sense of two contradictory self-orientations: one that values reciprocal interdependence and another that privileges individual self-reliance, and social separation.

In the next sections I will provide a brief description of the study methods followed by illustrations from ethnographic fieldwork on aging and grief in Kyoto, Japan. Finally, I will reflect on possible implications of this study and others like it for expanding our understanding of aging and well-being.

3.3 Ethnography, Narrative and Experience

Anthropologists examine subjectivity by immersing themselves in the worlds of their subjects, not only shadowing, but also participating alongside them in daily activities of the communities they

are part of. This allows the researcher to gain a sense of how people go about their everyday lives as they narrate their experiences, motivations, aspirations, struggles, and successes. Narratives have been recognized within anthropology as keys to understanding the ways people articulate experiences into forms that can be considered culturally meaningful (Bruner 1991; Jackson 2002).The capacity to form and reform these narratives across transitions in the life course contributes to well-being in old age (Baars 2012; McAdams 2005). Wilińska and Anbäcken (2014) note the urgent need for this kind of qualitative analysis in Japan, especially when it comes to understanding well-being and emotion. For the ethnographer, these narratives are more than idiosyncratic expressions of bounded selves, but should be examined within their cultural, historical, and discursive contexts to derive broader inductive arguments about the influence of material and social conditions that make certain narratives possible while foreclosing on others. By concentrating on subjectivity, we might see how experiences such as aging and care, while universal, are also socially constrained by the particular meanings and values learned over a person's life course, generating the conditions in which individuals compose their own stories (Kenyon and Clark 2001; Phoenix, et al. 2010).

This research employed a descriptive, qualitative approach. It is based on ethnographic participant observation and open-ended interviews conducted with older adults in Kyoto, Japan, an urban setting where over one-fourth of the population is over the age of sixty-five (25.9%). I followed several key informants as they went about everyday activities in public social settings such as community centers, peer-group clubs, shopping trips, volunteer work, and attending religious services. I also spent time in older people's homes, observing interactions with other family members, eating, doing housework, and observing ceremonies for the household ancestors. This was essential for understanding the ways old age is embodied in practices in different environments.

I also conducted over one hundred hours of interviews with older adults over the course of two years, focusing on twelve key individuals from diverse backgrounds (Danely 2014, 15-18), Interviews included individual life histories as well as personal views on aging, family, and bereavement.

Observational and interview data from these twelve key informants were analyzed for emergent themes, including culturally specific keywords and generational cohort experiences. Narrative coherence and structures were compared between informants of different backgrounds in order to explore the connection between subjectivity, agency, and well-being in later life. Initial interviews were conducted between 2005-2006 with follow-up interviews conducted with seven of the original ten informants in 2007, 2013, and 2014.

Although some older Japanese people can be quite gregarious, especially with friends and peers, most adhere to social norms of modesty and restraint when it comes to speaking with outsiders. Kyotoites are known to be particularly reticent. One colleague with years of experience across Japan had to give up on Kyoto after three months of attempts to find older people who would speak with her. Long-term engagement was therefore critical for contacting individuals and verifying the content of their narratives over time.

Noticing my frustration early in the fieldwork, one of my closest informants told me, "You have to tell [interviewees] that you are there to learn from them. "If you say you are doing some kind of "research," they will think you are like those people at the hospital or a civil servant from the ward office and you won't get anywhere!" As this woman indicates, older people in Japan are quite accustomed to playing the role of a research subject for various institutions. I realized this later when, after I offered a small gift card to one of my interviewees, she surprised me by adding it to a large envelope she kept full of identical cards received from filling out various hospital surveys. Others I spoke with told me that I couldn't expect anyone to speak to me unless I "*najimu,*" a word that literally means becoming "soaked through" like a piece of dyed cloth or dissolved into one substance, like spices in a soup.

If participant observation was the soup, peppered with occasional improvisations and adjusted through constant tastings, then ethnography was the recipe. It was a place where I would write about the way things came together, a collaborative narrative that I would continually refine until I was

satisfied that my Japanese readers could sense the familiar feelings and situations.

Gradually, I learned how to *najimu*, spending more time listening, following each individual's concerns as they were willing to share with me. I was lucky enough to meet some key individuals who then provided the first wave of introductions. From there, my network expanded across different areas of the city. When I found it becoming difficult to spend at least one day each month with each informant, I stopped expanding out and concentrated on in-depth narrative work with a cross-section of the overall group. The stories I gathered in turn provided key insights to conflicts, contradictions, or confusions that sometimes puzzle large scale questionnaire-based researchers. It also provided case studies that forced me to rethink my assumptions about not only the interaction between nature and culture, or agency and hegemony, but also representation, mediation, practice, embodiment, and memory.

3.4 Social and Institutional Context

In 2014, the ratio of the Japanese population over the age of 65 surpassed one in four, or 35 million people, each of whom were eligible to receive benefits under the national Long-Term Care Insurance system (LTCI) and access healthcare under the national health insurance program. The Japanese health care insurance system is separate from LTCI financially and administratively, although both are important components supporting health and well-being, and persons employed in one sector often move to the other and retain important professional relationships as well as personal friendships with those in both systems. In addition, municipalities, wards (an administrative regional sub-section of a municipality), and local neighborhood groups often held lectures, workshops, volunteer activities, and social events that brought together doctors, nurses, care managers, residential care assistants, and the whole spectrum of others involved in care work.

LTCI is paid for through a combination of taxes and insurance payments, which are mandatory for everyone over the age of forty and adjusted regularly (Campbell 2010; Tamiya, et al. 2011). In

2014, the average rate had, for the first time, exceeded 5000yen per insured person per month. The

LTCI plan also introduced a graded system of care needs assessed using a checklist based on activities

of daily living (ADL). Depending on how one scored, the insurance program covered 80-90 percent of

eligible costs for services such as in-home helpers, day-service respite, or residential care. If the insured

feels like they require more services either because of a change in condition or a perceived need, they

would discuss this with a member of the community social welfare association, an assigned care

manager, or staff at a regional comprehensive center (*chiiki hōkatsu sentā*) for older adults who could

either refer private services or aid in requesting changes from the ward office overseeing LTCI.

Older adults are not only increasing in number, but they are also living longer, meaning an

unprecedented number of people in Japan are over 85 and will likely have 6-9 years of dependence

ahead of them. Only 12 percent of those needing care (according to the LTCI checklist) list formal

services as their main care provider. Over 75 percent receive care from family, with 80 percent of those

coresiding with the family member who is offering care. 41 percent of older adults coreside with an

adult child (compared with about 15 percent in the US, Tamiya et al. 2011, 71). These numbers may

indicate instrumental variables at work, rather than the older person's stated preference (Takagi and

Silverman 2006), since overall survey results show a strong preference among older adults to live

independently. Neither are older people averse to residential care institutions. LTCI eligible non-profit

residential care institutions (nursing homes) have shown improvements in quality to adhere to

insurance guidelines, and the general image is much less dreary than it was in the past. As of 2014, over

520,000 people were registered on waiting lists for special nursing care homes (*tokuyō rōjin hōmu*).

Despite Japan's comparatively accessible and affordable long-term care system, there are

indications that it will not be able to maintain the current benefits and cost structure as Japanese

citizens continue to age. In April of 2014, for example, the latest major revision raised the co-pay on

care benefits from ten to twenty percent for those meeting a certain income threshold (one that most

living in the city found far too low). At the same time, eligibility requirements for receiving many

benefits were changed, especially for those with relatively low need. The consequence for many families is that care responsibilities have become difficult to avoid. For older adults, the feeling of being burdensome is a response to a situation where they are faced with a long life, insecure care, and possible friction in the family. They are even seen as a burden on the national economy; the generation who worked hard for some of Japan's most economically prosperous years are now the generation responsible for the economic drag of social care costs.

3.5 Burden complaints and emotion

Mr. Hasegawa and his wife live alone in a narrow two-story home in central Kyoto. I had known the Hasegawas for almost ten years, having first met them at a Senior Community Center, where Mr. Hasegawa was a well-liked member of a few clubs, but rarely joined his wife, who was fonder of social dance. Now in their mid-eighties, the Hasegawas have stopped attending the center, citing various physical limitations. As she slowly peeled a persimmon Mrs. Hasegawa sighed, "When you get over 80," "every year feels like you've aged five!"

A heavy smoker whose demeanor was generally anxious and jittery, Mr. Hasegawa slumped back in his chair beside her. He had recently been in the hospital for a serious case of herpes which he had let go for several weeks before his wife finally convinced him to go. He frowned and held his gaze downward as she told the story, gently chiding him as if he were a small child. "He was just impossible when we did end up going," she continued, "He didn't want to stay there and insisted I take him home. Just so impossible!"

After a moment, Mr. Hasegawa, whose speech had become garbled over the years from various gum and tooth problems, managed to grumble out "I don't like hospitals. They just want to take your money and don't let you do anything." His temper was flaring up and his speech became even faster and more difficult to understand. When I asked him what level of LTCI care need (*yōkaigodo*) he qualified for, trying to understand if he was perhaps not taking advantage of some of the resources

available, he replied "I've never taken that test!" spitting out the words like rotten fruit. "It's all politicians who say they are taking care of people, but they're just taking your money!"

Mr. Hasegawa was not the only one who felt this way about being cared for, but he was much less reserved about his anger. For others, rejecting care is a quieter matter of social withdrawal. One community leader I spoke with talked about how he has had trouble getting members of his neighborhood to comply with the long-term care insurance guidelines to assess care eligibility because so many felt that they didn't want to be a burden:

> You know, Japanese people, it is one of our kind of defects but we don't like to have other people take care of us, you know? They just think I don't want to be a burden. I think you should say the truth, that you can't go to the bathroom by yourself or something like that, but then people just say 'I don't want to have others taking care of me.' They used to have the community leaders report who was in need of care and everything, but now it is up to the individual themselves to report… Japanese people don't like to 'let other people in'. That's the difference between Japanese people and foreigners.

Mr. Hasegawa not only rejected the health insurance system, but also care from his sons, both of whom were married and lived elsewhere in Japan. Unlike the government and health system, which he felt was predating on vulnerable older individuals, Mr. and Mrs. Hasegawa often spoke glowingly of their children, who come to visit every month. They were happy and proud to have had successful children with families of their own, but burdening them with care would threaten to disrupt their children's lives and make them feel even more shame. When they spoke about this, Mrs. Hasegawa gave another resigned sigh. Mr. Hasegawa brushed the question aside, dismissing the possibility. It was hardly a decision that made them happy, but one, at least, that made them feel supportive of their children, even at the potential cost of their own health.

While the Hasegawas still had each other (they referred to themselves as "*rōrōkaigo*," or the old caring for the old), feelings of being a burden came up among older people living alone as well. Mrs. Tanaka, for example, had been living alone since her husband died less than one year earlier. While she

was still able to do most things herself, she also had emergency information written down and taped to her refrigerator and an emergency button pendant she would wear in case she had an accident and needed assistance. I asked if she was interested in moving, now that she lived alone. To my surprise, she told me,

> My daughter has been asking me to live with her since one of her sons has moved out and she has a little extra space. I think she is worried about me. But I don't want to burden her. I know it is just so Japanese [to say that]. Besides, I don't think our tastes really match. It wouldn't be very comfortable.

After a few moments, however, she looked back down to her lap, where her hands were nervously picking at the ends of her sweater sleeves. "Really, what should I do? I think [my daughter] is busy enough as it is. I don't think I am ready."

Placing the decision to seek care in abeyance was a popular strategy for many, and yet when I followed up with individuals to see if they had taken any concrete steps to organize or arrange a care plan, most had not. Even making a plan, it seemed, was too uncomfortable to begin.

For some, and especially for men, the solution to avoiding becoming a burden lay in forging a life of independence. A seventy year old widower, Mr. Sato invited me to his flat on the second floor of his son's family's house to see how well this can be done. "I have my own door, even my own key, so I don't have to see my daughter-in-law! Sometimes no one even knows that I am here," he told me proudly, easing himself onto a couch in front of a coffee table covered with various educational magazines. Mr. Sato did not appear worried about being a burden, nor did he expect to live his last years in long term care. In his words, he wanted to "die alone," without a funeral, since that would be a costly and unnecessary burden. In his mind, living alone was best because he "could die in here and no one would know!"

> When I asked Mr. Sato if he was lonely, he quickly and flatly rejected the idea at first, saying
>
> You probably wouldn't understand this sort of thing, but I have been living on my own for a while since my wife died, so I am just used to it. The important thing is not being a burden on other people.

Nowadays things like 'eldest son' [taking care of you] don't matter [J: don't matter?] Not at all. I mean, for some people it does matter, if you need a successor, but what do I have? I don't have any business or anything, nothing at all to pass on!

When I interviewed him later, little appeared to have changed in his life. He still lived in the same flat, and still attended clubs and activities so he would not grow frail or senile and have to rely on "strangers" for his care. Yet when I asked him about close relationships with friends and family, he replied "My wife is gone, my wife's mother [who lived with us] is gone. I am lonely."

While some like Mr. Sato, saw little point in continuing affective bonds or links of interdependence, others who felt that they couldn't rely on family, turned to organizations in the community. Rather than feeling a burden, participation in these groups offers an opportunity to practice interdependence. Mr. Nakamura, who still ran a small business in his early 70s, participated in the local community organizations, but was concerned about lack of participation of younger families who he felt had less appreciation for community ties:

We have a community organization to take care of other older people, but when I ask someone who is in their 30's if they want to join, they say, 'what's so interesting about that?'! It isn't about being interesting! It's about doing something for other people. After all, someday you might need some help from other people, right? Young people think about themselves, their own family above everything else. They say they have to take care of their kids or their wife or something so they can't go do community things. That's how young people are. I'm not judging and saying that's wrong or anything…

Mr. Nakamura shrugged his shoulders as he said this, then rubbed his forehead and smoothed back a few wisps of long white hair across his head. He always stopped short of saying the attitudes of younger people were wrong, preferring to adopt an attitude of resignation. This was the case as well when he spoke of the inability to convince his son to move back to the old family home.

Feelings of being a burden are expressed sometimes with sad sighs, sometimes with anger, sometimes with humor. One woman I met went so far as to consult with a diviner in order to find out

what to do about her care, telling me "I don't want to live very long and be a burden on everyone. 86 is just fine by me." Last time I saw here in 2014, she had turned 88 and appeared to be living happily with her two daughters.

In any of these cases, it is not difficult to see how reluctance to seek or accept help, and to feel one's own life to be burdensome can be potentially disruptive to formal and informal care providers. In extreme cases, staunch refusals of care may lead to suicide (Popp and Wilhelm 2010; Traphagan 2006). More commonly, refusing care to avoid becoming a burden on others isolates the older person in what has become a widespread phenomenon of precarious solitude, no longer limited to those without children or resources. Many other older people become cognitively impaired in the course of delaying their care plans, a situation that can make arranging formal care, end of life decisions, and intergenerational transfers difficult, costly, and contentious.

3.6 Narratives of possible future selves

One way to understand these narratives and the subjectivity they represent is to think of them as efforts to manage future possible selves (Markus and Herzog 1991; Parish 2008). That is, when older adults say that they do not want to be cared for, they are imagining the emotional consequences to their future self of disrupting the lives of those around them, of the delicately balanced bonds of interdependence.

If one cannot rely on interdependence in the household, there are typically few other options than to depend on state-provisioned long-term care. This offers another kind of shame—the shame of being abandoned. Long-term care insurance and geriatric care logics operate in an individuating narrative form, beginning, perhaps with the care certification form (the voluntary checklist to assess care need, often manipulated to receive more or less care services), and culminating in many cases with a long-term hospitalization. Entering the domain of long-term care, and especially medical care, were considered "outside of the community" rather than an extension of some shared sphere of the 'public.'

In both cases, however, the consequences of an extended period of old age left one being a dependent, either on one's family or on the social support system, and the most one could then do in this situation would be to try and uphold a moral future self. One could imagine a future self who remains integrated within relationships of mutuality without the need to become the object of care (or abandonment). But maintaining this possible future self has psychological costs, as the emotional strain, worry, and anger of older adults like Mr. Hasegawa reveals. Managing the self in the face of uncertainty, change, and shifting social positions is an ongoing work that faces additional complications in old age.

Interestingly, many older adults in Japan found hope in an alternate narrative of the future self based in cultural beliefs and practices of caring for the spirits and ancestors (Danely 2014). As I have argued elsewhere, the spirits of the departed are experienced as ever-present, watchful, and protective presences that shared an intimate connection to the pains of loss as well as to a hopeful promise of transcendence and continuity beyond age (Danely 2014, 2016). In caring for the spirits through offerings and memorials, older adults could forge a narrative that was moral, vulnerable, and dependent. Indeed, older adults, irrespective of formal religious belief, told me that they viewed their life and choices to be largely credited to their ancestors, and so one is naturally dependent upon them, the same way a child is dependent on its parents.

By integrating culturally meaningful narratives such as ancestor memorial into one's own narrative, older adults produced a shift in subjectivity. Suffering and well-being were situated into a larger framework of the hitherto and heretofore, as the individual gives way to a greater sense of linked lives, present and invisible. One woman called this simply the 'blue sky,' which for her was at once peaceful, clear, and without fear for oneself. As one came to inhabit this subjectivity, each encounter and each loss felt meaningful in an intuitive way, and for those who had dreams or visions of parents, siblings, and spouses who had passed away, these encounters were usually profoundly comforting.

3.7 Conclusion: Subjectivity as a Bridge

Examining age and subjectivity requires that we take into account the ways older adults compose cultural narratives of well-being involving modes of moral experience. These enrich our understandings of the possibilities that might be cultivated, even in the midst of feelings of loss or abandonment. But spiritual subjectivity should not be removed from other cultural values or political relationships. What I have tried to show is that powerful narratives such as being a burden in old age are difficult to separate from sources of meaning and well-being. The strain of being a burden on one's family or the state finds a particular elaboration in the dependence on the spirits and ancestors. As life changes, emotions fluctuate, offering chances for reappraisals of subjectivity. Research into the ways this occurs in different settings among different groups is a good starting place for greater dialogue between gerontologists and anthropologists.

References

Baars, J. (2012). *Aging and the art of living*. Baltimore: Johns Hopkins University Press.

Baars, J., Dannefer, D., Phillipson, C., & Walker, A. (2006). *Aging, Globalization and inequality: The new critical gerontology*. Amityville, NY: Baywood Publishing Co., Inc.

Bachnik, J. M. & Quinn, C. J. (1994). *Situated meaning: Inside and outside in Japanese self, society, and language*. Princeton: Princeton University Press.

Biehl, J. G., Good, B., & Kleinman, A. (2007). *Subjectivity: ethnographic investigations*. Berkeley: University of California Press.

Benedict, R. (1946) 1974. *The chrysanthemum and the sword: Patterns of Japanese culture*. New York: New American Library.

Bruner, J. (1991). The narrative construction of reality. *Critical Inquiry*, 18(1), 1-21 (1991). doi: 10.1086/448619.

Calasanti, T. M., & Slevin, K. F. (2006). *Age matters: Realigning feminist thinking*. Washington DC: Taylor & Francis.

Campbell, J. C., Ikegami, N. & Gibson, M. J. (2010). Lessons from public long-term care insurance in Germany and Japan. *Health Affairs* 29 (1), 87–95 (2010). doi:10.1377/hlthaff.2009.0548.

Cole, J., & Durham, D. L. (2007). *Generations and globalization: youth, age, and family in the new world economy*. Bloomington: Indiana University Press.

Corsin-Jiménez, A. (Ed.). (2008). *Culture and well-being: anthropological approaches to freedom and political ethics*. Ann Arbor, MI: Pluto Press.

Cosco, T. D., Prina, A. M., Perales, J., Stephan, B., & Brayne, C. (2014). Whose 'successful ageing'?: Lay-and researcher-driven conceptualisations of ageing well." *The European Journal of Psychiatry* 28 (2), 124–30.

D'Andrade, R. G. (1994). *The development of cognitive anthropology*. New York: Cambridge University Press.

Danely, J. (2014). *Aging and loss: Mourning and maturity in contemporary Japan*. New Brunswick, NJ: Rutgers University Press.

Danely, Jason. (2016). Hope in an ageing Japan: Transience and transcendence. *Contemporary Japan* 28 (1), 13-31 (2016). doi:10.1515/cj-2016-0002.

Doi, T. (1985). *The anatomy of self: The individual versus society*. Tokyo: Kodansha USA.

Good, B. J. (2012). Theorizing the "subject" of medical and psychiatric anthropology. *Journal of the Royal Anthropological Institute*, *18*(3), 515–535.

Graham, J., & Stephenson, P. (2010). *Aging and Loss. ; Contesting the Dominant Paradigm.* University of Toronto Press.

Grossmann, I., Huynh, A. C. & Ellsworth, P. C. (2015). Emotional complexity: Clarifying definitions and cultural correlates. http://psycnet.apa.org/psycinfo/2015-57060-001/.

Gullette, M. M. (2004). *Aged by culture*. Chicago: University of Chicago Press.

Hashimoto, A. (1996). *The gift of generations: Japanese and American perspectives on aging and the social contract*. Cambridge: Cambridge University Press.

Hendry, J. (1993). Wrapping culture: Politeness, presentation, and power in Japan and other societies. Oxford: Clarendon Press.

Jackson, M. (2002). *The politics of storytelling: violence, transgression, and intersubjectivity*. Portland, OR: Museum Tusculanum Press.

Kenyon, G. M., Clark, P. G. (2001). *Narrative gerontology: Theory, research, and practice*. New York: Springer Publishing Company.

Kondo, D. K. (1990). *Crafting selves: power, gender, and discourses of identity in a Japanese workplace*. Chicago: University Of Chicago Press.

Lamb, S. (2014). Permanent personhood or meaningful decline? Toward a critical anthropology of

successful aging. *Journal of Aging Studies*, *29*, 41–52. doi:10.1016/j.jaging.2013.12.006

Latour, B. 1987. Science in action: How to follow scientists and engineers through society. Milton

Keynes, England: Open University Press.

Leibing, A. 2014. Heterotopia and illness: Older women and hypertension in a Brazilian favela.

Anthropology & Aging Quarterly 34(4), 225-237 (2014). doi:10.5195/aa.2014.2

Levy, B. R. (1999). The inner self of the Japanese elderly: a defense against negative stereotypes of

aging. *International Journal of Aging & Human Development*, *48*(2), 131–144.

Lock, M. M. (1993). *Encounters with aging mythologies of menopause in Japan and North America*.

Berkeley: University of California Press.

Long, S. O. (2012). Bodies, technologies, and aging in Japan: thinking about old people and their silver

products. *Journal of Cross-Cultural Gerontology*, *27*(2), 119–137.

Lynch, C., & Danely, J. (Eds.). (2013). *Transitions and transformations: Cultural perspectives on

aging and the life course*. Oxford: Berghahn Books.

Martin, P., Kelly, N., Kahana, B., Kahana, E., Willcox, B. J., Willcox, D. C., & Poon, L. W. (2015).

Defining successful aging: a tangible or elusive concept?" *The Gerontologist*, 55(1),14-25

(2015). doi: 10.1093/geront/gnu044.

Markus, H. R. & Herzog, A. R. (1991). The role of the self concept in aging. In *Annual review of

gerontology and geriatrics*, *Vol 11*,110-143.

Markus, H. R., & Kitayama, S. (2014). Culture and the Self: Implications for Cognition, Emotion, and

    Motivation. *Psychological Review*. 98(2), 224-253. doi:10.1037/0033-295X.98.2.224.

Matsumoto, Y. (2011). *Faces of aging: the lived experiences of the elderly in Japan*. Stanford, CA:

    Stanford University Press.

Mattingly, C. (2000). *Narrative and the cultural construction of illness and healing*. Berkeley:

    University of California Press.

McAdams, D. P. (2005). Studying lives in time: A narrative approach. In *Towards an interdisciplinary*

    perspective on the life course: Advances in life course research 10, 237-258.

Meiu, G. P. (2014). "Beach-boy elders" and "young big-men": Subverting the temporalities of ageing

    in Kenya's ethno-erotic economies. *Ethnos*, 1–25. doi:10.1080/00141844.2014.938674

Neilson, B. (2006). Anti-ageing cultures, biopolitics and globalisation. *Cultural Studies Review*, *12*(2),

    149–64.

Neilson, B. (2012). Ageing, experience, biopolitics: Life's unfolding. *Body & Society*, *18*(3-4), 44–71.

Nortvedt, P. (2003). Subjectivity and vulnerability: reflections on the foundation of ethical sensibility.

    Nursing Philosophy, *4*(3), 222–230. doi:10.1046/j.1466-769X.2003.00120.x

Ochs, E., & Capps, L. (2002). *Living narrative: creating lives in everyday storytelling*. Cambridge,

    MA: Harvard University Press.

Ortner, S. B. (2005). Subjectivity and cultural critique. *Anthropological Theory*, *5*(1), 31–52.

Otto, L. (2013). Negotiating a Healthy Body in Old Age: Preventative Home Visits and Biopolitics. *International Journal of Ageing and Later Life* (advance access) http://www.ep.liu.se/ej/ijal/2013/v8/i1/13-111/ijal13-111.pdf

Parish, S. M. (2008). *Subjectivity and suffering in American culture: possible selves*. New York: Palgrave Macmillan.

Phoenix, C., Smith, B., & Sparkes, A. C. (2010). Narrative analysis in aging studies: A typology for consideration. *Journal of Aging Studies*, *24*(1), 1–11.

Pols, J. (2012). *Care at a distance on the closeness of technology*. Amsterdam: Amsterdam University Press.

Randall, W. L., Kenyon, G. M. & De Vries, B. (2004). Time, story, and wisdom: emerging themes in narrative gerontology. *Canadian Journal on Aging*. 23(4), 333-346.

Robbins, J. (2013). Shifting moral ideals of aging in Poland: Suffering, self-actualization, and the nation. In *Transitions and transformations: Cultural perspectives on aging and the life course*. Lynch, C., & Danely, J. (Eds.). Oxford: Berghahn Books.

Robbins-Ruszkowski, J. C. (2013b). Challenging marginalization at the universities of the third age in Poland. *Anthropology & Aging Quarterly* 34(2), 157-169. doi: 10.5195/aa.2013.18.

Robbins, J. (2013). Beyond the suffering subject: toward an anthropology of the good. *Journal of the Royal Anthropological Institute*, *19*(3), 447–462. doi:10.1111/1467-9655.12044

Rosenberger, H. (2009). Complaint discourse, aging and caregiving among the Ju/'hoansi of Botswana. In Jay Sololovsky (Ed.) *The cultural context of aging: Worldwide perspectives*. Third Edition (pp.30-52). London: Bergin&Garvey.

Rosenberger, N. R. (1994). *Japanese sense of self*. Cambridge : Cambridge University Press.

Rubinstein, R. L. & de Medeiros, K. (2014). 'Successful aging,' gerontological theory and neoliberalism: A qualitative critique." *The Gerontologist*, August,. doi:10.1093/geront/gnu080.

Schattschneider, E. (2003). *Immortal wishes: Labor and transcendence on a Japanese sacred mountain*. Durham, N.C: Duke University Press Books.

Shimizu, H. (2001). Japanese adolescent boys' senses of empathy (omoiyari) and Carol Gilligan's perspectives on the morality of care: A phenomenological approach. Culture & Psychology 7 (4), 453–75. doi:10.1177/1354067X0174003.

Suzuki, N. (2013). Preface. In N. Suzuki, (Ed.), The anthropology of aging and well-being: Searching for the space and time to cultivate life together, *Senri Ethnological Studies 80*. (pp.i-ix). Osaka: National Museum of Ethnology.

Takagi, E., & Silverstein, M. (2006). Intergenerational coresidence of the Japanese elderly are cultural norms proactive or reactive? *Research on Aging*, *28*(4), 473–492.

Tamiya, N., Noguchi, H., Nishi, A., Reich, M. R., Ikegami, N., Hashimoto, H., & Campbell, J. C. (2011). Population ageing and wellbeing: lessons from Japan's long-term care insurance policy. *The Lancet*, *378*(9797), 1183–1192.

Tomita, S. K. (1994). The consideration of cultural factors in the research of elder mistreatment with an in-depth look at the Japanese. *Journal of Cross-Cultural Gerontology*, *9*(1), 39–52.

Traphagan, J. W. 2006. Intergenerational ambivalence and suicide in rural Japan. *Journal of Intergenerational Relationships* 8(1), 21-37.

------------. (2000). *Taming oblivion: Aging bodies and the fear of senility in Japan*. Albany: State University of New York Press.

Twigg, J. (2013). *Fashion and age: Dress, the body and later life*. London: A&C Black.

Twigg, J., & Martin, W. (2014). The Challenge of Cultural Gerontology. *The Gerontologist*,. doi:10.1093/geront/gnu061

Vincent, J. A., Phillipson, C., & Downs, M. (2006). *The futures of old age*. Thousand Oaks, Calif: SAGE Publications Ltd.

Popp, J., & Wilhelm, J. H. (2009). Altern und suizidalität im heutigen Japan. *Godzik (2009)*, 7_t3–93.

Wilińska, M., & Anbäcken, E.-M. (2013). In search of the everyday life of older people in Japan: Reflections based on scholarly literature. *Journal of Cross-Cultural Gerontology*, *28*(4), 435–451. doi:10.1007/s10823-013-9204-7