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 978-0-521-55520-3 - The Gift of Generations: Japanese and American Perspectives
 on Aging and the Social Contract
 Akiko Hashimoto
 Excerpt
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The Social Designation of Deserving Citizens

THE PRIVATE DISCOURSE: EXPECTATIONS OF VULNERABILITY

DOROTHY Turoski¹ is a 74-year-old woman who lives in a public housing complex for the elderly in the city of West Haven, Connecticut, 80 miles to the northeast of metropolitan New York. She packed chicken at the local poultry factory for 28 years before retiring from her job, and now lives in a subsidized one-room housing unit of this complex on a small Social Security income. Dorothy has some difficulty moving around because of arthritis, and she has lived here alone for 7 years.

I do nothing. There's nothing to do here. I haven't got none, no friends. There's plenty of days I don't see anybody. I don't know anybody here. I don't go to City Hall [senior center], I don't know anybody here. . . .

My husband died. My two daughters died. My son had a stroke. He is paralyzed. He's in a wheelchair. For three and a half years, I was away taking care of my daughter. I used to go at eight o'clock till four when the kids came home from school. When she died, it seemed that everything in me died. Because I didn't care anymore. She suffered so much. . . . I got all her children, but they're not very nice. They don't come to see me or anything.

On a Sunday, the parking lot is full when they come to see their grandmother or their mother, but there's nobody there for me. . . .

¹ Names, occupations, and other details identifying interviewees quoted here and in subsequent chapters have been altered to protect their anonymity.

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The Gift of Generations

Lots of times I wish I was 60 again. I'd be happy. I'd be working. I'd be doing something again. I could work now but I'm afraid. When I get up in the morning, I just can't hurry up and run around, because I'd fall. I'm all aches and pains now; if I had to go to the doctor for this, I'd have to go everyday. . . .

I don't know where I'd go. I haven't got no money. I'll go to a convalescent home. That's where lots of people go from here. I don't know what they do when they go to a convalescent home. . . . I would be the lucky one to get one that wouldn't be very nice – because I'm not a very lucky person.

We begin this book with four women – two Japanese and two Americans – who talk about the realities of later life in different environments. They are all in their late 60s or early 70s and have worked throughout their lives; but each person is different in how she defines the boundaries of her vulnerability, and in the expectations she sets for others to meet her needs. Their hopes and disappointments echo not only different expectations of dependence and independence in old age, but also their different standards of evaluating how one becomes in need of, and deserving of, protection at such a time.

Dorothy's bitterness and sense of betrayal help us understand that her most acute vulnerabilities lie with her family relationships. Her laments focus on her children, none of whom are now available to love and care for her. Her husband died 15 years ago, as did her two daughters. Of her two surviving sons, one is wheelchair-bound, and the other is hospitalized for a drinking problem. After all of the care she gave to her children, none of *their* children, in turn, feels that she now deserves the same in later life. Dorothy feels deprived and depressed, even though public support is available to meet her most basic financial needs. To shield herself from further disappointments, she has secluded herself in a small apartment, and does not take the opportunity to socialize with neighbors and peers in the same building. Her expectation for old age is utterly unmet, as she now resigns herself to the idea of eventually moving to a nursing home, a contingency that she feels is totally undeserved. She sees herself as a person who has been dealt a bad hand – and as deserving better.

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The public support provisions for the elderly² that Dorothy takes for granted – subsidized housing, public meal programs, transportation services, a range of nursing homes – are not as readily accessible to her Japanese counterparts. In Japan, those without family support must seek their old-age security through alternative means. Yamada Shizu,³ also in her early 70s, lives in a rental unit in Odawara City, 50 miles to the west of metropolitan Tokyo. She has worked at the local fish-processing factory for 16 years, and now lives with her husband, a lacquer craftsman, in a two-room apartment. Like Dorothy, Shizu has arthritis and moves with some difficulty, but she has recovered from a hip operation. Shizu's strategy for old age has taken an entirely different direction from Dorothy's: It is focused on willfully mastering the invention of family as a safety net. As we carry out the interview, she hugs and talks to her favorite doll, Toto-chan, made in the likeness of a 2-year-old baby girl.

I do nothing all day. I used to like making cloth flowers. I gave them away, but I ran out of people to give them to – so, I don't do it anymore. I like singing, so I sing here by myself to the background music tape, *karaoke*. I don't like places where there are lots of people I don't know. I don't like talking with people I don't know. . . . I love television; I like watching baseball; and then there's wrestling, but I love baseball.

We adopted a nephew who married a niece. They are the children of my sisters, and they are cousins. The adoption was arranged 15 years ago.

They're very good to us. They live in Saitama with three children. We bought them land in Saitama, built them a house. That was part of our understanding, part of the adoption. We're old-fashioned people, always working hard and preparing for the future.

This holiday, the Golden Week, they said they'd come to fetch me if I wanted to go. I called them this morning and told

2 Throughout this book, the term elderly refers to persons over age 65, unless otherwise noted.

3 Surnames precede given names for all Japanese respondents.

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them that I'll be good this year. It's been a year since my hip troubles. It's not as if I don't feel well or anything, you know. But I just didn't want to trouble them. . . .

Toto-chan came to us through the mail order. . . . I even telephoned the mail-order house, so that Toto-chan could come to us more quickly. This dress is too large for her . . . but now that it's getting warmer, I just roll up her sleeves. I don't take Toto-chan with me when I visit them in Saitama. You see, my husband would be lonely [*sabishii*], if he were left alone.

We'll eventually move to Saitama. I even bought a plot in the temple cemetery there. You see, we're old so we don't know when it will happen. It could happen any day. And so if we buy a plot, there's no need to worry. I wouldn't want my son to have to worry about that for us. I've told him that we are now saving up for the funeral expenses. You see, we're old-fashioned people. For the funeral, about one million yen would do. . . . We'll move to Saitama when we can't work anymore.⁴

To the degree that adult adoption (*yōshi engumi*) survives in contemporary Japan as a legacy of the traditional family system *ie*, it is today an arrangement that can secure family support for the elderly in return for an offer of inheritance.⁵ As a childless couple, the Yamadas' plan for this old-age security began years ago in their middle age, when they turned to this traditional Japanese option. Shizu and her husband have now invested almost all of their savings in their adopted son, consciously grooming him and his wife as their future caregivers – which is, for them, the most important part of the “understanding.” Careful not to impose on the adopted couple for the holiday weekend – and for any other expenses, for that matter – Shizu spends most of her daytime alone, watching television, taking short walks,

4 All Japanese quotations appearing in this book were translated by the author.

5 *Ie* refers to the traditional patrilineal stem family, which practiced primogeniture until the end of World War II. In this system, families without male heirs adopted adult men (often the daughters' husbands) to preserve the family lineage. There were seven cases of adult adoption in the Odawara sample.

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and playing with the doll. Most of the financial transfer from the older to younger generation seems to have already taken place: The Yamadas have made the downpayment for their adopted son's house, while they themselves continue to live in a small rental unit. As such, Shizu's adaptation to old age – and preparing for the likelihood of widowhood – has been deliberately planned. She has intentionally created an extended family where none existed, and has even concocted a live-in surrogate grandchild, Toto-chan. Through the series of steps she has taken over the past 15 years, she has consciously made herself a future beneficiary of this family support system.

While Dorothy and Shizu can both be described as lonely women with similar physical difficulties, it is clear that they seek out different support systems not just because of different personal circumstances and social options. In Japan, where the majority of older people live with their children mostly in three-generation households, childlessness is a significant drawback in old age. When the society as a whole is geared to the availability of children in times of vulnerability, the preferred solution to old-age security for the childless lies not in the search for public or community support, but in finding the closest substitute to a family support system.

The two women also bring different underlying assumptions to their own life scripts of old age from their distinct Japanese and American backgrounds. Dorothy speaks about resorting to a nursing home as an eventuality that was wholly unanticipated and unplanned. Shizu is all business as she talks about moving to, and dying in, Saitama as part of her concrete plan for the end of her life. It is clear that the support systems of these two women derive from different personal circumstances and institutional options, and, at the same time, they are also based on different expectations about the absolute need for support in later life. Thus, these expectations lead to different precautions and preparations.

In contrast to these two women who are concerned about receiving care, Irene Falletta, a retired schoolteacher in West Haven, sees herself first and foremost as a provider of support to other elderly by situating herself on the other side of the fence. Far from orchestrating a plan for her own support like Shizu, Irene has created a plan to live for

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others who are in need. She leads a very active life as an elderly advocate for the West Haven region, serving on boards and committees of many community organizations, and being vocal and prominent in the city's circle of volunteers. As a former teacher, she is educated and articulate, and enjoys a comfortable pension that the school system affords. Irene is also 72 years old and has been married for 40 years; and, like Shizu, she has had no children of her own.

Most weeks, I'm out of the house everyday for some part of the day. I don't really think of these [volunteer work] as *positions*. You see, I believe that growing old is part of growing. It's the continuum of life. As far as I'm concerned, it was really just growing into it. I keep going because I was getting older, and so was the world. And then, I should find a way to contribute. My decision was that I wanted to continue to be involved. In order to be alive, I had to be involved. And to be involved would keep me alive, rather than wait and see what happens . . . no, I don't do that. I really planned to retire to do volunteer work. . . . When I can't anymore? I'll just have to find some other thing to contribute to.

Our grandparents lived with us. Both my maternal and paternal grandmothers lived with us, and my paternal grandfather, too. . . . But it's not as easy today, because now people don't grow together. . . . Yes, I would like to live with the younger generations [if such circumstances were possible]. We don't have children, unfortunately, but if we did, I would ask them to live with me – rather than me with them – there's a difference here, you see. I would prefer that *they* lived with me.⁶ But for the present moment, going in to live with a relative – no, I don't think so. Because, you see, they have their lives and we have ours. We didn't grow together. You can't do it.

Irene's concern for her independence is a common theme emphasized by the elderly in contemporary American life. She refuses to elaborate on her own vulnerability – about the possibility some day of

6 The emphasis is Irene's.

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becoming incapacitated, widowed, lonely, or in need of some help herself. As if such thoughts would only hasten their arrival, she takes to her retired life with a resolute sense of control. For Irene, the transition to retirement has also been part of a deliberate plan, but the plan is essentially one that focuses on the *continuity* of an active and independent life, not the end of it. She is fully absorbed in the social network of peers, found far more frequently among the American than Japanese elderly. Peer networks are important for Irene, because the interests and pursuits of the older and younger generations in contemporary life are far apart – a view held more commonly in American than Japanese society. Irene's sense of contribution and devotion to her peers derives from the vital notion common in American society that life does not come to a meaningful completion without living it up fully until the last moment.

Finally, Suzuki Masa is a nurse in her late 60s who is still professionally active in Odawara. Like Irene, she has had an active career, nursing infants for 37 years despite the onset of a mild hearing problem. Widowed for 21 years, she lives alone in a three-room housing unit. Both of her children are married and live outside of Kanagawa Prefecture – a daughter lives in Chiba, and a son moved as far away as Sapporo on the northern island of Hokkaido to represent the central government. With a busy life-style, career, and social engagements, Masa is strikingly similar to Irene. But her notion of what follows *beyond* this stage of activity in old age is quite different from Irene's: Masa has designs to move in with her son in the future just like Shizu, as she said when we discussed the meaning of old age in her home.

There's so much to do all day. I haven't got any quiet time for myself, oh really . . . I've got so much to do! . . . They don't want to see me go. Even if I quit the hospital work, there are still all the little babies to look after [at the nursery] and I've got all of the counseling to do, too. . . . Oh, I wish I could also take some English classes. Seriously! I really wanted to do it this year, but I never, never got around to it. And then there's all the sewing, too. There's still plenty I want to do!

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People are always asking me if I don't get lonely [*sabishii*], living alone. You see, I never am, because I'm so busy, right now. . . . You know, it is so important to keep on doing things. We must go on doing things all the time [*yaranakucha dameyo, ne*]. It's so true. And we continue to grow, because we are learning new things all the time. People make people, I think.

I've taken all the beatings life has to offer – all of it. When I was thirty-three, when I had my second child, I had to take to bed for six years. Times of illness, they are so hard. . . . And then, my husband died, and before he died, he was bedridden for a while, too . . . yes, for seven years. Then, making a living, bringing up the kids by myself. . . . There were some hardships I couldn't even begin to tell. So, you see, no matter what life has yet in store for me, I know I can take it. Really, any amount of endurance [*gaman*], I can take it.

Of course, at my daughter's, they're always asking me when I'm coming to live with them. That is, with my daughter. My son is far away right now because of his transfer to Hokkaido, you see. These transfers are always so unpredictable, aren't they, even after he gets back to Tokyo again. . . . So, this son told his sister that while he's on the move, he's delegating my care to her. But after all, I really only want to do what's right. You see, a son is a son. I must not do things that put him in a bad light [*taterutokorowa tatenakya, ne*]. And his wife's mother is feeling so embarrassed about it all.

Living alone in Odawara for Masa has not so much to do with carving out a new life-style for herself as it has to do with her son's geographical mobility as a career civil servant. Her concern for moving in with him in the future is obvious, and it reveals a clear sense of distinctness between her present status as a healthy person and her future status in frailty. Being fully occupied with her work and living here by herself makes sense now in this context, but as a temporary phase, not a permanent one. Masa wants to conform to the social expectations of living with a child – especially with a son, not a daughter – in an environment where a majority of her peers take the arrangement for

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granted. She feels the pressure of social expectations for coresidence (“people are always asking me if I don’t get lonely, living alone”), which she also reinforces herself (“I really only want to do what’s right”). Such expectations make her similar to Shizu: Although they come from different social class backgrounds, Masa and Shizu share the assumption that making family support arrangements in old age is part of the necessary business at the end of the life course; and for both women, the sense of deserving such support is acquired through sons, not daughters. In this sense, both women subscribe to the normative regulation of intergenerational relationships in Japanese society.

The four women’s accounts of their later lives illustrate the main themes of this study: assumptions about vulnerability and responsibility that underlie the social ideals of helping arrangements; cultural preferences for different ways of organizing help; and the dynamics of the social contract that regulate these different choices. This book offers a case study of how culture and society shape these assumptions, preferences, and choices.

This study examines these issues by exploring the meaning of deservedness embedded in the social contract in cross-national perspective. Japanese and Americans agree that old age is, on the whole, a vulnerable time of life, as one experiences deteriorating health and is pushed to the periphery of economic activity; they also agree that something ought to be done about it. But the notions of *what* can be done, *how*, and with what results differ according to the cultural assumptions and social assignments that define the value of giving and deserving help in each society. At the same time, the standard of evaluation expressed in this notion of deservedness – that some are entitled to get help, or that others are obliged to give help – symbolizes the idea of fairness that lies at the heart of the social contract in both cases.

Before we elaborate on the conditions of deservedness as a means to introduce the theoretical framework that guides this study, it is useful to turn briefly to the bigger picture of which these four women are a part: the social contract of the elderly in contemporary postindustrial societies. What these women think, do, and plan to do point to the concerns of an increasing number of older people who find themselves in

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similar predicaments throughout the postindustrial world. Their concern is relevant, because almost everyone is part of a support network for older relatives or friends and participates in a social security system that supports their livelihood. The concerns affect everyone, as each must also grow old. And today, these societies face a critical juncture in their demographic history.

THE PUBLIC DISCOURSE: RESPONSIBILITIES OF INTERVENTION

In Japan and in the United States today, one in every eight persons is 65 years of age or older.⁷ The elderly population includes 16.2 million people in Japan and 32.3 million in the United States.⁸ They are expected to live well into their 70s and 80s, and even their 90s.⁹ Life expectancies in both societies have been increasing at a phenomenal rate, as improved living conditions, nutrition, public health, and medical technology have had a major impact on prolonging life. When survival was more difficult and the aged proportion of the population was still small, old age could be viewed as a bonus. Now

7 The proportion of the elderly is similar in the two countries: In 1992, it was 13.1% in Japan and 12.6% in the United States. Miura Fumio, *Zusetsu kōreisha hakusho 1994*, 30; U.S. Bureau of Census, *Statistical Abstract of the United States* (1994), 8, 15.

8 Figures are for 1992. Miura Fumio, *Zusetsu kōreisha hakusho 1994*, 30; U.S. Bureau of Census, *Statistical Abstract of the United States* (1994), 15.

9 Life expectancy at birth in Japan was 76.1 years for men and 82.2 years for women in 1992, compared with 44.5 years and 46.5 years respectively in 1930. The comparable figures for the United States were 72.3 years for men and 79.0 years for women in 1992, rising from 58.1 years and 61.1 years respectively in 1930. Life expectancy at age 60 has increased at a slower rate than life expectancy at birth in both countries. In Japan, it rose from 14.9 years to 19.9 years for men and 17.9 years and 24.0 years for women between 1960 to 1987, whereas it increased more slowly in the United States from 15.9 years to 18.2 years for men and 19.6 years to 22.5 years for women from 1960 to 1987. There is considerable variation in life expectancy between black and white populations in the United States that is not apparent in the averaged figures. Organisation for Economic Co-operation and Development, *Health Care Systems in Transition: The Search for Efficiency*, 189–190; Japan Ministry of Health and Welfare, *Health and Welfare Statistics in Japan* (1990), 57; Miura Fumio, *Zusetsu kōreisha hakusho 1994*, 35; U.S. Bureau of Census, *Statistical Abstract of the United States* (1994), 87.