

Communication between Caregivers and the Elderly:

ADAPTING AND EXPRESSING CARE THROUGH DIRECT AND INDIRECT METHODS OF COMMUNICATION IN JAPANESE ELDERLY CARE FACILITIES

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This paper explores the role of communication in Japanese elderly care facilities in an attempt to understand not only what constitutes as communication itself, but also how such communication will influence the growing number of elderly services in Japan, a nation where one out of every four people will be over the age of 65 by the year 2040. Based on three months of interviews and participant-observation fieldwork conducted in three elderly care facilities in Yamanashi Prefecture, Japan, this paper presents a brief ethnographic look at the methods employed by a group of rural caregivers who must compensate for the declining level of care in Japanese facilities, brought on by factors such as an overall lack of staff, low wages, a reliance on overtime, and a trend towards younger caregivers as older, more experienced caregivers slowly transfer to new occupations. Using some of the only methods left to them, this group of rural caregivers uses direct and indirect communication as a way to provide a high level of care despite the growing ‘generational gap’ between caregiver and patient, and the tendency of older Japanese patients to refrain from voluntarily communicating with caregivers. I hope to show how communication between caregivers and patients is undergoing changes that point to innovative and humanistic developments in Japanese attitudes towards elderly care.

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1. Introduction

“The most difficult part of this job is bathing, because I don’t know what the elderly patients want or need. It is difficult to know what each person wants since they rarely speak up” says Omata-san, the facility supervisor at the Kaiseiso Elderly Center in Yamanashi Prefecture, Japan. “The baths are just one example,” Omata-san¹ continues, “When I’m bathing someone, I don’t know if I’m hurting them or if they’d be comfortable some other way, so I just have to do the best I can....I can have a conversation with one of the patients about the good weather or the sakura petals outside, but I can’t have deeper conversations with them about their wants or needs and ideas about a good quality of life.”

Not knowing quite what to expect, I jumped headlong into a project studying elderly caregiving in Japan for a three-month long independent fieldwork and research project. I soon realized that I had no idea of what to concentrate on under the vague and heavy title of ‘Japanese Elderly Caregiving’ that I had been considering. In the world of Japanese elderly care, what is important to consider? What can be learned from it?

I managed to find something through my aforementioned experience with Omata-san. This concern with the difficulty in communicating with the elderly at the facilities I visited came up continually in my encounters with the caregivers. Almost every caregiver I interviewed or had a conversation with expressed a similar concern and was unusually burdened by it, and I wanted to know why.

I decided to follow-up on the voices of these caregivers. Both the stress and reward of being a caregiver in these Japanese elderly care facilities seemed to be wrapped up a great deal in the communication that goes on not just between patient and caregiver, but between the caregiver and the families, the caregiver and fellow staff members, and even the local welfare office and other elderly care facilities. The caregiver uses these direct and indirect methods of communication to provide a high level of care for elderly patients, despite reticence on the part of the patient and a shortage of experienced staff members. This communication itself is constantly changing as the attitudes of both the elderly and their younger caregivers evolve.

For the purposes of this paper, I will use my own definition of communication based on the research I have gathered:

Communication is the method by which people convey and receive information in order to promote understanding that serves three purposes:

1) to relate and adjust to individual differences,

¹All Japanese names will be presented last-name only (though these names have been changed to protect the participant’s privacy) with the affix –san; a term used in Japanese akin to ‘Mr.’ or ‘Mrs.’

- 2) *to make informed judgments and,*
- 3) *to act upon those informed judgments.*

By ‘direct’ and ‘indirect’ communication, I am referring to the ways in which a sense of understanding can be obtained directly through interaction with the patients, or indirectly through communication with families, staff members, and local welfare offices in order to provide a high level of care for the initial patient. I will prove that the methods of communication used by the rural caregivers satisfy this personal definition and embody changes in modern Japanese elderly care. Moreover, I will point to the ways in which these methods of communication are evolving to reflect the transformation of Japanese society as the population ages.

2. Fieldwork and Other General Research Notes

This paper is based on approximately three months of independent ethnographic study on care in Japanese elderly facilities. Because of the brevity of the study itself, I chose to focus my research on one particular area of Japan in order to produce as detailed a study as possible. I focused on three elderly care facilities in Tsuru, a town in Yamanashi Prefecture of Japan, where I studied at the time. These facilities included the Kaiseiso Elderly Care Center, the Rouken Elderly Rehabilitation Center, and the Iki Iki Plaza Elderly Day Services Center. I conducted six formal interviews and two informal interviews with various caregivers at these facilities, all of which were premeditated. I visited both Rouken and Kaiseiso for observatory visits, and carried out participant-observation fieldwork as a volunteer at Iki Iki Plaza for 10 weeks. This paper analyzes ethnographic data gathered through these interviews and observations, as well as outside research from English and Japanese sources.

I have changed all the names to protect the privacy of the participants. The Protection of Maturely Aged Persons Act of 2000 (成年後見制度) in Japan instates both legal and voluntary protection systems in order to safeguard the elderly used in various types of research (Naoi 2008, 193). In accordance with this Act, I received written permission from the Iki Iki Plaza staff and all interviewees to use the ethnographic data and interview responses that I collected.

This paper addresses the ways in which caregivers use various methods of communication to deal with difficulties that are inherent to the field, and that are exacerbated by current societal trends. Unfortunately, as an undergraduate student, I was not allowed to interview the elderly patients with whom the caregivers worked because of their memory impediments and/or various forms of dementia. I was, however, able to use observations collected through my interaction with the patients themselves based on permission given to me by the staff and by the patients’ families. Given the restrictions on my research, the scope of this paper focuses solely on the experience of elderly caregivers in a rural part of Japan, rather than their elderly patients.

All formal interviews taken were tape-recorded in Japanese. I translated all interview responses as well as paraphrased notes from Iki Iki conversations and research conducted in Japanese into English. I therefore take full liability for the translations provided. I have, to the best of my ability, tried to convey the speaker’s original intention and meaning.

3. Preliminary Background: The Stresses of Caregiving in Japan Today

Japan's population is aging at an unbelievable rate. "About 22 percent of the population is 65 or older, the highest proportion in the world. And that number is on the rise. By 2020, the elderly will outnumber children by nearly 3 to 1... By 2040, they will outnumber them by nearly 4 to 1" (*Washington Post*, 6 May 2008). Most developed nations today are headed towards a similar trend with their rapidly growing and aging populations. However, Japan, with its annually increasing longevity rates and declining number of children, is quickly becoming a different kind of hyper-aged society.

In Florian Coulmas' book *Population Decline and Aging in Japan: The Social Consequences* (2007), the author notes that "as a result of population aging Japanese society is not just getting older. What we are witnessing is not the same society gradually increasing its median age, but a social transformation on a large scale. Population aging means social change" (16). Japan is simultaneously coping with a number of serious demographic transformations that are altering the very fabric of daily human interactions. I must therefore begin by addressing these transformations before I can make a claim for their representations in interactions between the elderly and their caregivers.

First, while developed nations across the globe are experiencing similar 'silver trends' in their demographics, Japan has reached this point faster than any other nation. "The proportion of the elderly (65 years old or over) in Japan doubled from 7% in 1970 to 14% in 1994" (Ministry of Health and Welfare 1995a). While the comparable increase in the elderly population took 115 years in France, 85 years in Sweden, 75 years in the United States, and 45 years in Great Britain, it took only 24 years in Japan (Ishii-Kuntz 1999, 84). Demographically, a 'hyper-aged society' (Coulmas 2007, 4) implies serious social and economic consequences for a nation that has built itself up on anti-feudalistic ideals of youthful innovation and individualism over the past 50 years. "Japan, now the world's second-largest economy, will lose 70 percent of its workforce by 2050 and economic growth will slow to zero, according to a report this year by the nonprofit Japan Center for Economic Research" (Harden 2008). With disheartening statistics like these filling global and national newspapers in Japan, it is unsurprising that the Japanese public is increasingly concerned with the fate of its country.

The decreasing birth rate and increasing average marriage age only exacerbates tensions. "The proportion of children in the population fell to an all-time low of 13.5 percent. That number has been falling for 34 straight years and is the lowest among 31 major countries" (Harden 2008). Younger generations in Japan are getting married later and having fewer children, if at all. Numerous Japanese and foreign scholars have attempted to explain these demographic trends (Yamada 2000, Genda 2000, Roberts 2005, et al.). Given the projected demands on Japan's future workforce (essentially that of having to support a rapidly growing elderly population with few children to contribute to their own pension funds), it is no surprise that the number of people actually paying their premium-payment pension rates has dropped to a record low of 62.1% of the population (*The Japan Times*, 13 January 2010).

As the pension fund dwindles away, public discourse concerning the growing elderly population has developed a fascination with a new term: the 'kaigo jigoku' or 'nursing hell' that has become associated with the increased burden of caring for the elderly in Japan. The term 'karoshi,' used to refer to overworked salary men in Japan, is increasingly attached to overworked female employees with the double burden of working and caring for elderly family members at home (Ishii-Kuntz 1999, 84). Such physical and psychological stress is not only

harmful to the working population today, but also to the elderly themselves. The rate of elderly abuse, often due to overstressed caregivers, increased to 21,692 reported cases this past fiscal year (*The Japan Times*, 30 January 2010).

These demographic trends coincide with the rapid migration of younger generations to urban centers such as Tokyo or Osaka (Traphagan 2003, 205). With a declining number of willing and able family caregivers to look after them, elderly residents of rural areas turn to elderly care facilities and nursing homes when they can no longer live independently. Despite the fact that most elderly in Japan who require care still rely on family, the number of elderly on waiting lists for special elderly care homes and day services grows by the thousands annually.

Homes like the Tamayura Elderly Care Home in Gunma Prefecture are created in order to compensate for this growing need. On Thursday, March 19, 2009, a fire broke out at the Tamayura Elderly Care home (*The Japan Times*, 21 March 2009). Ten elderly patients living at the home died in the fire. Tamayura was an unregistered facility with the Japanese government, and only two caregivers were on night duty for over 100 patients on the night of the fire. As of 2007, there were still 377 unregistered elderly care facilities in 31 prefectures of Japan attempting to provide for the thousands of Japanese elderly on waiting lists for an elderly home (*The Japan Times*, 31 March 2009).

As Japan's aging population rapidly grows, so too does the list of problems concerning Japanese elderly care. Recently, the general shortage of elderly caregivers in Japan has been gaining public attention. Despite the growing demand for caregiver services and facilities for the elderly, many potential employees refuse to undertake the job due to its unappealingly low salary and poor job security.

"At the facilities [the lack of caregivers] is a problem, it interferes with the lives of the patients...we have situations in which only two careworkers are left watching an entire floor of a hundred elderly patients during night duty at some facilities. And that's what leads to incidents like [the fire at] Gunma," says Kobayashi-san, a care-level certification investigation officer at the Yokohama Social Welfare Consultation Office. Kobayashi-san explains that overtime and night duty at elderly facilities is especially difficult; with the lack of caregivers available, accidents and negligent deaths are appearing more and more frequently in Japanese newspaper headlines.

Toyama-san, a 22-year-old male caregiver at the Rouken Elderly Rehabilitation Center, admits, "I'm worried about my own future [as a caregiver]. The pay is still too low. And if the number of caregivers isn't enough, the level of care goes down. I don't really want to think about it but I kind of need to think about how I'm supposed to continue on in this kind of environment."

Once caregivers reach their 30's and 40's, those who want to get married and/or raise families often feel compelled to search for other employment because caregiving salaries are simply not financially viable. This has led to an interesting trend in which younger caregivers fresh from graduating compose a relatively large percentage of the caregiving staff at Japanese elderly care facilities.

Ishii Nobu-san is a home caregiver in Nagano Prefecture who laments the difficulties of keeping caregivers in this field once they get older:

This job is harsh, the conditions are bad, and if you look at it only through those eyes it all just looks bad. There are bad conditions and usually the workers won't establish themselves [in this line of work]. When I finally think I've found a good younger

employee who can give good care, they go off and get married and move somewhere far away or get pregnant and can't work anymore (Ishii 2007, 10).

At Kaiseiso, Rouken, and Iki Iki Plaza, I also noticed a similar trend. Both Rouken and Kaiseiso had one caregiver leave the facility during the three month period of my fieldwork, citing marriage and/or family. Iki Iki Plaza had one male caregiver, one of their oldest caregivers in fact, leave as a result of needing a higher salary to support his family. Older, more experienced caregivers often leave to find more lucrative employment opportunities, but given the migration of younger generations to urban cities, even the number of recent graduates who enter the caregiving field in areas such as Yamanashi Prefecture is dwindling, leaving facilities severely understaffed.

Caregivers in both facilities and the home currently bear much of the burden of Japan's rapidly aging population as the government tries to alleviate the problem. Japan recently accepted 600 nurses and 400 caregivers from Indonesia under a bilateral free-trade agreement (*The Japan Times*, 18 March 2009), and also increased funding for research to determine if robot nursing would be feasible in the future (*The Japan Times*, 26 March 2009). Yet caregiving in Japanese elderly facilities today is still an especially difficult job. How do these caregivers manage to provide a high level of care each day, despite factors such as low salary, poor job security, understaffed facilities, and the considerable age gap between younger caregivers and the elderly patients? How do these caregivers cope with the daily stresses of their occupation while also ensuring the wellbeing of the patients they are in charge of? How do today's caregivers, bearing the brunt of this new "caregiving hell," manage to provide care while also coping with the social transformations of the demographic population? What could all this mean for the possible future directions of Japanese elderly care?

Omata-san's concerns, described at the beginning of this paper, offered me a clue. In the following sections of my paper, I hope to use my fieldwork and interviews to show not only how caregiving is changing along with society, but also why communication itself serves as an important way to understand these changes. I argue that communication between caregivers and elderly patients is one of the most important, if not only, means by which caregivers in Japanese facilities can compensate for individual differences between themselves and the patient, and for their own stresses and hardships as caregivers in Japanese society today.

4. Direct Methods of Communication: A Family of Pseudo-Grandchildren and Responsible, if Quiet, Grandmas

KAWAHARA-SAN (CAREGIVER): Yamamoto-san, don't fall asleep, okay?

You slept all day today! [*laughs*]

YAMAMOTO-SAN (FEMALE ELDERLY PATIENT): I won't, I won't.

KAWAHARA-SAN: I know you will; you look sleepy! [*looking to WAKAYAMA-SAN sitting next to YAMAMOTO-SAN*] Watch her okay? Don't let her sleep!

YAMAMOTO-SAN: I won't, I won't! [*laughs*]

KAWAHARA-SAN: If you do, I'll get mad! I'll come over and open your eyes *for you*!

YAMAMOTO-SAN: [*laughs again*] Okay, okay, I'll try.

It was not a mean conversation by any means, though some may call it informal. This is an example of a typical conversation between staff members and patients at the Iki Iki Plaza Elderly Day Care Center. I would like to look at some of the ways in which caregivers communicate with the patients directly, as in situations like the one above, when Kawahara-san wanted Yamamoto-san to stay awake for the daily exercise activities at Iki Iki Plaza. I will return to this conversation later in this section, but first I would like to discuss the idea of communication and what it means to caregivers at Rouken, Kaiseiso, and Iki Iki Plaza. Indeed, not all facilities use the same methods of communication with their patients.

(1) *Direct Communication through Casual Relationships*

All those whom I interviewed admitted to the importance of direct communication with their elderly patients. Takano-san, a 44-year old female caregiver at Rouken, has been working as a caregiver for 14 years. “The residents here often don’t say what they want, so if you don’t give them that communication, you can’t understand them. They are all individual people after all, right? If you don’t give your own opinion you can’t understand them.” For caregivers like Takano-san, directly communicating their own opinion to the patient is a way in which to both better understand and be better understood by the patient, especially when patients resist communicating themselves. Many caregivers I interacted with chose to emphasize their own personal opinions when talking to elderly patients as a way to fill gaps of silence and relate to their patients *as individuals*; in other words, this type of direct communication satisfies the first purpose of my earlier definition of communication: *to relate and adjust to individual differences*. Yet this might also suggest that the caregiver’s voice is overly present. The effectiveness of putting forth one’s own opinion to better understand that of the other person is thus complicated at best.

Yongmei Wu, the author of *The Care of the Elderly in Japan* (2004), claims that in comparison to patients in Western facilities, the elderly in Japanese facilities are often reluctant to raise complaints or make requests out of a cultural feeling of obligation to the caregivers and facility who provide them with services (Wu 2004, 125). I cannot pretend to know the motivations behind an elderly patient’s silence. However, based on the opinions of the caregivers here, this silence is a daily occurrence that needs to be circumvented in order to properly understand and care for patients.

Here I would like to look at an example of how caregivers interpret this elder silence. I reference a daily interaction at Iki Iki Plaza between one of the elderly day care center’s few caregivers over the age of 40, Iida-san, and a relatively new elderly female patient who we will here call Wakano-san. Wakano-san requires daily rehabilitation therapy after having had a stroke last year at the age of 79. Since Iida-san is one of the few caregivers currently employed with Iki Iki Plaza who is trained in rehabilitative therapy, she is almost always the one in charge of taking Wakano-san for her daily walks around the facility. However, from Wakano-san’s first day at Iki Iki, she heavily resisted this daily routine, sometimes yelling at caregivers and other elderly patients alike to vent her frustrations. The following is an example of one of Wakano-san and Iida-san’s many conversations:

IIDA-SAN: Time for your daily walk, Wakano-san!

WAKANO-SAN: [*hesitates*] Do we have to? I don’t want to go.

IIDA-SAN: Why not?

WAKANO-SAN: [*silence*]

IIDA-SAN: Why don't you want to go for a walk, Wakano-san?

WAKANO-SAN: I don't want to go.

IIDA-SAN: I'll come with you.

WAKANO-SAN: [*hesitates*] I don't want to go to the second floor.

IIDA-SAN: It's okay, we're not going to the second floor today. Why don't you want to go to the second floor?

WAKANO-SAN: [*reluctantly gets up to go without a response*]

Later on, Akita-san, a 22-year-old caregiver who recently graduated from a nearby university, and I mentioned the incident again to Wakano-san as we did a knitting activity in the dining room:

AKITA-SAN: Why don't you want to go up to the second floor, Wakano-san?

WAKANO-SAN: I just don't see why I have to go up there.

ME: Do you not like taking the daily walks?

WAKANO-SAN: [*hesitates*] It's embarrassing on the second floor...

AKITA-SAN: What's embarrassing?

WAKANO-SAN: [*more hesitation*] Everyone stares, and I just don't want to do it...it's too much trouble for everyone.

As we have seen, it is difficult for caregivers to elicit Wakano-san's real reasons for not wanting to go on the daily rehabilitative walk. This is especially true for Iida-san, one of the center's most senior caregivers. Iida-san later commented on the incident, saying:

If you just ask them 'What's wrong?' then you won't always get an answer. I think it's best to ask them specifically. Ask them directly. There are definitely times when they're having a hard time. During these times really the only thing you can do is to ask them what's bothering them. You have to find a way to find an answer or a solution. Like with children, you have to ask them what's wrong in order to find out. 'What's wrong?' Communication really is the only way you have to deal with these kinds of things.

Does the above incident exhibit what Yongmei Wu earlier called a reluctance to complain or communicate as a result of a cultural feeling of obligation (Wu 2004, 125)? And how do Iida-san's thoughts on direct communication reflect newer trends in Japanese elderly caregiving?

Akita-san also commented on the incident later that day from another perspective, saying:

Wakano-san hates going for the walks, but she usually does it anyways, and I can tell she tries not to complain and to help the caregivers who are encouraging her. I don't think it's just out of a feeling of obligation to the facility that they don't complain, I think it's just care they feel for the caregivers who watch over them, and like family, they don't want to make them worry sometimes. I get that feeling.

Contrary to Yongmei Wu's theory, Akita-san explains the lack of communication or complaint from elderly patients as a feeling of care for their caregivers, who have become like

family to them. In order to get closer to the patients, and to thereby attempt to understand them on a deeper level, caregivers try to develop a relationship with them. This is not a new idea in the realm of geriatric nursing or social welfare, and the idea of family-ties between caregivers and elderly patients has been extensively explored in nursing and assisted living all over the world.

So what makes this idea unique to our study? First, it is a relatively new idea in Japan, a country that only decades ago treated elderly care institutions as ‘dumping grounds’ for old women similar to the legendary *Obatsuteyama*, or ‘old-woman-dumping-mountain.’ An old Confucian tale relates a story in which eldest sons sent their no longer economically-productive elderly family members to a mountain called ‘Obatsuteyama’ to die (Bethel 1992, 112). The institutionalization of Japan’s elderly is transforming from a form of abandonment to a form of family care given by professional caregivers rather than actual family members. Elderly patients increasingly feel indebted to facilities like these in light of the lack of willing caregivers for Japan’s rapidly aging population.

I observed this familiar relationship between patients and caregivers at Rouken and Kaiseiso in how both facilities referred to their daily interactions with patients. Takano-san at Rouken especially emphasized the pain that patients have to endure when being separated from their families to come to these facilities. She admitted that:

What I’d like to give them in order to ease that pain a little; I think the only thing I can do is to tell them that I want them here. That I want them to come here. Tell them thank you for coming here. To those who left their families because they didn’t want to be a burden, and those who were asked by their families to leave because they were a burden, the fact that you are living and existing is not a burden to me and I’m glad that you’re here and alive and we can have fun together; that’s what I tell them.

For caregivers like Takano-san, little can be done to ease the pain of those patients who are either without families or who are separated from their families to come to live in a facility. A caregiver can, however, communicate a need for that patient’s existence. Once again the opinions and thoughts of the caregiver are slightly privileged in the wake of the silence of the elderly patients themselves. This time, though, the caregiver’s opinions communicate a need: a need for the elderly patient’s daily presence, rather than his or her voice. Given the pain experienced by the patient, the caregiver in this situation, Takano-san, adjusts by relating to the patient on a different level: that of a family member who simply enjoys “having fun together” rather than overwhelming the patient as a paid caregiver. Elderly patients in this situation do not necessarily need to directly communicate all of their needs and wants; they simply need to *be* there.

Family members do not need to communicate like a caregiver and an elderly patient traditionally would; family members understand each other on a deeper level than that of daily conversation. This is the way Takano-san uses direct communication with her patients: to *adjust to the individual differences* between her and her patient by emphasizing a familial need for the patient’s daily presence in the same way a family member does.

The caregivers are not the only ones to express this kind of familial affection within these elderly care environments. Indeed, from what I observed during my fieldwork, elderly patients are just as likely to accept their caregivers as family. The increasing generational gap between elderly patients and their caregivers could thus serve as additional encouragement for a more informal, family-type environment in Japanese elderly care facilities.

For example, Yamada-san is a 25-year-old caregiver at Kaiseiso who was recently married. She is one of the most optimistic and enthusiastic of the caregivers at Kaiseiso, and is frequently a favorite of the elderly patients there. "I receive all of my enthusiasm from the patients here," she says, "they always make my days brighter." Yet on one day that I was present for an observatory visit, Yamada-san was visibly less energetic than usual, and two of the elderly patients asked her what was bothering her. After a bit of hedging, Yamada-san explained that she had been hoping to have children soon after marriage, but that she had recently found out her family's health history might make it more difficult than she had originally thought. Within the space of a few minutes, at least 10 of the elderly residents surrounded her, offering advice and consolation, family recipes and rituals, and prayers and words of encouragement for her and her husband. Many of the older female residents offered stories of similar scenarios from their daughters or daughters-in-law, and possible solutions that might work for her. Yamada-san was extremely grateful, and by the end of the day was smiling again. The following day residents continually greeted her in the hallways, asking in murmured whispers how she was doing, or silently offering encouragement.

Obviously there is more than just a professional relationship here. While Yamada-san has a uniquely affectionate and outgoing personality, this is not the only incident that I observed where patients showed care and concern for their caregivers. The residents at Rouken, Kaiseiso, and Iki Iki often had favorite caregivers whom they treated like family members, especially the younger female caregivers who could be compared to their own granddaughters and daughters-in-law. They smiled when they heard they were going on a one-on-one walk (sometimes called a 'date' by the older female residents) with one of their favorite caregivers (with the exception of Wakano-san, who still preferred to avoid walks altogether), or laughed at their caregivers' silly behavior during activities or performances, and would only agree to take their medications or participate in rehabilitation when the caregivers were right by their side.

This is not the institutionalized 'Obatsuteyama' that elderly care in Japan was a few decades ago. Many of these familiar, affectionate relationships that I observed centered around younger caregivers who, despite generational differences, could be seen as grandchildren or other younger family members. Erik Erikson, in his foundational work on *Vital Involvement in Old Age*, stresses the importance of 'generativity' for elderly generations, who contribute to the youngest generations in order to compensate for a lack of personal involvement due to their current disabilities (Erikson 1986, 91-93).² Especially given the demographic and social difficulties plaguing Japanese society today, Japanese elderly patients in these facilities may not only feel obligated to their younger caregivers for their care, but also responsible for guiding the newest generation with wisdom acquired over the course of their lives. This is the way in which the elderly patients at these three facilities seemed more likely to communicate to their younger caregivers: as family members who needed guidance and encouragement like Yamada-san. For the elderly patients as well, communication revolved around *adjusting* to and *relating* to their caregivers despite generational differences by treating them like family members.

² "Research indicates that grandparenthood offers many individuals a 'second chance' at generativity. That is, it presents the possibility of caring for the newest generation more robustly, and less ambivalently than they did for their own young children, in their years of active parenthood....All of this enhances the sense of being caring and being valued as family elders. But, as grandparents, elders can contribute to their grandchildren's guidance and maintenance without being responsible for them" (Erikson 1986, 91-93).

(2) *Direct Communication through Informal Language*

The ways in which caregivers become like family to many of the patients at these elderly care facilities is also shown through the use of formal and informal language between younger Japanese caregivers and their older patients. In the Japanese language, there are forms of both casual and formal language. Keigo³, the formalized or honorific form of the Japanese language, is used with those of a higher age level or social position in order to show both respect for the person above you, as well as humility on your part. It is usually considered a rule in Japanese culture that Keigo, or at least a polite form of language, should be used when talking with the elderly. Yet the use of such formal language at Japanese elderly care facilities is an interesting gauge by which to observe patient-caregiver relationships at facilities such as Iki Iki Plaza. Kaiko-san, a caregiver at Iki Iki, explains:

You're always supposed to use Keigo with those who are older than you. And we do use it here, but there comes a point when you just get used to not using it. And sometimes all that keigo doesn't make the patients very comfortable, right? Though on the other hand not using Keigo all the time probably doesn't make them feel good all the time either. But it's a better atmosphere when they've become like family and you can use friendly language with them. And honestly we're all pretty young, so we use casual language more often.

As Kaiko-san says above, the use of Keigo at elderly facilities naturally decreases in relation to the amount of time spent between caregiver and patient, and in relation to the growing closeness of the relationship between them. Of all the caregivers I interviewed, most assumed that after giving care for a while, a more friendly, familiar relationship develops that would not require the use of formal language such as Keigo. Kaiko-san also admitted the influence of younger age on the tendency to use more casual language when speaking with patients.

In the course of interviewing and doing research for this paper, I met people of both opinions: some thought that the casual atmosphere at elderly care facilities was disrespectful or rude to the patients, while others thought of casual language simply as a way of getting closer to the patients and thereby filling the gap left by the family no longer giving care to the patient. There is currently no real answer as to which method of care is preferable in Japanese elderly care. Yet, no matter which opinion they held, the caregivers agreed that the use of casual language was more prevalent among young people and that the current overabundance of recently-graduated younger careworkers has a significant impact on the communication used at elderly homes.

The average age of caregivers at Iki Iki Plaza was between 25 and 35, with a few in their late 30's, and fewer in their 40's, and only one female in her 50's. Permanent elderly care centers like Kaiseiso and Rouken had a much more varied range of staff, but general caregivers (excluding trained nurses) were on average between 25 and 40 years old. Caregivers at elderly care facilities in Japan used to be prevalently women in their 50's who either already had

³ Such a simple definition of 'Keigo' as provided above fails to describe the myriad of metaphorical and cultural meanings attached to such a complicated linguistic aspect of the Japanese language. "The term *keigo* (敬語) is the Sino-Japanese reading of a two-character compound formed by *kei-*, meaning 'respect' or 'deference,' and *go-*, meaning 'language.' The term, like the English term 'politeness,' is rather deceptive in its suggesting a mere relation with notions of respect, or politeness" (Pizziconi 2009, 269).

experience caring for elderly relatives or wished to gain such experience. Much of this had to do with the 3 K's associated with the caregiving job in the early 80's: *kitenai*, *kitsui*, and *kiken* (dirty, demeaning, and dangerous) (Wu 2004, 194). Yet in today's world of Japanese elderly care, the opposite problem is developing. Younger caregivers fresh from social welfare professional schools now make up the majority of the caregiving staff at many facilities, and often leave the field in their later 30's and 40's when they need higher salaries.

Whether or not such a prevalent trend has a negative effect on the level of care at Japanese elderly care facilities is debatable, but the point I wish to make here is that the communication used at facilities such as Iki Iki Plaza is influenced not only by patient-caregiver relationships, but also by the age-gap between patient and caregiver. As I defined communication before, it is a way in which involved persons promote understanding in order to *relate and adjust to individual differences* such as the age-gap experienced between patient and caregiver. The effect of such casual communication in elderly homes may be positive or negative, but the use of such communication, I believe, comes from good intentions on the part of the caregiver to relate in a familiar manner to the patient. This opens up the patient to not only receiving care, but also to interacting and communicating his or her own opinions as well. Casual, familiar relationships between caregiver and patient are a recent trend encouraged by (1) the demographic tendency for younger caregivers with more informal behavior, and (2) elderly patients who feel both indebted to and responsible for their younger generations of caregivers in light of current societal problems.

Going back to the conversation at the beginning of this section, Kawahara-san was able to get Yamamoto-san to happily pay attention to the daily exercises by the way in which she over exaggerated the situation. While some older caregivers at Iki Iki called Yamamoto-san's behavior rude and overly familiar, the result was what Kawahara-san originally aimed for. Regardless of the means by which caregivers choose to communicate with the patients, they all admit the importance of using communication to achieve the high level of care they provide by encouraging cooperation on the part of the patient. Although some elderly patients may not react well to overly casual conversation, younger caregivers use it to relate to patients despite the difference in age-gap, and to provide the elderly with a sense of family intimacy that is sometimes lost in the isolation of facility care. Embracing such new methods of caregiver-patient communication may not appeal to everyone or conform to certain notions of caregiving standards. Nonetheless, direct casual conversation certainly perked up Yamamoto-san's attention enough for her to stay awake.

5. Indirect Methods of Communication: Networks of Support, from Family Phone Calls to Collaborative Conferences

(1) Communication with Family

Caregivers use communication as not only a way to relate to patients despite individual differences caused by generational gaps, but as a way of *making informed judgments* regarding care given to patients. While casual, direct communication to the patient serves as a way of encouraging cooperation and understanding on the part of the patient, it hardly makes up for the frequent lack of vital information from the patient regarding their care needs, and it does not account for current problems in elderly facilities such as severe understaffing and overcrowded

facilities. As such, in order to make informed decisions about care given to patients, communication with the patient's family is a high priority for all caregivers.

Kobayashi-san, the care-level certification investigation officer at the Yokohama Social Welfare Consultation Office, is in charge of gathering data on elderly residents in her local district who may soon be in need of care. She conducts three or four interviews a day, usually an hour long each, that involve sitting down with the elderly person and his/her family, and going through a seven-page evaluation form filled with questions such as 'Can you remember your phone number?' or 'Can you hear when in conversation with family members?' or 'Can you walk without assistance?' These and other questions are meant to gauge the current abilities of the elderly person, and thereby determine the needed care level. Under the Japan Long-Term Care Insurance System ("Long-term Care Insurance System" 2006) that is currently in use throughout Japan, patients in elderly care facilities are all assigned a care level that correlates with specific services such as day service, home help, or permanent stay facilities.

Kobayashi-san conducts these interviews with the patient's family present if possible. The last page of the evaluation form is for families to indicate particular care preferences for their elderly family member. The family's opinion is just as important as that of the elderly person when the Welfare Office considers an appropriate method of care. Kobayashi-san told me:

Usually the (elderly) persons involved will almost always say 'I can do it, I can do it,' when in reality, they can't. If we only took into account just the opinions of the person involved alone, and they say 'I don't need it, I don't need it' then we'd have to say 'I guess you don't need it' and then it's the family that would have a difficult time.

Kobayashi-san pointed out that if the elderly person says he or she can walk, but in reality cannot walk, it is the family who must take on the extra burden of care. The family is often completely responsible for the care of a patient before he or she receives a care level from the government. As a result, the family has a right to be just as involved as the elderly person in the decision to use government services. It is therefore Kobayashi-san's duty to include the family as well. From this type of consultation, Kobayashi-san can report accurate data on the elderly person's condition to the government so that it can make an informed judgment regarding care.

Given Japan's rapidly aging population and limited number of elderly care facilities, most elderly that require care live with their family members—usually daughters and daughters-in-law—before they move to an elderly care facility. Prior to the implementation of the Long-Term Care Insurance System in 2000, most families did not have a choice between public or private-sector care service providers, and could not rely on financial support from the government for home care services (Jenike 2003, 181). Given the historical importance of the role of family members in the care of the elderly in Japan, caregivers in facilities, as well as social welfare officers like Kobayashi-san, rely a great deal today on the information and assistance provided to them by these family members.

Consultation and communication with the family is vital to *making informed judgments* on care required for each patient. Ishii-san, the female caregiver from the Sakura Center in Nagano Prefecture mentioned earlier, comments that "We listen to other families' stories about how they give care and try to learn from it and you can see how it has changed the care here. Paying attention to the families and having them pay attention to the care we give here is a part

of this job” (Ishii 2007, 12). Because facility care is becoming a more common replacement for family care everyday, facilities need to learn from families and even imitate them, in some situations. Given the transition from a society that until two decades ago primarily relied on filial obligations for elder care to one in which the stresses of ‘nursing hell’ are pushing more and more elderly individuals into facilities, the imitation of family care and a family environment at facilities is not such a surprising trend. As more and more home care and day service facilities spread across Japan, they try to provide the best care for each elderly patient by working in tandem with family care to bridge the gap between family and facility.

Iida-san often complains that the time she can spend truly getting to know residents is never enough:

There are definitely times when I wish we had more breaks, and there have been many times when I’ve thought, ‘It would be nice to spend more time with each patient; more time to talk with them,’ and things like that. The times when you can really give proper, one-on-one care really are not enough, so that is when we have to rely on the family members, who do really know these patients and have more time to understand them.

Despite caregivers’ best efforts to emulate the understanding achieved between family members, factors such as understaffing, overcrowded facilities, increased bureaucratic paperwork⁴, and limited funding in the middle of an economic recession have led to heavier reliance on family members. There is an undeniable trend towards facility care, but family care still retains its vital role given the current difficulties in the caregiving field.

Ishii-san at the Sakura Center gives available family members a phone call every evening in order to discuss changes in care plans or upcoming events or a need for donations, volunteers, etc. She develops care plans for every individual patient, and consults family members to see how patients are reacting to certain diets, medications or rehabilitation routines from their perspective.

I get calls constantly/make calls constantly. On the rare occasion in the morning when I haven’t had any messages, I call family members and ask them even something as simple as ‘How is your family doing?’ and that sort of thing....No matter how many of us staff members become like family to them, we aren’t really family. There are faces and expressions that you can only show to your family, and things you can only do to your family, so in order to see those expressions we have a lot of connections with family members (Ishii 2007, 12).

Ishii-san realizes that there is a deeper level of understanding between patients and their family members that she cannot see, but that is necessary nonetheless to *make informed judgments* about the care plans she designs. In order to evaluate how a patient is reacting to care given, she needs whenever possible to take into account a patient’s reactions in front of their family members, who are privy to “expressions” not shown to caregivers.

In other words, caregivers like Ishii-san and Iida-san rely on family members to make up for (1) their lack of inherent understanding as non-family members, and (2) the time and resource constraints that limit their ability to get to know patients on a deeper level. Caregivers’

⁴ Akita-san tells me the amount of paperwork caregivers are required to fill out has increased three-fold since the implementation of the Long-Term Care Insurance System.

communication with family members makes up for flaws inherent in the current Japanese social welfare system, such as a lack of human resources and funding. However, these same societal trends also work against this type of communication, as many family members and younger generations migrate from rural areas such as Yamanashi Prefecture to urban centers like Tokyo and Osaka, making consultation with family members that much more difficult. Luckily, the Japanese government and social welfare system are slowly but steadily improving in order to assist a small caregiving population in its care for an increasingly large population of elderly residents.

(2) Communication with Fellow Staff, Other Facilities, and the Welfare Office

When Kobayashi-san hands in her evaluation form to the Welfare Office regarding a patient's current condition, that evaluation is not the only information considered in the care level decision. A board of specialists at the Welfare Office reviews recommendations from doctors, other care managers, nurses, caregivers, community members, and even a computer analysis of the evaluation form in order to decide what each patient's care level should be. Communication between staff members, other facilities, and the welfare office itself is just as important as communication with the family or patient, and often enables caregivers to *act upon those judgments*.

In January of 2009, the 13th National Gathering of Care Workers in Japan was held under the slogan "Rebuilding Bonds and Humane Care through Solidarity among Care Workers, Clients, and Communities," and sponsored by the Japan Institute of Co-Operative Research. The conference focused on rebuilding solidarity and cooperation between staff, clients, and families in order to improve care. In one of the first panel discussions entitled "Realizing Collaborative Care with Clients, Families, and Staff" the speaker, herself an administrative caregiver, recalled a story in which 'O-san,' a terminal care elderly patient at their facility, initially refused to communicate with staff members, and acted especially violent towards other patients. Since the patient was unwilling to directly communicate with caregivers, and had no family members with whom to consult, the speaker and other staff members organized a conference with the care manager in charge of O-san's case at the local Welfare Office, as well as previous facilities in which he had stayed. Together they came up with a combined care plan. Finally, they all sat down with O-san and asked him directly, "We think we can make an effort to meet your needs and do what we can for you to the best of our ability if we work together. Can you also do the same for us?" (Chiba 2009, 8).

Surprisingly, O-san agreed. The efforts of his current caregivers, combined with visits from neighbors and friends arranged by social welfare officers and community health workers, caused O-san to calm down significantly and become overall a more cheerful and outgoing person. Despite the fact that O-san's case was terminal, the local hospital and welfare office praised the facility staff for their "fine, detailed care until the end." Similar stories filled the 2009 conference, emphasizing collaborative efforts between staff and caregivers as a whole, and how such collaboration could ultimately improve the level of care.

All eight caregivers I interviewed participated in some sort of annual seminar given by their local welfare office, read care books by well-known specialists, kept up with local caregiving newsletters, or participated in bimonthly staff meetings and individual care-plan making with other staff. They all made the effort to improve their own individual caregiving through a constant dialogue with the rest of the elderly care world in Japan.

We're all watching over the same patients, and they're not always in the same state or condition. We talk with each other; we say 'yesterday he was in this condition but today he's different.' And tell each other what we've noticed. When you don't know what's wrong or why the patient is like this, if you ask other people, maybe someone else will know; maybe they know something you don't (Iida-san, Iki Iki Plaza).

Caregiving in Japan is constantly changing through communication between staff members, community members, family members, and even those in other facilities, universities, or government offices. The ever-changing trends in Japanese caregiving make it a constantly adapting field.

Because care is always changing, you really have to do your own study and make sure you brush up on care. Everyone in this field has different levels of experience, so of course they have different opinions and ideas, and that is why you need to meet and share those opinions and praise those that are praiseworthy, and through this discussion improve your own care (Toyama-san, Rouken).

Even in Yongmei Wu's ethnographic study of the Kotobuki Elderly Home in Tokyo, the caregivers noted that they "thought it important to keep the good traditions of the home, but since society, norms, and technology were changing rapidly, it was also necessary to listen to the opinions of the young staff members" (Wu 2004, 102), and adapt caregiving methodology through such discussion. Because of the transformation that Japanese society is currently undergoing as a direct result of the aging population, elderly caregiving is itself transforming, and requires constant communication between all involved parties in order to *make informed judgments* and to *act upon such judgments*. Especially given the increase in younger, inexperienced caregivers in the field, it is vital to the overall development of Japan's elderly welfare system that caregivers are supported, and that standards of care are established through collaborative efforts between local government offices and local networks of elderly care facilities.

When I say that collaborative efforts between staff and social welfare offices are used to *act upon informed judgments* regarding care, I do not mean to say that every daily care decision made is first referred to other staff members and social welfare officers. However, as we saw from Kobayashi-san's comments, every elderly individual who is placed in an elderly care facility under the new Long-Term Care Insurance System is first assigned a care level by a collaborative evaluation made at the local social welfare office. Discussions between *all* involved parties, from the family to the patient's physician to local neighbors to social welfare experts to the patient him/herself influence this decision. Once a patient enters a facility, the assigned care plan manager develops a regimented schedule and procedure for the resident's care. This care plan must be submitted to, and approved by, the local welfare office, as well as the patient's family members. The care plan is also re-evaluated every three months at Rouken and Kaiseiso, and roughly every month at Iki Iki Plaza, or whenever a patient needs a different care regimen. These care plans and care levels are vital to the way in which the new Long-Term Care Insurance System works, and revolve around constant communication between involved parties in order to achieve the highest possible standard of care. In other words, in order to act upon

judgments made regarding the care of these individuals, caregivers must, within this collaborative system, communicate these decisions with other involved parties.

Prior to the implementation of the Long-Term Care Insurance System, such complex networks of communication did not exist to this extent, and did not involve the voices of so many different parties. It is ultimately this system upon which today's caregivers in Japan will have to rely on in order to continue to provide a high standard of care in the wake of other difficulties inherent to the profession. There are still currently many issues and problems with this system, such as the delay in obtaining care level decisions from local welfare offices (which can take up to anywhere from a few months to a few years) or the delay in getting placed in a facility, as well as limited funding and the cutting of subsidies to certain facilities (Wu 2004). Yet the creation of a program such as the Long-Term Care Insurance System not only points towards the ways in which Japanese attitudes towards elderly caregiving have changed, but also emphasizes the increasing amount of support that elderly caregiving needs from public networks in order to continue communicating and giving care effectively.

6. Conclusion: What does this mean for the future of elderly care in Japan?

Not thirty years ago in Japanese public imagination, elderly care facilities were institutions that rivaled legendary mountains made for granny-dumping. In just twenty-four years, Japan has more than doubled its elderly population and halved its birth rate, making it now one of the oldest societies in the world by percentage of the population. Still, economic recession and demographic trends limit the services that the Japanese government is able to provide during this transitional period, and it is often up to the caregivers themselves at facilities like Rouken, Kaiseiso, and Iki Iki Plaza to create ways of providing high quality care in spite of these difficulties.

While the importance of communication in a caregiving profession may seem obvious, I hope that this paper points to the innovative and humanistic ways in which Japanese attitudes towards effective elderly care are slowly developing and spreading. An elderly care facility, even in a rural area like Yamanashi Prefecture, is no longer simply an institution. It is a place of community, a place of adopted grandchildren and grandparents, a place of collaboration and networking between local and national levels that is constantly changing and adapting in ways that are not reflected in daily newspapers that predict doom for the nation that will lose "70 percent of its workforce by the year 2050" (Harden 2008). Japan has historically proven to be an amazingly flexible and innovative nation in times of crisis, and I believe that even a microcosmic view of some of the simple ways in which caregivers communicate today with their elderly patients can point to future developments in elderly care. I believe that these networks and collaborative efforts between elderly care facilities and social welfare programs and offices at both the local and national levels will continue to develop with increased efficiency as the nation adapts to a string of younger, perhaps foreign caregivers. The caregiving profession will also continue to adapt a more casual and optimistic attitude towards elderly care and 'institutionalization.' How these changes and trends in Japanese elderly care will affect future generations remains to be seen.

At the same time, there are numerous problems facing elderly care facilities today, and I can only hope that Japan will find ways to subsidize more of these facilities. Iki Iki Plaza, one of the facilities at which my fieldwork took place, is now in danger of losing its three only vans that

are used to transport residents to doctors' appointments and to their family homes. Rouken and Kaiseiso must now increase the amount of private single rooms for privately-paying individuals in order to raise funds. This ultimately impacts local residents who need care, but who do not have the funds to afford private rooms.

As Omata-san told us in the beginning of this paper, bathing is the most difficult part of his job because he is unable to communicate with the patients about their needs. While caregivers today use many innovative methods to provide quality care and communicate with their patients, it is questionable whether or not such methods are sustainable. The entire elderly care world in Japan is currently suffering from a shortage of experienced caregivers, which leads to less time for each caregiver to get to know their patients, and improve communication with them. Low salary and job security force many experienced caregivers to leave the profession, while overcrowded facilities leave younger, inexperienced caregivers on night duty for over 100 patients to one caregiver, such as with the Tamayura Elderly Care Home (*The Japan Times*, 21 March 2009). When I asked the caregivers in each interview what type of changes they would like to see in the future of elderly care, almost all of them replied that they simply wished to have more time to connect with patients. For the caregivers, communication is the main method by which they can develop and carry out effective care plans. Their communication with patients compensates for other problems in Japanese elderly care today, but inherent difficulties to the profession make such communication unsustainable unless Japan continues to adapt and re-evaluate its elderly care system.

While it may be impossible to analyze all of Japan's changing and aging society in a three-month ethnographic study, it is possible to take a smaller look at some individual situations that may speak for larger concerns in Japan as a whole. That is what the aim of this paper is: to take a small, window-sized look into the world of Japanese elderly caregiving in order to start thinking not only about Japan's future as a hyper-aged society, but also about the future of developed nations across the globe with similarly aging populations, and the important role communication and collaboration can play in future caregiving. I do not pretend to claim that a small paper such as this can have such far-reaching results, but I can at least hope that some of the stories included here can point out the relevance of such study in present society.

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