# "I DON'T WANT TO LIVE TOO LONG!"

## *SUCCESSFUL AGEING AND THE FAILURE OF LONGEVITY IN JAPAN*

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In this chapter, I examine the tension between older Japanese individuals' efforts to achieve a 'successful' old age and their anxious sense of failure for living 'too long'. I locate this tension within the creep of neoliberal ideals into Japanese social policy and public discourse, which others have described as having a profoundly destabilising effect on families, labour, education and other institutions that had once structured the life course in Japan (Allison 2006, Morioka 2012). In the case of older adults, neoliberalism draws on catastrophic narratives of population crisis and the hopeful science of gerontological/geriatric research to support a market-based solution based on a 'logic of choice' rather than a 'logic of care' (Mol 2010) and individual risk over collective social responsibility (Dannefer 2010; Phillipson 2015; Rubinstein and Medeiros 2014). Anthropologists strive to give flesh to these narratives, exploring at the same time, the ways gaps between ideologies and lived experience can produce openings for individuals to experiment with alternative visions about what it might mean to live a long and full life (Lamb, ed. 2017). Ethnographic moments taken from "life on the ground" (*genba*) (Yuki 2012) of Japan's ageing society, illustrate how older people and carers live immersed in these discourses, and how they find themselves bearing the risk and moral responsibility for the aging process.

## BACKGROUND

By 2030, about one third of the Japanese population will be over the age of 65, and each will be supported by only two working-age persons, compared with 11.2 in 1960 (Muramatsu 2011, 426). A large proportion of these older people will be the post-World War II 'baby boom' generation (*dankai no sedai*), who will be entering their late seventies. Already the demographic change has resulted in sometimes shocking observations: sales of adult diapers have now surpassed those for infants, and the number of adult day care or 'day service centers' is approaching the number of convenience stores (some popular chains have introduced home delivery, carer support 'salons' and even in-store consultations with care managers)[1].

Japan's aging population is the result of both low fertility and longevity. A Japanese person who reaches the age of 60 today will live, on average, another 26 years (slightly less for men and slightly more for women), or about a decade longer than was expected for those turning 60 in the mid-1980s[2]. This rapid lengthening of average life span, is particularly noticeable when we look at the numbers of the "oldest-old," or those who have lived for a century or more. In 1986, census data indicated that there were only 153 centenarians living in Japan, each of whom would have been awarded a small gift (a silver ceremonial cup inscribed with the auspicious

1 In 2017, the number of convenience stores in Japan totalled 55,090. Day Service Center facilities 41,242. See news release from Lawson http://www.lawson.co.jp/company/news/102841/, accessed 1 Oct, 2017.
2 MHLW

character *kotobuki*, meaning 'long life') and an official government certificate celebrating their achievement. Thirty years later, the number of centenarians had already surpassed 65,000, and is projected to be on its way to 532,000 by mid-21st century. Given the rate of overall population decline, this means that about one in every 200 people you meet in Japan would be over 100.[3] The government will still be giving out certificates, but most regions have already decided they would have to do without the silver cups.

Japan serves as an important case study on the social effects of mass longevity not only because of these globally and historically unprecedented numbers, but also because of its approach for adjusting to its aging population.

While Japan has had a system of universal national health care since 1958, and a universal national pension since 1961, it had been slow to implement non-medical social care for older persons until 1989, when the Liberal Democratic Party launched its popular and ambitious "Gold Plan" (Tamiya 2011, 1184; Coulmas 2007, 67; Knight and Traphagan 2003, 14-18; Long 2010). This restructuring aimed at relieving the burden of eldercare from adult children, since not only were families smaller than they had been in past generations, but they were also more urban, nuclear, and dual-earning. Hospitals, which in many cases served as de facto nursing homes for older adults with chronic conditions, were also overburdened, and restructuring plans had ambitious goals of doubling institutional beds and tripling community-based services by 2000. The Gold Plan was gradually scaled back as Japan entered its post-bubble recession, with most of its goals unrealized and social care in disarray.

At the beginning of the 21st century, the LDP had a new rising star in the Elvis crooning Junichiro Koizumi, a bold figure in introducing neoliberal reforms to Japan's sluggish economy. The Japanese Ministry of Health, Labour, and Welfare (MHLW) needed to fix the broken Gold Plan, but with the growing number of older people, it was clear that they couldn't afford to do it themselves. The solution was to shift eldercare from a centralized tax-funded welfare system to a mandatory Long-Term Care Insurance (LTCI) system funded by a combination of taxes and insurance premiums. LTCI originally enacted in 1997, was implemented in 2000, opening the door to third-sector (private and non-profit) care prevention and provision (Long 2008, 140-143).

Article I of the new LTCI law states that its purpose is "to provide benefits pertaining to necessary health and medical services and public aid services so that these people are able to maintain dignity and an independent daily life routine according to each person's own level of abilities" (MoJ 2009) Not only were individuals more central to the selection of services, but increased effort was made to promote "care prevention" (*kaigo yobō*) activities modelled on the ideal of an autonomous subject whose autonomy is practiced by staying healthy and active (Yuki 2012, 80). The ideal subject of care in the LTCI system, in other words, is, in some ways, the docile body of Foucault's biopolitics, animated by a caring bureaucracy into a successful

[3] The population of Japan peaked around the same time the post-war baby boomers were beginning to retire (2005-2007) at a little over 127 million. Fertility rates have been below replacement levels since the late twentieth-century, and as the boomer generation grows older, Japan will experience a globally unprecedented increase in the proportion of the population over 65 (already over 27% in 2016, and will make up 40% by mid-century). By 2050, when many of the boomers will have died, the population will plummet to 100 million, with centenarians comprising about 0.5% of the total.

ager. The adoption of a more neoliberal style welfare system and the centrality of successful aging approaches worked hand-in-hand, resulting in both a boom in third-sector care services (and a slowed growth of state provisioned care) and an increased focus on the insured individual as an agent whose moral responsibility it was to avoid costly long-term dependency.

In the years since the LTCI was introduced, however, the numbers of older people needing care has continued to rise at a pace that has outstripped the capacity of the care industry. A look at Healthy Adult Life Expectancy (HALE) compared to Life Expectancy at 60 shows a difference, on average, of seven to ten years. Perhaps conceding to the ineffectiveness of kaigo yobō and services to slow the progression of health decline, the LTCI introduced plans in 2014 to drop its provision for care services for less dependent older people and instead, to fund locally led community projects and volunteer groups. Despite this, LTCI rates have risen significantly and access to services has become more restricted. Care workers are in serious shortage, residential care facilities have long waiting lists, and many must rely heavily on family members or pay out of pocket for services when it becomes difficult to navigate the bureaucracy of the system.

The successful aging approach, however, still persists in Japanese communities, despite these indications that its limits may not be adequately acknowledged. In order to understand why this is the case, we ought to take a closer look at what kinds of subjects the successful aging paradigm seeks to create, its convergences with some Japanese cultural values and the possibilities for alternatives to the hegemony of successful aging.

## SUCCESSFUL AGING COMES TO JAPAN

Gerontological literature up until the mid-1980s tended to use the term "successful ageing" to refer to one's ability to obtain a degree of subjective well-being and satisfaction in old age despite some degree of inevitable age-related decline in physical and psychological functioning (e.g., Havinghurst 1963; Knipscheer 2010; Palmore 1979). This 'optimistic' view of old age departed from the decline/disengagement view of aging, and paralleled broader political movements advocating for greater public assistance and improvements in access to institutional care for the aged and disabled in Europe and the US (Fredvang and Biggs 2012; Sanjek 2012).

From the mid-1980s, however, things began to change again. In 1987, John Wallis Rowe and Robert Louis Kahn published their landmark paper 'Human aging: Usual and successful', in which they argued that not only should 'successful aging' be studied systematically using objective, measurable outcomes, but also that individual lifestyle choices could make one more successful than 'usual'. In the following years, these researchers would refine their version of successful aging and amass evidence culminating in the book, *Successful Aging* (1998), that laid claim once and for all to the term. This new turn on the successful aging concept quickly became the most widely used paradigm for gerontological research, social policy, and businesses around the world (Lamb, ed. 2017).

In Japan, for instance, a Google Scholar search for the Japanese transliteration for "successful aging" turned up 588 results between 1998-2017, while the same search yielded only 24 results before 1998. This dramatic increase in use of this term reflects both the use of the concept as a

paradigm for research but also the need for Japanese research to respond to this paradigm (including critiques). It may also be evidence of the naturalization of the use of successful aging in policy and clinical literature. Successful Aging, often termed "active aging" in Japan, filters into the social consciousness through authority wielding institutions, media and marketing in ways that resemble the global flow of diagnostic categories for mental illness (Kitanaka, Nakamura, Appelbaum), while at the same time, on the level of everyday practice, active aging must also contend with other cultural expectations of the life course, the body, and the value of age (Long, Mathews, Moore).

Successful aging, while admittedly far from the elixir of youth, still had a magical effect on all sorts of industries that stood to profit from the growing ranks of 'young-old' baby-boomers at the millennium. The positivity of successful aging had merged with the power of consumerism and a new fascination with the plasticity of the body. Aging didn't have to mean 'old age' as we knew it — '60 could be the new 40', and science would make the post-retirement years not only healthier, but smarter and sexier too (Loe 2006). If earlier forms of successful aging sought to dismantle discriminatory practices and establish forms of institutional and social inclusion, this new incarnation of SA followed a neoliberal logic of the life course, where 'success' was determined by individual consumer choices within a market-regulated system. Following the same logic, our approach to caring for an aging society turned away from the role of the subject of welfare and rights, toward a more personalized, individual-centered model based on the autonomous subject of choice and an ethic of prevention.

Rubinstein and de Medeiros (2014) most recently summarized the effects of neoliberalism on modern social support for older adults, concluding that it is not only consistent with the paradigm of successful aging, but also that successful aging can be viewed as a mode of governance that gerontologists have been happy to contribute their science to. Sociologist Brett Neilson (2003, 2006) examined the consequences of successful aging discourse and the social temporalities they work to construct. Neilson argues that in the logic of the global biopolitics, aging is conceived as something to be prevented, foreclosed, or perpetually placed in abeyance. The biopolitical logic of prevention is "a strike against a future fate that can only be avoided, or so the fantasy would portend, by an action that can never occur too soon" (2006, 157). In aiming to "protect the future from the present" (2006, 161) the narrative of success in aging is also a narrative of non-aging.

Adopting a subjectivity of prevention means embracing the key assumptions of the "successful aging" model of the life course, namely, that well-being (characterized by the three components of "low probability of disease," and disability, "high cognitive and physical… capacity, and active engagement with life" (Rowe and Kahn 1998, 433, quoted in Rubinstein and de Medeiros 2014)) "can be attained through individual choice and effort" (1998, 37).

Successful aging encompasses a wide range of possible activities prevalent among older adults in Japan, including clubs and social groups, exercise, volunteer activities, and educational programs. While some have argued that these activities, especially those involving arts or religious activities are consistent with long-held Japanese models of old age as a time to develop one's character and spiritual life (Rohlen1991; Moore 2014), most older adults I have met who

participate in these groups are absolutely clear that their primary aim is to prevent dependence by staving off physical and cognitive decline (cf. Traphagan 2000). One man who I met at an older persons' club made it clear that all the 'play' was aimed at avoiding a long and frail old age. He leaned forward on the edge of his seat saying, quietly at first, "Sometimes you hear people say, where's so-and-so? And someone else says, 'He died!' But that's what I want! I want to die that way!"

But this is exactly where we run into problems, because although the SA paradigm contends that we choose how we age, most of us still don't get to choose when we die, and unfortunately for the proponents of SA, we are still a long way from eliminating the slow decline leading to death. Longevity, it turns out, is like a moving finish line that keeps receding the longer and faster we run.

Admittedly, this caricature of successful aging overlooks some of the more measured, nuanced, and insightful research on aging well that has undoubtedly improved many people's lives. I am not interested in questioning the general value of emotional contentment or physical comfort in old age (or any age), nor do I intend to focus, as others have, on the effectiveness of some of the successful aging policies or programmes for achieving their aims. Instead, I want to focus on the tension between life extension and quality of life that casts its long shadow over the successful aging paradigm (Moody 2001/2002). Advocates of SA accept longevity as a starting point and try to make the most of old age, but this opens the door for life extension and anti-aging advocates to propose doing away with old age altogether. While a future of superlongevity becomes more certain (at least for some), quality of life seems more precarious than ever.

## Failure and Force of Longevity

"Old age," observed social gerontologist Paul Baltes (1997, 367), "is young." It is only recently that humans have enjoyed such long lives and had to figure out what to do with them. In early medieval Japan, forty was considered the beginning of the slow decline of ageing, and the age of sixty[4] was celebrated as the auspicious entry into a ripe old age where 'retirement' (*inkyo*) would have been expected, and authority and inheritance passed on to the next generation. Interestingly, when the early 20th century developmental psychologist G. Stanley Hall effectively established the scientific field of gerontology, he too argued that those in their 40s had entered senescence. In 1920, Hall wrote what has been called the 'prophetic' text of population aging (Cole 1984), in which he argued that older people have "a function in the world that we have not yet risen to and which is of the utmost importance" but which "can only be seen and prepared for by first realizing what ripe and normal age really is, means, can, should, and now must do, if our race is ever to achieve it true goal" (ix)[5]. Hall's botanical metaphor a 'ripe' old age suggests not only an affinity for linking the science of human development to the science of

[4] Traditionally, Japanese begin the enumeration of birthdays at 1, so that 60 would, in modern reckoning, be only age 59. Symbolically, this age, called 'kanreki' in Japanese, represents five complete cycles of the twelve signs of the Chinese zodiac, and the symbolic return to youth. Kanreki celebrations, therefore, often feature symbols of rebirth and infancy, such as bright red clothing.

[5] See archived open access original text of Senescence here. https://archive.org/details/senescencelastha00halliala, accessed 1 October, 2017.

other natural life cycles,  but it also reveals his interest in some overall functionalist or teleological view of a society that achieves it goals. Success, to Hall, may be realized in and through maturity.

Such a view lands not so far away from long-standing Japanese ideals of the fruits of longevity. A long life has been celebrated and sought after for thousands of years in Japan, where palaces and gardens would be decorated with a mythical bestiary of supernatural immortals: the tortoise and crane, the dragon and the phoenix. The cry "banzai!" literally means "ten-thousand years!" but might be more accurately translated as "eternal life!" Drott (2010, 2015) has found references to life extension in the healing practices of Buddhist clergy as early as the sixth and seventh centuries. Long life (*kotobuki*), in this cultural sense meant not only a long and full life for the individual, but also for the life of a lineage, such as that of the Imperial family, which in turn, is a metonym of an ethnic-national identity (*kokka*).

But for most people until the mid-twentieth century, living into very old age was considered exceptional. The age of 70, for example, was referred to as '*kōki*', written using the characters for 'old' (*furui*) and 'rare' (*mare*). When celebrating a friend's 70th birthday, we all marvelled at how much things had changed. "I suppose that in the past, hardly anyone lived that long," she told me, trying her best to muster some gratitude, "But these days, Japanese people are all living so long. I hardly ever receive notices about people who have died younger than ninety anymore. It just makes me wonder how long I have. I don't want to live too long!"

Looking closely at casual complaints like these reveals both the force and failure of longevity in the minds of the current older generation. Age, and especially old age, is something that approaches both too slowly and too swiftly, entangled both to an embodied sense of duration and to the space of social relations that frame it (i.e. the uncanny appearance of a death notice, like a message from beyond, inviting an untimely reflection on one's own mortality)[6]. The changes in the social landscape are marked by the incongruity between the mark of cultural time (auspicious year celebrations) and demographic time based on projections of population statistics, so much so that it becomes nearly impossible to speak of one's age without comparison to others, often reflected through the frame of the national population. "There are too many old people around here," one of my older neighbours plaintively remarked as we watched an ambulance carry off another older neighbour down our narrow street. "Too many old people in Japan!" she quickly added, before shaking her head and walking back to her house.

Longevity, as these anecdotes illustrate is not only considered problematic for the individual who endures, but also for maintaining national and social vitality. It signifies both the promise of an extended ripening of the valued qualities of maturity, as well as the dread of bodily decrepitude and by extension, broader social decline. When the 'quantity' of life becomes a problem for 'quality' of life, older adults tend to reconsider the value of lasting so long. For older adults in their eighth and ninth decades of life, often find themselves caught in an ethical

6 If I want to mix a glass of sugar and water, I must, willy nilly, wait until the sugar melts. This little fact is big with meaning. For here the time I have to wait is not the mathematical time which would apply equally well to the entire history of the material world, even if that history were spread out with a certain portion of my own duration which I cannot protract or contract as I like. It is no longer something thought, it is something lived. Bergson-

double-bind where the projects of self-improvement and active aging that characterised their early post-retirement life result in the prospect of lasting longer than they would like. As earlier 'success' seems to slip away, the life remaining is felt as a kind of moral failing that does nothing but burden others and weaken society.

## THE SPOILS OF SUCCESS (OR JUST SPOILED?)

Longevity creates a tension between success and failure that calls into question both traditional values of long life and the technological and medical idealism of "ever-fixable bodies" (Kaufman 2015, 558). Is it good to continue living into old age today? At what point does a ripe old age turn into spoiled fruit?

The Apricot Association was one of the volunteer groups I joined during my fieldwork, and as their name suggests, they had their own ideas about what made a ripe old age. All of the other regular volunteers were older women themselves, retired or working part-time, some as waged carers or social welfare employees. When I asked one of these paid carers why they would volunteer on the weekends with the Apricots, she told me, "it's so they won't have to come see me later on! For some people, they only get out to do something once a week or two, then they get worse and it's a real mess. We have to do something to keep them active!"

And Apricot Association makes efforts to provide opportunities for people of advanced old age to continue participating in social life. In the neighbourhood where I conducted fieldwork, volunteers held monthly gatherings that were key sites for cultivating ideals of a successful old age[7]. A small grant from the city provided enough to cover the cost of renting a meeting space and craft materials, but there were frequent concerns about how to sustain the group, which changed location three times during my year-long stay. Their activities included light exercises for the hands and legs, simple crafts, singing and conversation over tea and cakes. Cutting and glueing small bits of paper or fabric in a crowded office room may not seem like your idea of successful aging, but for the volunteers and participants, it not only provided a welcome diversion (and practice at fine motor skills), but produced a small ornament to decorate the home or give as a gift. Successful aging, I was reminded, is not about climbing Everest[8] but about basic attributes of life satisfaction. In fact, most of the key literature on SA does not list longevity as an aim of active ageing, but rather focuses on the maintenance of capacities for continued autonomy, independence and engagement that sometimes involves recognizing limitations (including a limited lifespan) and making life-style changes. In their modest way, Apricots were cultivating a sense of social vitality that would keep them from being seen as 'old persimmons' (Skord 1989; Yanagita [1946] 1970)

Once each year, a sample of the group's work was exhibited alongside the work of other similar community groups in a large, multipurpose recreation hall of a local primary school. When I went to visit the exhibition, I found a small group of older women seated in a corner of the room, and introduced myself as one of the volunteers. "Getting old is no good. We're just no good anymore when we get old. It is nice to be young, you know? Being young is a great thing, a really great thing!"

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7 Groups like these are relatively new, but have a precedence in much longer-standing 'old age societies' (see Traphagan) and clubs

8 Yuichiro Miura climbed Everest at age 80 in 2013.

At this, another woman sitting with the group quickly tried to put a positive spin on things, smiling and nodding as she replied, "Oh, but there are things that you have when you get older!"

Ando-san, however, wasn't about to be convinced: "Oh but no one listens to me! That's just hard, but that's how it is. Of course we have some wisdom or something, but then we just think. 'Oh it used to be like that, but it isn't anymore, it was always that way, but I don't know now.' You know?"

We continued for few more minutes, talking not only about loss of authority, but also loss of memory function and physical strength. Consequently everyday tasks like grocery shopping became a challenge, and most of the women in the group now depended on a delivery service, but this too had its challenges. Ando-san recalled how recently she had forgotten a previous order and ended up with double the amount of food that she would usually buy, but this story somehow became indexical of the experience of age:

> A: I just bought too much stuff and there wasn't enough room and my daughter got all mad at me. I guess you can't put that much stuff in the fridge or it'll bust (*itamu*). There's a limit. Right?
>
> (to everyone) for everything in life, there is always a limit (*gendo)*!
>
> There is always some sort of maximum limit (*genkai*) that we have to think about when we do something! (to me) Isn't there sensei?

She then compared longevity to the excess frozen food she ordered, saying "It doesn't go bad really, *but the taste is no good."*

Meal delivery services and community crafting clubs are just two examples of the array of services that have become increasingly common with the introduction of the 'community care' approach to successful aging. There are also home visits by doctors, nurses, physical therapists, care managers and neighbourhood association members. If this surveillance isn't enough, tracking technologies that can detect and report activities of solo-dwelling older people, and social robots like Pepper are also being promoted as solutions to keep people in their homes and communities.

As Ando-san notes, however, the taste isn't the same. Successful aging, while conceived as a means of promoting factors that improve quality of life, has translated, it seems, into a reorganization of spaces and infrastructures that sustain, but do not necessarily enrich that life. Like excess food in the freezer, one is preserved rather than vital and flourishing.

## SUCCESS COMES HOME

The Apricot Association represents one of the more benign, everyday means by which successful aging circulates and seeps into the public consciousness of age. Together we made dozens of small cloth ornaments, learned a few soft and melancholy old Japanese songs, laughing at ourselves when we forgot the words. Participants were polite and hard-working, making an effort to be what Traphagan called 'good *rōjin*' (2006). But to see the Apricots as merely benign would misrecognize the role of voluntary organizations in the broader scheme of neoliberal privatization (Hayashi 2016). For participants, the association bridged informal and

formal care, community and corporation, and by engaging with a variety of aesthetic and affective modalities, it cultivated desires to stay alive and at home.

One of the major goals of the cost shifting program of LTCI has been to move the locus of care delivery from institution to the domain of the home[9]. This shift is comparable to most trends in delivery of eldercare in Europe and the US, where the emphasis is on "community care," or "aging-in-place" supported by home care services (Broadbent 2013, 4; Otto 2013). Building and maintaining full-services nursing homes is costly to insurers when compared to services staffed by part-time and on call staff who are usually paid minimum wages and not reimbursed for travel expenses (Broadbent 2013). Services delivered are restricted based on a care needs assessment, and are aimed at providing the minimal amount of care needed to promote a return to independence and prevent further decline. In practice, successful aging at home meant that most older adults would use gradually more care services as health and mobility declined.

Entering institutional care was always seen as a last resort. After LTCI, fewer and fewer insurance-eligible residential nursing homes were being built, and in 2014, over 520,000 names were on the waiting list for beds nursing homes[10]. The next year, a change in the eligibility requirements for entering residential care (more serious disability would be required[11]) resulted in this number dropping by almost 200,000 overnight.

Given the long wait for a bed in a residential care home and the costs and most private care facilities, it has become increasingly popular for older people, especially those living alone, in care assisted older adult housing, where residents lived independently in their own small apartments, but could order services such as home care aides or physical therapists from a menu of fee-based options. One care manager I spoke with bemoaned the fact that such clients were now referred to as 'customers' (*kyaku-san*) rather than service users (*riyousha*) or patients (kanja).

There were also concerns that owners were seeking to maximize profits by cutting staff. On one occasion, while delivering meals to solo-dwelling older people in my neighbourhood, the other volunteers noticed that one of the regular recipients was no longer on the list. As they shared information with each other, they pieced together that her health had declined and her family were unwilling to take her to their home. Instead, they got her a 'rojin apartment' where 'if you want services like someone to help give you a bath or cook your food you have to pay extra.'

'Those kind of places are a little scary,' one of the volunteers said, shaking her head.

'They look alright on the outside, but at night, there are about 100 people living there, and only 3 staff! And the staff aren't trained in elder care, just administrative staff types.'

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9 According to the WHO, Japan had 13.4 hospital beds per 1000 people, far outstripping any other country in the world (the U.K. ranked 27, at 2.95 beds per 1000) https://en.wikipedia.org/wiki/List_of_OECD_countries_by_hospital_beds, accessed 1 Oct, 2017

10 Private rooms in LTCI eligible care homes are rare. Usually there are four to a room.

11 Services for the insured individuals are restricted based on the level of care need as determined by a care worker and self-evaluation. Based on these, the insured is ranked from level 5 (most need) to level 1. In addition, there are two additional classification for those with only minor conditions that do not affect independent living (need of support levels 1 and 2). Currently, only those level 3 and above can be reimbursed through the insurance system for care expenses.

The other volunteers agreed. One of them added 'They say that if anything happens at night, tenants can ring a bell or something, but how is anyone going to answer all those? If something happens, what do they do?'

We kept walking to the next house, carrying our parcels of lunchboxes, each wrapped in a mustard colored floral patterned cloth. Were the men and women who would untie these parcels alone at home aging successfully? And what of the woman who moved away? Certainly she maintained a kind of autonomy, and even some degree of choice over her care services, but could we say that she is aging 'successfully?'

The answers to these questions elude us because the standards by which we determine dignity, autonomy, independence and choice break down when their subjects are men and women entering the last years of a very long life. They are then replaced with something else, something just as valuable, but something that escapes through the sieve of success with a whisper, *shhhh*.

If the successful aging paradigm is too entangled with forms of knowledge-making that reduce life's value to consumption, it won't hear this. It might miss the ways older people take and transform time in old age. The quiet capacities of a 'usual' old age, and the meaningfulness of decline.

Meaningful decline as a new paradigm for living and leaving

In her cross-cultural research with elders in India and the USA, anthropologist Sarah Lamb (2014, 2017) uncovers not only a discomfort with the notion of successful aging, but an alternative paradigm that foregrounds the process of accepting the changes brought on by advanced age and the new forms of social exchange, love, and spiritual belonging that gave it meaning. In many ways, this attitude echoes the sentiments I found in conversations I had with bereaved elders in Japan (Danely 2015). Rather than an ageless self that pegged personhood firmly to capacities in earlier life, these older Japanese adults found that age gave them a new embodied intimacy with the departed, and by extension, to the invisible presences of the ancestors. Japanese cultural theorist Kiyokazu Washida (2015, 71) described this experience of maturity as one defined not by steady, linear progression from birth to death, but rather a series of encounters with a widening circle of 'Others' (*tasha*) through whom subjectivity is formed and transformed. Successful aging, in contrast, describes a process of aging that is not only progressive and positive[12], but involves a deepening sense of self-awareness and self-confidence. Japanese elders may experience these changes, but they are not seen as signs of normal maturity, let alone old age. dependence in old age was linked to Buddhist values of non-attachment, compassion, and grief.

Interestingly, psychologists examining emotions among the oldest old have started noticing some significant discrepancy between Japanese and North American groups. Rosa et al. (2014), for example, compared self-reports of important life events between a group of 239 US and 304 Japanese centenarians, concluding that U.S. respondents were much more likely to mention happy events like marriage and children, while Japanese respondents were more likely to mention grief, trauma and other 'negative' events. Grossmann et al. (2014) not only support this

[12] see Carstensen's work on happiness in old age ***

observation, but further discovered that, when examined over the life course, Japanese elders did not experience the decline in negative emotions that one sees clearly in the USA. The authors believe these results might be related to differences in the cultural construal of emotions, also noted by others: Japanese elders appear to be able to see the good in the bad as well as the bad in the good (Miyazawa, Uchida and Ellsworth 2010).

If, as these studies suggest, elders in Japan develop emotional lives that do not map on to discreet categories of positive and negative, success or failure, then they risk being excluded by the kind of logic that pervades current neoliberal approaches to the management of life. This was demonstrated when I visited a small handmade paper and stationery shop run by an older man in my neighbourhood. As I was the only one in his shop that afternoon, I struck up a conversation, finding out that he had only started the shop after he had retired from a desk job some years back. Although he'd had an interest in paper craft, it never amounted to more than a hobby, but after retirement, he began to pursue it in earnest.

"At first it was hard, every time it was just a mess!" he grinned as he remembered all of his failures, before turning to me again to exclaim, "But that is a success! In failure, we have success! That's what we Japanese are always saying. Life isn't easy, and failure is part of it. If we can learn from it though, there is never any real failure." His wire-rimmed glasses slid down his nose as he spoke, and he pushed them back again as he turned around to a shelf behind him. He brought down some stencils that he had made, each a meticulously detailed cut out on stiff material. The one on the top of the stack seemed to be a mountain scene, with tufts of bamboo scattered in clusters. "This is what we call the snow on the bamboo pattern," he said, pointing to one of the clusters. "You see there? The bamboo is bent over with snow on top. I think we like this one because he tells you that spring will come soon. The bamboo doesn't break, it just bends over gently, you see? It is bent over, just like an old person. That's the key."

'Success in failure,' as this man stated, was a common attitude for many older people, and with longevity new careers, talents and forms of finding meaning and well-being would have time to ripen and mature. But longevity also allows elders to contemplate mortality and consider how the weight of the seasons will eventually bend the bamboo past a point of recovery. Successful aging seems to offer a pathway to healthy, if not exceptional long life, but it doesn't have much to say when it comes to the end of life. Do older people see this too as a failure?

In the neoliberal version of successful aging, death is, like any form of disability or disease, a kind of failure. With longevity, this failure is stretched out over more years, and as family become more involved in care to fill in the wide gaps in LTCI care provision), this longevity threatens to disrupt younger generations as well. Anthropologist Susan O. Long's (2005) ethnography describes the complications (legal, financial, medical, and cultural) involved when these younger generations and other relatives become involved in end-of-life decision-making, and the need for re-engaging with alternative "scripts" such as the "gradual process of leave-taking" (*rōsui*), also known as 'natural death' or 'death from old age' (2005, 204). Long's work resonates with Washida's notion of maturity, recognizing that how we die, like how we age, is not merely a matter of rational choice, but also depends on a recognition of selves that are "socially constructed, tentative, and fragmentary," existing within "actual relationships in context" that exceed demographic categories (2005, 214-215).

One of the strongest critiques of successful aging in a time of super-longevity comes from advocates of 'natural death,' which, unlike many Euroamerican countries such as the UK and USA, remains an acceptable cause of death on official documents.[13] MHLW led efforts over the last decade to reduce costs by limiting hospital stays and disincentivizing costly medical procedures at the end of life has led to a significant increase in the number of people dying from old age (NHK Special Shuzaihan 2016).

This was a trend was especially good news to people like Hashimoto-san, director of Dōwaen, a Buddhist care home in western Kyoto specializing in end of life care (*mitori*). Dōwaen began as a charitable service of a Buddhist temple and was established as Kyoto Nursing Home in 1921. Over time it expanded to over 300 beds, including a day-service center, a children's day care, and home care support. On my first visit, Hashimoto-san, served tea in one of the consultation rooms, where he would speak with family members and residents. A large portrait of the home's founder, in full Buddhist regalia was framed on the wall, just above Hashimoto-san's clean-shaven head. Although it was the end of the day, there was no hint of weariness in Hashimoto-san's voice. I had met many care home directors by this time, most of them good people who found themselves on the path of eldercare because they wanted to do good in the world. For Hashimoto-san, however, eldercare was a spiritual vocation and an intellectual passion born out of years of fighting against elder mistreatment. I felt my spine straighten and teeth clench in concentration as I listened to his take on Japan.

"The [LTCI] insurance system started about 15 years ago right? With that, we became a 'service.' Now, a 'service' is something you pay money for and buy. Not only that, but there's a contract. The family signs the contract, they buy the experts, and then all of it gets turned over to them."

Step-by-step, Hashimoto-san led me through the logic of the marketized social care system, as if listing ingredients that by themselves were benign, but ingested together would be poison. Dōwaen, unlike the many care homes established since the 1990s, could draw on its own model of care to formulate a more ecological approach that emphasized complete family support (when there are interested in family) or integrating community support (with the temple or home as an extensions of the community).

He explained to me that despite the rationalization of the Japanese medical system, Dōwaen has continued to promote natural process of aging and dying (typically by allowing a patient to expire when they are no longer able to eat and drink on their own). He had been disturbed by the fact that nearly 80 percent of Japanese people, most of them elderly, die in hospitals, often while receiving some sort of life extension support such as nutrition or fluids (at worst, dying of "spaghetti syndrome", attached to various tubes and machines).

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[13] This is not to say that there is a lack of 'natural death' advocacy in these countries. In particular, Atul Gawande's (2015) best-selling book '*Being Moral: Illness, Medicine and What Matters in the End*' explores the damaging costs of applying the logic of cure in situations of advanced age and terminal illness. Gawande, himself a practicing surgeon, sees both the problems in practice and the responsibility health practitioners have in changing the culture of care. "Scientific advances have turned the processes of aging and dying into medical experiences," writes Gawande, adding, "we in the medical world have proved alarmingly unprepared for it (2015, 11). I would add that it is not only science, but the people who use the science (including patients and non-medical persons) who have changed the process of aging and dying.

At Dōwaen, Hashimoto-san explained, end of life care meant finding ways to connect the dying in a meaningful way to others around their last days. In other words, achieving the goal of *rosui*. While other homes sometimes rush dying or even deceased residents to hospitals in order to avoid the association of care and death, Dōwaen has emphasized the importance of watching over the dying, even going as far involving other residents in funerary ceremonies for former residents. It is the only nursing home in Japan that holds full funerary ceremonies for residents.

"Every human life has a limit." Each word grew in intensity until it felt like the last one hit me between the eyes.

"From that fact, it follows that we must support [patients] each and every day, looking after this precious time." He concluded the home's mission statement. This holistic, integral and interpersonal approach to aging, caring and dying, and in particular Dōwaen's natural death philosophy, has not always been popular in Japan. But as I dined that evening with Hashimoto-san and a top prefectural official in the office of social welfare, there was clearly interest in finding ways to integrate this approach. Might this also challenge the individualist, consumer-based model of successful aging and neoliberal care?

## CONCLUSION

We have no idea what it will mean to inhabit a future of super-longevity. Some scientists believe there may be a biological life clock that just doesn't let us live past 120 or so. On the other hand, transhumanists of a variety of backgrounds are eagerly pursuing ways to harness technological advances (implants, prosthetics, drugs, e.g.) that may lead to significantly longer and healthier lives even in the next few decades. On the radical end of the transhumanist spectrum are those who predict a post-human future, where age and death will evaporate as personhood will no longer be tied to individual fleshy bodies, but part of a system of digital information network. In any case, while each of these futures pose the question of life extension, they each grapple in different ways with the whether or not extension is also enhancement. If a long life without serious disability or cognitive decline is possible, would this benefit both individuals and society? If new technologies allow the links between our consciousness and creaturely presence to be loosened, do we need to develop new ethical frameworks to even assess the nature of enhancement?

Uncertainties abound whenever we look deep into the misty orb of the future, but whatever it entails for human longevity and enhancement, it will have to contend with the ways that we think about aging and dying today, especially in the super-aged societies like Japan. In this case, demographic pressure and Gerontological science intersected with other economic and political interests in neoliberal reforms and gave life to a beast-- half-public, half-private—that, for better or worse, older people and carers live with. And while many find it difficult or meaningless to carve their life into bureaucratic categories of dependence or Gerontological categories of success and failure, the power of the system is so pervasive, it is not easy to escape its influence. Critiques from the end of life, however, provide a glimpse of what may lie beyond the limits of an increasingly marketized care system, new visions of human connection, dependence and love.

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