

# Learning Compassion: Everyday Ethics among Japanese Carers

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## Abstract

This article draws on anthropological, philosophical, psychological and religious notions of compassion, care and empathy in order to better conceptually situate the practices and narratives of family carers of older adults in contemporary urban Japan. Compassion is approached as something actively pursued (sometimes to exhaustion), requiring empathic imagination, as well as ethical practices of care. Both orientations are important, I argue, for considering how compassion is learned and how it might incorporate normative cultural narratives that expand the meaning of compassion in some ways and foreclose on others. In this article, I utilize ethnographic interviews to illustrate Japanese spiritual narratives of compassion as well as embodied, sensorial narratives. Finally, I consider the ways compassionate ‘co-suffering’ poses potential for exhaustion, and the need for improved social models of care.

Keywords: Compassion, informal care, empathy, care, Japan, Buddhism, older adults

## Introduction

Compassion is generally understood as an awareness of the suffering of another and the desire to alleviate that suffering (Bein 2013, 1; Blum 1980). And yet these ways of paying attention, feeling, and desiring are not only culturally patterned, but arise from practices involving repeated physical, emotional, and cultural ways of relating to the suffering other. We might even say that compassion is not something one possesses, but something one *does with others*. And in its intersubjective doing, its carving out of the

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interlocutory event, it invites us to consider an ethics of compassion. Thinking about the ethics of compassion leads us not only to the possibility of dialogue between cultural anthropology and philosophy<sup>1</sup>, but also to a reconsideration of Buddhist notions of connectedness and care<sup>2</sup>.

My interest in compassion arose not out of the philosophical debates, but out of the narratives of carers<sup>3</sup> of older adults whom I spoke with during my ethnographic research in Kyoto, Japan, between 2013 and 2014. Over the course of ten months, I conducted open-ended interviews with 30 informal (family) carers (current and bereaved), as well as 12 professional and volunteer (non-family community-based) carers. In many cases, these categories of caring overlapped with each other, with bereaved informal carers becoming professional care staff, and formal care managers organizing volunteer community events, for example (see Table 1).

Table 1. Summary of Interview Subjects

Current informal (family) carers	18
Bereaved informal (family) carers	12
Formal paid carers	5
Community volunteer carers	3
Informal community supporters	4
TOTAL	42

Most of these interviews grew out of conversations with carers at support group meetings, educational seminars, and volunteer activities. I was also able to observe care behaviors in the homes of some of these interviewees, though due to time constraints, and perhaps local cultural norms of reticence, I was not able to establish the rapport needed to gain access to most private homes. In order to gain more observations of carers and care activities for the elderly, I attended several regular carer group support sessions and events, volunteered twice weekly at an adult day service center, and participated in

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<sup>1</sup> Most notably that of philosophers Hannah Arendt and Emmanuel Levinas as seen in Nortvedt 2003, Porter 2006, Topolski 2014.

<sup>2</sup> See for instance Bein 2013, Halifax 2013, Lo 2014, Sethabouppha et al. 2005.

<sup>3</sup> Here and throughout I use the conventional UK word “carers” which is equivalent to the US term, “caregivers,” commonly used in scholarly literature.

community volunteer activities for the elderly<sup>4</sup>. This research was approved by the Institutional Review Board at Rhode Island College (IRB#1314-1004). Informed consent forms were obtained from all interviewees and from participating support groups. The purpose of the research was explained to all participants and names and personal information was kept confidential throughout the research process.

What emerged from these observations and interviews with informal carers was a narrative pattern focused on the gradual cultivation of empathic attention to suffering, as well as changes in emotional and subjective moral experience. For carers, learning compassion meant learning not only how to care for another person, but also how to understand oneself and one's feelings as constituted by the shared, relational experience of care. The purpose of this article is to show how Japanese cultural narratives, and particularly popular Buddhist notions of suffering and the essential non-duality of the self and other, infuse eldercare with an ethos of compassion that guides carers towards ethical practice.

First, I will consider the ways compassion might be analytically distinguished from related terms used more frequently in anthropology and philosophy, such as "care" and "empathy." Second, I will describe some popular Buddhist notions of compassion, suffering, and self that are relevant to the Japanese context. Finally I turn to several carer narratives, looking closely at the ways physical and emotional practices reshape experience. I conclude by considering the how compassion in the context of eldercare raises issues of vulnerability and responsibility that often overwhelm carers and lead to maladaptive behaviors. By focusing on the ways compassion is learned through habituated processes of doing compassion, I will try to highlight the importance of cultural narrative in positive relationships and psychological support.

### **1. Care, Empathy, and Compassion in Anthropology**

Compassion, like care, describes not only observable realities and cultural models, but claims space for a particular kind of theoretical and analytical project with implications for what we consider the fundamental characteristics of human life. While

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<sup>4</sup> Questionnaires were also employed in this project (n=100), and fieldnotes were kept on aging and care in a variety of other everyday contexts during the course of living in Japan. This article, however, will focus primarily on the interviews.

compassion is a relatively new topic in anthropology, there is a substantial body of work on related subjects, especially care and empathy. Although compassion entails some act or at the very least a desire to care, and this care must be based on some sort of empathic understanding of the other's feelings, it would be imprecise to conclude from this that care, empathy, and compassion are all interchangeable, especially if we intend to look at them across cultures. They overlap at times, but are not the same<sup>5</sup>.

Let's begin by differentiating between compassion and care. Care has many meanings in Japan (as might be seen in the many shades of care indicated in the lexicon)<sup>6</sup>, and indeed, its use in anthropology, sociology, psychology and other disciplines has resulted in very broad general use. Nel Noddings characterizes care as engrossment and motivational displacement—seeing and feeling like the cared-for and putting aside one's self for the sake of the other (Noddings 1984, 16). For Noddings, and others who have developed the ethics of care, care is the fundamental ontological base of the human experience<sup>7</sup>. Anthropologist Cheryl Mattingly echoes these claims when she states unequivocally that “to be human is to care about who we are, what we do, what happens to us” (Mattingly 2014, 12). Similarly, John Borneman argued that by (re)placing “care” at the center of anthropological research we are able to remake the discipline based on “a concern for the actual situations in which people experience the need to care and be cared for and to the political economies of their distribution” (Borneman 1997, 583)<sup>8</sup>—

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<sup>5</sup> Not only do I think it is important to clearly differentiate compassion, care, and empathy for purposes of analytic or etic precision, but I also do not want to give the impression that I am merely attempting to use an emic term (i.e. the term that was most meaningful for my Japanese interlocutors) in place of what is usually described as “care” in other contexts. Just because there are Japanese words that do not seem to clearly map onto categories of relationality in other cultures does not mean that we can assume that this word indicates a unique, culturally specific set of feelings, reactions, and desires. These are empirical problems that cannot be addressed by the present study alone.

<sup>6</sup> Different Japanese equivalents for “care” include kaigo (care for the old or infirm), sewa suru (to tend to), mendo miru (to watch over), mimamori (to protect), shinpai (concern), kea (phonetic transliteration of English word “care” used in contexts of health and wellness).

<sup>7</sup> This is an important central critical claim, for instance, of the ethics of care philosophy starting with Gilligan 1982, Noddings 1984, and Tronto 1993.

<sup>8</sup> Many ethnographies have used the concept of care to critically evaluate the politics of social exclusion and abandonment. See for instance Biehl 2005, Giordano 2014, Han 2012, Stevenson 2014. Mainly this has to do with a very different use of care brought into anthropological discourse mainly through Foucault's work on governmentality (Foucault 1988).

something he argued anthropologists lost track of by placing affinity and kinship in the fundamental role.

Claims regarding the fundamental nature of care have been extended by the work of biological anthropologists like Sarah Hrdy, who have given strong arguments regarding its centrality in relationships of mothering and child-raising (Hrdy 2009). Our long period of neonatal dependence, and especially close nurturing ties to parents in some ways sets humans far apart from our close primate relatives, and this can be seen in the development of particular structures of the human brain. Neuroscientists can point to specific qualities of the human brain that appear to support our biological predisposition towards trying to understand others and engage in relational cognition (Decety and Fotopoulou 2014; Klimeki et al. 2014). This research would argue that a universal biocultural capacity to care has developed according to environmental circumstances and continues to exert considerable influence on our social interactions.

The neurobiological research on the capacity for intersubjective experience and empathic feeling that underlies the loving and lasting relationships of humans is complemented by the work of psychological anthropologists concerning empathy. Empathy resembles Noddings' notion of "engrossment," or the essential yet always incomplete act of "apprehending the other's reality" (Noddings 1984, 14). Medical anthropologist Arthur Kleinman, who for years cared for a dementia stricken wife, describes caring as merging subjectivities and "empathic imagination" (Kleinman 2009, 293) that calls us out of ourselves, but which make us more human. While care may have a universal and fundamental core, its felt experience, moral significance and meaningfulness for those in a relationship are also highly particular, inseparable from the actions of the dyadic unit. Kleinman writes, "I learned to be a caregiver by doing it, because I had to do it; it was there to do" (2009, 293). Doing gives rise to affect and the possibilities of mutuality and moral relationship.

Jason Throop, like Kleinman and Borneman, sees the problem of "empathic imagination" as something addressed directly in phenomenology (Throop 2008, 2010, 2012). Throop is specifically interested in pain, and how one can feel or understand the pain of the other, something Husserl argued was a both fundamental and distinctively human (Throop 2012, 411). The Yapese people among whom Throop did fieldwork might have agreed with Husserl. In Yap, empathy (*runguy*, also glossed as

concern/pity/compassion) motivated dependency relationships and bonding between kin (Throop 2008, 409). Like the Japanese, Yapese cultural models of the person and social relationships included socialization patterns to help children intuit the intentions, feelings, and desires of others, while at the same time concealing their own inner self and striving to keep a “good face” (*feal awochean*) (Throop 2008, 415). These norms and values then produced practices, ways of being in the body, of touching, speaking, or holding meaningful silence. They connect with and care for each other based on a mutual understanding of the local vicissitudes of empathy.

Empathy, as a way of imagining or apprehending the subjective experience of the other, seems to be at the core of compassion. The English word is, after all, derived from the words meaning to “suffer with” (from Latin *com*, together, and *pati*, suffer). If we look at the Japanese equivalent, *jihi* 慈悲 we can see that it combines two pictographic characters: the first meaning “the love felt by a parent towards their child or a child towards her parents,”<sup>9</sup> and a second, meaning “suffering.” In Japan, compassion entails empathizing not only with the other’s pain, but their joy as well<sup>10</sup>. In this sense it appears to encompass much more than its English equivalent, and perhaps this is a concept that can enable us to unravel the significance of compassion for a Japanese carer. But what about carers in other societies? Surely Japanese norms highly value compassion, especially in the context of elder care, but might compassion occupy a similar fundamental ground as we saw in the cases of empathy and care?

Christina Toren’s ethnography of kinship relationships in Fiji might be an example of a case where compassion is central to ethical relationships (Toren 2002). Toren claims that “to be kin to others, a Fijian child must become one whose very being is informed by compassion as the ground of existence” (Toren 2002, 266). Her use of “compassion” rather than “care,” however, may have to do more with her emphasis on local forms of embodied consciousness, Fijian Christian ideas of god’s compassion, and other cultural representations that make up everyday life rather than larger theoretical claims we might use to compare societies. And yet by placing the Fijian cognitive scheme of “mutual compassion” (*veilomani*) at the center of her study, Toren is able to reveal much about

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<sup>9</sup> *ji* (慈) alternately means “pity” and “one’s own mother.”

<sup>10</sup> See Bein, who summarizes Nakamura Hajime’s argument that *ji* corresponds to the Buddhist concept of *mettā* (loving-kindness), while the *hi* corresponds to *karunā* (commiserating with) (Bein 2013, 51-52).

the ways Fijian children actively come into the world through their interactions with others, both as compassionate actors and objects of other's compassion.

Anthropologists interested in the politics of human rights have also picked up on the notion of "compassion" (Bornstein and Redfield 2011; Fassin 2005; Feldman 2013; Ticktin 2010), which unlike "care" did not seem circumscribed by immediate or intimate relationships, but indicated a moral way of relating to and responding to suffering on a global scale. Miriam Ticktin, for instance, shows how compassion acts as a kind of "anti-politics" in the context of undocumented immigration, wherein the suffering and sick body becomes the ideal subject of care (Ticktin 2010). Ticktin shows how compassion was able to 'mediate' in cases of ambiguous or uncertain suffering. In her words,

The emotional commitment involved in compassion is dependent on the ability of the person called on to imagine the suffering. That is, even if they are face-to-face, for imagination to play its role in the *coordination of emotional commitments*, people must make a case for it, nourishing their imagination from the same referents; their claims must be shaped by the same ideas of *what suffering is* and where the threshold of the bearable is drawn. Indeed, compassion is a practice that all are trained in. (Ticktin 2010, 113 italics mine)

Ticktin begins with the empathic capacity we find in care, together with the coordinated response of the cared-for<sup>11</sup>. It is emotional, narrative, and something one learns. In this passage, substituting the word "care" for "compassion" might not alter the meaning very much, but this is not so in terms of Ticktin's book as a whole. In the context of humanitarian aid, compassion seems to express more clearly a call to a higher virtue, a care that extends beyond kin to humanity as a whole, without prejudice. In this sense, compassion can be a powerful motivator for institutions of care, be they humanitarian NGOs or hospitals, but in practice, individuals employ different strategies that not always clearly caring in order to achieve the ethical aims of the organization<sup>12</sup>.

Toren and Ticktin both use the term "compassion," but in different ways and also in ways that differ from anthropological engagement thus far on care and empathy. Next, I

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<sup>11</sup> Similarly, Joan Tronto saw "responsiveness" as one of the four key components of care (Tronto 1992).

<sup>12</sup> See, for instance, Mol 2008 on the logic of care in medicine, or Brodwin 2013 in community psychiatry.

turn to Japanese cultural narratives of compassion in my own attempt to further distinguish it in ways that help us understand the moral struggles and self-formation of Japanese informal carers.

## **2. Japanese Cultural Narratives of Compassion: Suffering and the Empty Self**

Learning compassion means attuning oneself to the cared-for through repeated relational practices of empathic imagination. This is not an easy task, as it means putting aside one's own feelings and opening up to the experience of someone who is often suffering. Faced with this, carers forge or adopt new ways of organizing feelings and moral aims. Sometimes they draw on spiritual or religious symbols and metaphors that anchor unsteady feelings in a safe harbor far from the border patrols of the social care system.

If compassion is, as I have asserted, something one does with others, what does it look like? There must be something in the gaze, in the touch, in the gentleness of the carer's words that we can point to as compassionate. From the moment I began talking with carers of elderly family members in Japan, however, I soon realized that not only is caring intensely emotional, but also that the emotions often seemed to contradict each other, much like the dual meaning of the word *jihī* explained above. On any one day, carers felt depressed, frustrated, grateful, confident, ashamed and happy. Sometimes carers did their best to shield care recipients from the more negative feelings, but this was not always possible, and carers felt shame and regret. These entangled emotions and the interactions that link them to meaningful experiences produce compassionate subjectivities—possible selves that are at once vulnerable to the suffering of others and able to respond with care, attention, and love.

Here is one example from my fieldwork that illustrates the emotional complexity of compassion. A middle-aged woman whom I will call Inoue-san told me that her mother had recently lost the ability to speak. I asked her to recall the most vivid episode she remembered from when her mother could speak, and a smile returned to her face as she responded, "I had to teach her that she can't walk!"

"She would try to pull herself up on her bed and say "I'm going to walk!" Inoue-san continued, "And I had to be nice, so that she wouldn't be hurt." Inoue-san then reached



over behind me, placing her hand firmly, but gently beneath my shoulder blades, showing me just how she would raise the bed up and lift her mother's body. Then she showed me how her mother would try to push herself up and off the bed, pressing her palms against the mattress behind her back. She repeated this several times, her eyes pinched, straining, and each time she would end up dropping her arms limp, hanging her head in defeat. We both laughed.

As Inoue-san explained the rest of the story, tears began forming in her eyes:

“You're going to need to eat a little more before you can just get up and walk, right?” I would say things like that. “We'll try again a little later, ok? You need to get a little stronger first” I wouldn't tell her that she couldn't walk. I had to let her see for herself and then tell her after she had figured it out. Then in a few hours I would hear her voice again, “I'm going to walk! I want to get up and walk!” and I would go and do the same thing.

Despite how hard it was for Inoue-san at the time, how physically and emotionally draining it was to go through this scenario each day, several times a day, she recalled it as one of those instances when her mother really “wanted to live.”

Like other carers, Inoue-san told me that at first, she would try to tell her mother she couldn't walk, and get really upset with the constant requests and arguments. She learned that it was easier to be sensitive to her mother's request and to “let her see for herself” and to comfort her tactfully. This scene of compassion encompassed love and pity, frustration and sadness. In the end, this story became one of many that Inoue-san incorporated into her own narrative—one that links the time before she was a carer to the future when the care is done.

The main argument I want to develop here is that by learning compassion, Japanese informal carers are able to construct meaningful narrative subjectivities that transform personal suffering into the basis for connecting to others and to transcendent or transpersonal modes of encountering the world. Compassion mediates the emotional and existential strains of caring by producing deeply valuable personal insights, spiritual experiences, and changes in somatic modes of attention. Even when life becomes lonelier and more painful, exercising compassion redirects the narrative towards the support of vitality, and reinforces a self that can find relational fulfillment in the midst of suffering.

Some carers I spoke with explicitly mentioned the ways caring helped them understand the Buddhist concept of “compassion” (*jihī*). In the instances when my interlocutor would use this term, they were always in reference to the ways compassionate subjectivity exceeded the dyadic relationship it originated in, creating a narrative of moral responsibility toward others in general. Takeda-san, an 80 year old woman who cared for her husband told me that caring has made her more sensitive to anyone in need, saying, “it feels like I just can’t be comfortable when I know that someone else is in pain.” Her words became more deliberate as she continued, “I guess I always felt this a little, but now I really don’t understand how one can ignore another person’s suffering. I have to help, and then it is like, a clear blue sky (*ao zora*) inside of me. That’s it!—a blue sky. Maybe that’s like the Buddhist idea of compassion (*jihī*)? I am not really sure.”

For me, this raised the question of how compassionate subjectivities might extend into more public politics, via cultural narratives, ones based less on an ethic of justice, and the subject of rights, and more on an ethic of vulnerability, emotion, and a deindividualized openness to others, what Buddhists refer to as the inherent “emptiness” of the self.

Given that the term *jihī* originates in Buddhist teachings, I spoke with a Buddhist priest at a Zen temple, who had taken a professional carer certification course in Japan. I did not prompt him with the word *jihī*, but let him elaborate in his own words, his understanding of eldercare. He began with a description of the many kinds of suffering in the world before concluding, “Well, it’s really just about turning towards that suffering (*kurushimi ni mukiau* 苦しみに向き合う).” Later on, he continued that in caring for others, we care for ourselves, achieving what Buddhists call “non-dualism of self and other” (*jita funi* 自他不二). In other words, according to this monk, although we cannot take on the suffering of others, we can to a degree come to see it as “our suffering,” therefore closing the distance that allows for only expressions of pity while at the same time retaining a practical distinction.

The monk’s description of the moral wisdom of non-dualism is apparent in popular rituals for healing and showing concern. The Buddhist prototype of “compassion” is the Bodhisattva Kannon, usually represented in feminine form, with long and gentle flowing robes. Kannon, like the other popular Bodhisattva, Jizō, is considered a protector of mothers and children, and is sometimes represented by a series of six statues to convey

her ability to travel throughout the six realms of existence. As a mother-figure, Kannon brings to mind Gilligan's feminist argument for an ethic of care based on the mother-child bond (Gilligan 1982). But Kannon, in the Japanese context speaks to more than this. Importantly, Kannon is known to express compassion through dissemblance and transformations, often appearing as various kinds of humans in order to save every manner of being—in other words, by hiding her divine form, to attend to the needs of others. If the self and other are empty, and all beings are dependent on each other for their co-origination, this dissemblance actively reveals the illusion of separation and the hope of compassion.

While images of Kannon abound, she is also, notably, the focal object of worship for visitors of “*boke-fuji*” (ぼけ封じ) or “senility prevention” temples (Reader 1995). These temples have become popular attractions in recent decades, and now display large statues of Kannon with an old man and old woman, their eyes closed and smiling faces trained upwards, clutching to Kannon's robes, standing no taller than her knees. Visitors can purchase small votive statues of plump, smiling, old men and women to leave at the temple. Usually these are left not by older people who feel they are losing their own minds, but carers hoping that a parent or spouse does not suffer as they grow older. This identification of Kannon as a metaphor for the ideal form of care, helps link the everyday tasks of caring with transcendent narratives and ultimate concerns.

This monk's explanation of care also reminded me of the Vimalakirti Sutra, wherein the most revered of the Buddha's students visit an ailing layperson, and rather than offering him their great wisdom, find that they must humbly accept the teachings of Vimalakirti:

Vimalakirti replied, "Manjusri, my sickness comes from ignorance and the thirst for existence and it will last as long as do the sicknesses of all living beings. Were all living beings to be free from sickness, I also would not be sick. Why? Manjusri, for the bodhisattva, the world consists only of living beings, and sickness is inherent in living in the world. Were all living beings free of sickness, the bodhisattva also would be free of sickness [...] the bodhisattva loves all living beings as if each were his only child. He becomes sick when they are sick and is cured when they are cured. You ask me, Manjusri, whence

comes my sickness; the sicknesses of the bodhisattvas arise from great compassion. (Sutra 1976, Part 5)

My purpose in quoting this at length is not to enter into an elaborate exegesis on Buddhism. I see Vimalakirti's sickness echoed in Levinas' concept of alterity, and his claim that "transcendence is alive in the relation to the other man" (quoted in Porter 2014, 8). I see it in Rev. Dr. Martin Luther King Jr.'s description of the 'Good Samaritan' as someone with the capacity to project the "I" into the "thou," and be concerned about his brother (King 1968). By realizing that they are not only part of the life of the other, but also that this connection is rooted in suffering and the capacity for concern, carers too come to learn compassion.

Interestingly, A 77 year old neighbor who had cared for her mother-in-law for more than ten years told me that she suffered tremendously from the burden until she volunteered for survivors of the 1995 Hanshin earthquake:

My whole way of thinking turned around completely. Really 180 degrees. And since that time, it really became so much easier, taking care of mother. I felt like I had been only thinking about myself. But then I saw all of these other people and what they were going through. I just felt changed. And after that, I really just felt so much love for my mother. We took care of her everyday, and I would even sleep right next to her. She was so adorable<sup>13</sup>... And I felt, how do I say it? I had more of an appreciation for the feelings of others (*omoiyari*).

As this woman's experience suggests, compassion requires setting aside one's own desires in order to pay attention to the desires of others, *omoiyari* in Japanese.<sup>14</sup> Indeed, "*omoiyari*," in contrast to *jihī*, is a highly normative concept of attending to the needs of others in Japan (Shimizu 2001), and holds an important role in Japanese child socialization (Hayashi, Karasawa, and Tobin 2009). It is, I believe, too early in my analysis to decide whether it is useful to draw a sharp distinction between *omoiyari* and compassion. However, it does seem like the two appear to overlap and complement each other and lead us to productive questions about the hypercognition of certain forms of

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<sup>13</sup> Kawaii 可愛い - cute and loveable but also pitiable, the feeling one has for something that needs care.

<sup>14</sup> literally giving to someone = yari 遣り, thoughts = omoi 思い.

empathic communication in Japan, the role of early life in developing predispositions for compassion, and the characteristics or personality orientations that might support carers for older adults.

One risk of focusing too much on the often imperceptible inner states of caregivers is that it removes compassion from the actual relational practices and from the very fleshy narratives of daily tasks. In the next section I look more closely at the role the coordination between the bodies (including facial expressions) of carers and care recipients in learning compassion.

### **3. A Slap in the Face, a Snuggling Embrace**

I first met Kitayama-san during my first extended fieldwork in Kyoto, in 2006, and I always admired the young fashion designer's sense of cool and original style. I was surprised to see her seven years later, dressed in trainers and baggy sweats, her hair tied back in a simple ponytail. Not only this, but she looked exhausted, and I wondered for moment if perhaps she was depressed.

I had heard that Kitayama-san had been caring for her mother on and off for the last year, so I asked how everything had been going. She told me that she had convinced the doctors to reduce some of her mother's medications and to let her return home. They rented a special bed since her mother could no longer walk, and Kitayama-san had been staying at the house around the clock, doing the laundry, cleaning, preparing meals, and feeding them to her mother in small mouthfuls, sometimes taking an hour to finish the small bowl of porridge. Kitayama-san brushed her mother's teeth, gave her medicine, changed her diapers and bedclothes, bathed her, and calmed her when she would wake in the middle of each night, moaning a weak "Ooo! Ooo!"

Each of these acts, mundane as they were, had been gradually changing the way Kitayama-san experienced herself and her world. They allowed her to embody a new relational understanding, a new sense of partaking in the affective life of her mother. Though often tired, and less concerned with her own appearance, as we spoke, she seemed to regain her confidence. When I asked about this she said that the whole experience has made her feel "stronger" but that the biggest thing she learned was "how to *face another person*."

Other carers I spoke with variously echoed this experience of intersubjectivity, describing care as “*turning toward*” or “*facing*” the person they cared for. Typically they held this in contrast to attempts in the first weeks or months of caring characterized by well-meaning attempts to protect or correct behaviors that appeared irrational or dangerous such as repeated attempts to leave the house in the middle of the night.

It was this action of turning towards the suffering other that distinguished the act of caring from the act of compassion. While caring encompasses a broader scope of affectionate and supportive practices, compassion is an act of enduring “suffering with” the other. It was “our suffering.” Japanese carers repeatedly made this kind of distinction between types of care when telling me that caring for an old person, for example, is nothing like caring for a child, since, as one woman put it, “there is just nothing to look forward to. Just more suffering.” Compassion was the capability to receive a suffering, or what Levinas would call a “slap in the face.”<sup>15</sup>

Kitayama-san too would not only suffer the boredom, repetition, isolation, and emotional strain of caring, but she was constantly imagining the pain her mother was feeling:

When my mother is in pain, well there are times when I can’t tell if she is in pain, but I always *imagine* that she was. I would think things like ‘If I do this or that now, it might be a little painful for her’ and do on. So, for myself, me, Kiyomi-chan<sup>16</sup>—it is about more than what I want. Well, I can’t *become* my mother, but I *try* to become her.”

Kitayama-san also described the importance of physical contact. Sometimes she called this close attention “snuggling up.” After her mother died, for example, Kitayama-san told me “I was always snuggled up beside her. So when she was no longer there, there wasn’t anyone else that I have thought of in that way. When that just disappeared before my eyes, I felt lonely.”

“Snuggling up” (*yorisou* 寄り添う) was phrase that several other carers used, often literally but also figuratively as in phrases like “snuggling up to the heart of another.”

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<sup>15</sup> From *Ethics of Alterity* p.93 La vulnérabilité (...) est l’aptitude – que tout être dans sa fierté naturelle’ aurait honte d’avouer – à être battu’, à recevoir des gifles’ cited by Christina Schües (2014).

<sup>16</sup> Kiyomi is the pseudonym for Kitayama-san’s first given name.

While I found this a strange phrase at first (at least in English translation), I came to see how snuggling up to someone suffering is also an empowering act, satisfying a basic need for human contact and recognition. When it is uncertain what the other is feeling, or what kind of care they need, snuggling up might have a comforting way of filling up the intersubjective space between carer and cared for.

In Kitayama-san's case, compassion was something in process of *trying* to become mother through attending to the potential pains and comforts of the body. The struggle to sustain compassion requires durable narrative anchors, metaphors like "facing the other," in order to place the insecurity and uncertainty of caring into a moral framework.

Facing the other sometimes meant compassionate dissemblance not unlike that which might be displayed by the Bodhisattva Kannon. Ueno-san, who cared for both of her parents and her husband's parents (in overlapping succession over the course of almost 20 years) explained that older people, and especially those with cognitive impairments like Alzheimer's are incredibly perceptive, and so caring was most importantly a matter of keeping a pleasant expression on one's face and maintaining mental/emotional control:

Ueno: I would absolutely never say anything if something upset me. Sad things too. Anyway, whatever the case was, if I didn't [discipline] myself, and approach her with a bright and smiling face [there would be trouble]. When I cared for my mother, it was a really hard time at home...[her husband lost his job and they had to move] Just then mother was hospitalized. Even when I opened up the door, I would first put on a smile, check it in the mirror, and then I would open the door...It was mentally-emotionally (*seishinteki* 精神的) taxing... first of all, your partner (*aite* 相手) doesn't see. *Only the face*, that's what she sees. She only looks at my face, and wonders what kind of expression is on that face. So that was the hardest of all, making sure that she didn't see through me. [A friend sitting at the table praises her, saying "You are outstanding! (*erai* 偉い)] No, it isn't praiseworthy! It's experience. *Experience*. I am grateful that I was able to see off both of my parents. They have really allowed me to study (*benkyō*) so much.

Danely: Study?

Ueno: Right. Mental/emotional learning (*seishinteki benkyō* 精神的な勉強<sup>17</sup>)

For Ueno, learning to control her face, to care through a form of self-denying dissemblance, helped her appreciate the spiritual value of Buddhism, which she told me her parents were strong adherents of, but which she had not been particularly interested in before.

Each of these examples illustrates the ways compassion is embodied and enacted. As the carer becomes more competent at putting aside their own feelings and sensitive to the subtle cues of the cared-for, the sense of self becomes increasingly merged with the image of the other. Cultural narratives like Buddhist notions of suffering, desire, non-duality, and the emptiness of self are experienced directly as “emotional learning.”

#### 4. “Compassion Fatigue”

While many Japanese carers do adopt aspects of broader cultural narratives and appear to find meaning and even moments of joy in their work, none of the carers I spoke with would call caregiving easy. Many of them told me that there were certainly times when they were a little rougher than usual, doing things like gripping an arm a little tighter than they ought to, or not holding their tongue when they are upset. Some carers admitted having the thought that it would be easier if they could hasten the care recipient’s death, or their own, or both.

Snuggling up to the other, intimately sharing in the experience of suffering, being compassionate, can quickly and dramatically turn to violent fantasies. In these instances, Japanese carers sometimes referred to the experience as being almost automatic, disembodied, or having the heart become a demon (*oni* 鬼) or devil (*akuma* 悪魔). One woman, recalling twenty-years as a carer for her elderly in-laws, tearfully explained to me,

When my heart would become the devil, I really, it was really like, ‘if only she would die,’ I would think horrible things like that. How could I have thought such

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<sup>17</sup> *Seishinteki* can either refer to mental, emotional, or spiritual states, but is always and inner experience.



a horrible thing? I would wonder afterwards. But it was like at that point, I was backed into a corner, you know, I thought about just setting the house on fire and burning it all down. We would die together. I had times when I thought like that. And so now I really understand how a person feels when they say they wanted to die together [with their care recipient].

This so-called “compassion fatigue,” or the “stress, strain, and weariness of caring for others who are suffering” (Schulz et al. 2007, 6) has been studied extensively with relation to health care professionals (Coetzee and Klopper 2010), but much less with informal carers (Monin, Schulz, and Feeney 2014). Yet “carer exhaustion” (*kaigo tsukare* 介護疲れ) is not uncommon, and since care managers are unable to link families to appropriate support services, it is often noticed but rarely dealt with. Allison interprets this breakdown of kin-provisioned informal care in the context of an ethos of precarity emerging from the last two decades of neoliberal reforms (Allison 2013). Elsewhere I have argued that increasing prevalence of elder abuse, neglect and isolation indicate “failed subjectivities”—failed because of an inability to mourn or to produce hopeful visions of a shared future (Danely 2014, 133). The carer quoted above expressed this notion in her feelings of being “backed into a corner,” unable to cope or resist effectively; the only means of being with her mother-in-law was to die together. While I do not have space to address these problems in detail here, it is nonetheless important to note that compassion and grief share a similar tense relationship between attachment/empathy and detachment (de Zulueta 2014, 89).

Showing compassion for an elderly family member in many ways models a culturally supported, meaningful moral subjectivity. Some said that at times, the intimate connections were so strong, that it was like caring for oneself. Narratives of compassion do not encourage complete self-sacrifice, and carers need support from a compassionate community, be it neighbors, a religious community, or other carers, to regain buoyancy in times of stress.

## Conclusion

Compassionate subjectivities arise out of a space of vulnerability that allows one to snuggle up to the suffering of another. Doing compassion means putting aside one’s own

feelings and desires and becoming engrossed in those feelings of the cared-for. Some carers even referred to this as “mental/emotional study” or a kind of Buddhist training (*shugyō* 修行). For carers, this was studying with the body and with the heart, learning to integrate cultural modes of somatic and emotional attention into their narratives. Over time, the conscious changing of one’s touch, facial expression, and attention produces new possible selves and the desire to be guided by them (cf. King and Raspin 2004).

However, as one carer told me “people aren’t all good—if you open up your heart, you’ll find a lot of pain in there too!” While some react to this pain with violence, others are able to connect their personal experience to transcendent narratives of compassion, either by embracing spiritual narratives, reflecting on greater suffering in the world, or creating meaning in care (Yamamoto-Mitani and Wallhagen 2002).

Both violence and care occur in spaces of intersubjectivity<sup>18</sup> and in this sense, they are political. But how should we describe these politics? On the one hand, one could argue that carers are positioned in a more powerful role in relation to the care recipient, yet in compassion, they give over their own agency to the person they cares for. As one woman told me, “I wondered if I’d ever have my own feelings again, but then she would call me, and I would just say, ‘OK, here I go!’”

And so compassionate subjectivity brings possibilities for a self that does not reside in the bounded individual, but in between persons (Parish 2014). This self can share in “our suffering” like Vimalakirti on his sickbed, and show concern, care, and love. With the rising number of family carers, both male and female, young and old, it is more important than ever to seek grander framing notions like compassion to incorporate the greater diversity of caring practices in Japan and across the world.

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<sup>18</sup> This has been explored in-depth by Michael Jackson (Jackson 2002). For Jackson, power is “the possession of Being” (Jackson 2002, 43). Part of this notion of existential politics, is the “continual struggle to give, claim, or redistribute some scarce and elusive *existential* good—such as recognition, love, humanity, happiness, voice, power, presence, honor or dignity—*whose value is incalculable*” (Jackson 2002, 42).

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## 思いやりの学び——日本人の介護者の間の日常倫理

### 要旨

本稿では、現代の都市化された社会において家族の高齢者介護の実践や「語り」をより良く理解するために、人類学、哲学、心理学、宗教学で用いられる「思いやり (compassion)」、「ケア (care)」、「共感 (empathy)」などの概念を援用する。思いやりは、時に心身ともに疲れ果てた状態において積極的に求められるものであり、ケアの倫理実践や共感的想像力を必要とする。両者は、日本人の持つ思いやりがいかに育まれ、文化的な語りがいかに支えられているのかを考察する上でも重要である。本稿では、身体化された感覚の語りや思いやりに関する日本人のスピリチュアルな語りを説明するために、民族学的なインタビュー調査を行なう。最終的に、思いやりを持って「共に苦しむこと」(co-suffering)が心身ともに疲れ果てた状態において持つ可能性や、ケアの社会モデルが改良される必要性を検討する。

キーワード：思いやり、インフォーマルな高齢者介護、共感、ケア、日本、仏教、高齢者