

Caring Democracy: What Do Medical Doctor Son Daisuke's Filmmaking Suggest About Care in a Post-Growth Era? ¹

1. Introduction

In a world where economic development reaches its limits at some point, reevaluating humanity as a caring species is inevitable. A medical doctor, Son Daisuke, is among those who advocate its importance through filmmaking. He has been a community medical doctor for around twenty-five years and has continued to question what it means to be a “good doctor.” Impressed by the cinematic expression of a doctor’s inner struggle in *Kamisama no Karute* (2011), he became interested in making films himself.² In my research, I am going to analyse his two films; *My Grandmother*, *My Camera* (2022) is a story of a young girl whose grandmother is terminally ill and receiving home palliative care in Japan. *Why is The Sky Blue?* (2024) is a story of a doctor who cares for local people, but he struggles with depression. Both films centre caregivers at the core of their narratives and support focusing on them. As his films suggest, it is crucial to consider carers in a post-growth era (Tronto 2013). Drawing on the political scientist Joan Tronto’s theory of the potential for a caring democracy centred on care in the post-growth era, I will investigate how Son Daisuke’s films visualise a care-centred society and how they reconstruct the vulnerability and social value of those who provide care. I argue that his two films foreground the vulnerability of carers, presenting the relationships between family, community, and medical professionals as a political force.

2. Why Caring Democracy in a Post-Growth Era?

Despite rapid ageing and a shift in the caring space from public to private in Japan, care labourers have been undervalued in terms of their political significance. In Japan, 70% of the population end their lives in hospitals (Ministry of Health, Labour and Welfare 2017). At the same time, the rapidly ageing society is accelerating, so care will no longer function as it currently does. It is estimated that around 400,000 of the elderly population will struggle

¹ I used Grammarly to enhance the readability.

² I conducted an interview with Doctor Son Daisuke in May 2025.

to find end-of-life care by 2030 (Hori, Murayama, and Nakajima 2020, 52). The government seeks a way to sustain care labour, including shifting care from public to private spaces, such as smaller communities and families (Sakakibara 2018). However, care work is invisible and undervalued in a growth-focused society, as it is often associated with emotions such as love and personal attention and is considered apolitical (Greenhough, Gail, and Sophie 2023). Thus, it is important to consider care discourse in a political context in a post-growth era.

Currently, however, economic growth measures profit, efficiency, and productivity as indicators of national well-being, often associated with Gross Domestic Product (GDP). Post-growth research has revealed that “countries with full employment policies, strong social safety nets, and decommodified public services exhibit increased life satisfaction, and that human relations have a much stronger effect on personal wellbeing than income” (Kallis et al. 2025, e67). Care labour, which involves emotions, time, and human relationships, does not directly produce profit, but it is essential to recognise its political impact on our lives.

A political scientist, Joan Tronto (2013, 37) argues that care must be reconsidered in a democratic political context because when the explanation of who provides care, how it is organised, and how society functions according to it is limited, democracy is limited. She criticises the current global trend of neoliberalism, which trusts the market to distribute resources and turns social programs into little more than a “safety net.” Under neoliberal ideology, care becomes a market product, hiding the responsibility for caring.

Instead, Tronto introduced the political criteria that centre care in democracy. Contemporary political theories tend to presume that morality comes first to make political rules. However, she is skeptical of the idea and states that political values have neglected care and are determined without ethics. To account for care’s critical moral qualities, many feminist thinkers, including Tronto, began to qualify them. There are five phases:

- 1) attentiveness (caring about)
- 2) responsibility (caring for)

- 3) competence (care-giving)
- 4) responsiveness (care-receiving)
- 5) Plurality, communication, trust, respect, solidarity (caring with).

The first phase notices someone's needs; the second phase takes responsibility for responding. In the third stage, one actually conducts care work, followed by listening to the recipient's response in the fourth phase. Finally, the fifth phase achieves collective care in a democratic manner. As Tronto clarified the moral values in care, a post-growth society should build itself around care, which involves the reimagination of democracy not as an individual, market-oriented process, but as a collective one that recognises needs and responds to them. At this point, visual media, including films closely tied to medical discourse, powerfully construct what care should be within social systems today. Images function not as representations, but as acts that create ways of caring and relationships with patients (Casini, Alice, and Deborah 2023, 12). Therefore, the visualisation conducted by Son Daisuke's filmmaking is essential for performing the five phases Tronto described in a post-growth society.

3. *My Grandmother, My Camera* (2022)

My Grandmother, My Camera (2022) is Son's second film, filmed in Daisen city, Tottori Prefecture, Japan. It took six days to film and involved residents and doctors, particularly those engaged in care labour, from that area. The screenwriting was by playwright and actor Sugawara Naoki, from the Theatre Troupe OiBokkeShi, which also explores multiple themes of care in its theatrical performances. Even though Director Son did not have a distributor, as he did not make the film for profit, there were many requests to screen it across the country³, highlighting the growing interest in home palliative care.

In the film, home becomes a microcosm of society in a post-growth era where care takes priority over economic efficiency. Instead of centering the medical representation of terminally ill grandmother Tamiyo, the film foregrounds the family relationship. Despite the director's professional medical background, the narrative does not illustrate the process that cancer patients

³ From an interview with Doctor Son Daisuke in May 2025.

undergo. This is because the film explores the Segawa family as a whole, including a single mother, Tamami, and a grandchild, Rina, among others (Son 2022). Each of them faces issues that society faces today; for instance, Rina does not go to school, and her uncle Masafumi is socially withdrawn, staying at home for a while. Additionally, Tamami is busy with work, leaving her with no mental space, and she is portrayed as a hysterical mother. As Fujiwara (2008, 87) notes, these social withdrawals and struggles of single mothers are characteristics of growth-oriented pressures that narrow the space for care within the family.

The film shows that *acting* is not an escape from reality, but a mode of sustaining family life. This is what Joan Tronto (2013, 20) argues for care within a relational setting. The performance at the Segawa family, for instance, has Tamami acting as if she and her ex-husband, Akihiko, have gotten back together to reassure her mother. Besides, Masafumi, who had been socially withdrawn, appeared before Tamiyo in a suit to announce that he had found a job, even though he had not secured employment⁴.

All of the performances are what Metz (2010) calls “intimate caring,” born within the domestic and conducted on emotional grounds—acts of intimate caring supplement the stability of the household, where society folds various economic concerns. When Tamami says, “I can only do this little bit. There are so many more things I would love to do for my mother” (*My Grandmother, My Camera*, 0:31:11 to 0:31:25), the film showcases the gap between what Tronto named “caring about” and “caring for” (Tronto 2013, 22). Through the intimate care of acting, the film visualises how families creatively weave together care within a society lacking relational support. These acts function not merely as emotional labour, but as a form of democratic relationship described by Tronto as “caring with” (Tronto 2013, 22), consistent with democratic commitments.



⁴ Son, Daisuke, *My Grandmother, My Camera*. 2022. 0:27:19 to 0:28:20 and 0:28:28 to 0:30:30

Rina's act of filming extends the caring ethic, becoming both a caregiving and a political act. At first, she casually records a family in a park with her smartphone. Later, she asks Tamiyo to buy her a single-lens reflex camera and starts filming her. The screen overtakes the footage that Rina took, and audiences are immersed in Rina's perspective through the camera lens. Despite the structure of those who take and the others who are taken, the small exchange reveals the mutual dependence in caring activity:

Tamiyo: "I want to see your film."

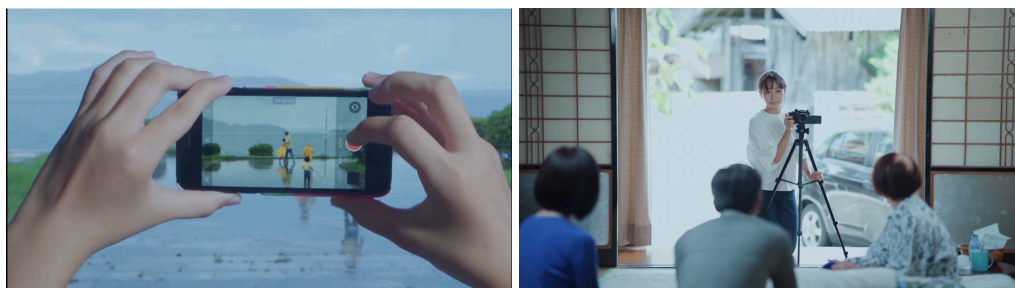
Rina: "(silence) But you are appearing in a film at the moment."

Tamiyo: "As an actress?"

Rina: "Yes"

Tamiyo: "It's like a dream to be in a film."⁵

Tamiyo says she wants to see a film, yet Rina's response does not seem to be on the same page. This is because Rina anticipates that Tamiyo will pass away by the time the film is finished. It becomes clear that the narrative serves as a clock within the film. After this conversation, Tamiyo passes away, emphasising that Rina and Tamiyo try to recognise their understanding of their existence during filming and proactively perform "caring with," as Tronto suggests, to build solidarity. Consequently, *My Grandmother, My Camera* (2022) shows what post-growth society looks like: one whose value is not measured by efficiency or profitability but is produced through human relationships. Through the Segawa family, Son advocates that vulnerability is not merely weakness, but can be a foundation of a caring democracy.



⁵ Son, Daisuke, *My Grandmother, My Camera*. 2022. 0:33:25 to 0:33:54

4. *Why is the Sky Blue?* (2024)

Son Daisuke's third film, *Why is the Sky Blue?* (2024) is a thirty-minute work, powerfully demonstrating the process of care as Joan Tronto revealed necessary in a post-growth society. The protagonist of the film is a doctor, Nakata Makoto, who struggles with overwork and depression. Like him, Japanese doctors work very long hours, as more than 40% of them at hospitals in Japan work over 60 hours per week (Tsutsumi 2020, 2). His wife, Nakata Kaori, supports him, but he carries all the burdens by himself. At the workplace, where services provide community-based home medicine, nurse Yamazaki and doctor Tanimura quietly care for him, keeping an eye on Nakata. In the film, Tanimura and Kaori appear when "caring about" Nakata's condition. When Nakata appears in close-up, Tanimura's blurred presence in the background, and Kaori's rice ball nearby⁶, suggest that Tronto's second phase of "caring for" is quietly carried out. The scenes visualise the working environment, where doctors work hard but have yet to receive care from others.



The film visually depicts Nakata's inner world as Tanimura calmly cares for him. Caring for Nakata's recent condition, Tanimura takes him to the nearby sea to talk. There, Nakata starts sharing his struggles, including physical changes such as insomnia, difficulty concentrating, and stiff shoulders. Tanimura advises relaxing, like watching a beautiful sunset, but Nakata responds that he "cannot see the colours." At that point, the film illustrates the challenging environment

⁶ Son, Daisuke, *Why is the Sky Blue?* 2024. 0:06:00 to 0:06:25

by juxtaposing all perspectives in colours: 1) Nakata's monochrome inner world, where colour cannot be seen, 2) a real scenery in colour that Tanimura and audiences share, and 3) the contrasted sky between Nakata's monochrome world and the world in colours. Seeing Nakata's internal world, Tanimura encourages him to see a psychiatrist. This stage is what Tronto calls "care-giving," when care is moved to a more practical level.



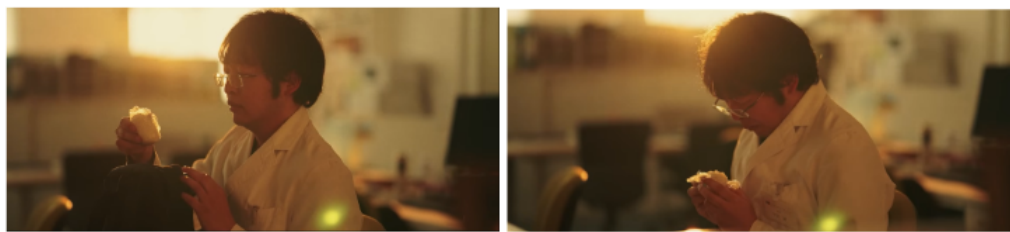
However, the film continues to highlight invisible forces that prevent Nakata from moving to the next phase of "care-receiving," and director Son tackles the issue by visualising it. Being a doctor himself, Nakata initially refused treatment, believing he could manage his own health, and took out his

distress on his wife, Kaori. Nakata retreats into his monochrome world again. The visualisation of the loneliness doctors go through is intended to show the difficulty doctors face in receiving care from the world. Kari Waerness's (1984) identification of care as a necessary, personal service would be useful here for discussing the factors that prevent Nakata from receiving care and from building a caring relationship. Necessary care is care that the recipient is unable to perform themselves, so it is often considered highly professional and is usually taken on by medical doctors. Personal service could be administered to the recipient, but instead is provided by another. Doctors are trained to provide the necessary care, and their professional roles prevent them from accepting personal care for themselves. The issue is that in "service," those who command the care tend to have greater power, whereas in "care", those who care tend to have greater power over those who are taken care of (Tronto 2013, 22). Experiencing a dilemma between service and care, Nakata cannot escape the monochrome world he inhabits, which, as depicted in the film, visually expresses his inner conflict and the power asymmetry.

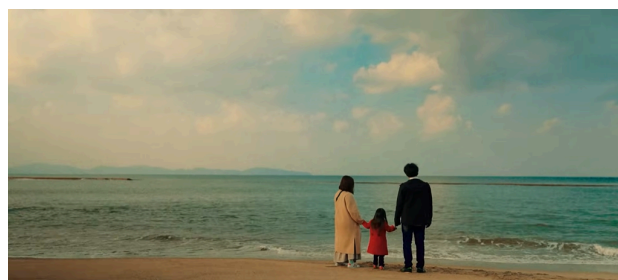


After Nakata's patient, the Sakai couple who had dementia, had moved into a care home, the scene of him eating rice balls highlights the fourth stage of "care-receiving." He was caring for his patients, the Sakai couple, both living with dementia. They wish for care at home, yet the reality is challenging; he keeps wondering if there is any way he can manage it alone, bearing the burden by himself. He heard from his colleague that Sakai Hana made rice balls right before leaving their house. He looked disappointed, but the riceball overlapped

with the ones that his wife had made for him, and he recalled Hana. The eating scenes, followed by memory, led him to think of Doctor Tanimura and his wife, who had been caring for him for a while. At this moment, he cries and recognises care for the first time as something to be received. The rice ball serves as a cinematic device that reminds Nakata that care is not a one-way act but circulates within mutual relationships, even for those who make care labor professionally. At this moment, “care for” Nakata has been received, completing the fourth phase of caring democracy.



Additionally, the tension between the caregiver and care recipient mentioned by Waerness (1984) dissolves, signifying the formation of a world in which care circulates more democratic matters. As a professional medical doctor who always provided the “necessary care,” he started accepting care from the world, particularly when he decided to seek psychiatric support. His monochrome world began to regain colour with his family, and the film achieves the fifth state of care that Tronto calls “caring with.”



5. Conclusion

Son Daisuke's films powerfully illustrate that care is a politically significant practice to sustain human relationships in a post-growth era. In *My Grandmother, My Camera* (2022), the Segawa family mirrors broader society, featuring each character carrying social issues such as social withdrawal and single motherhood. Within that setting, each of them demonstrates "intimate caring" as Metz described through acting. The acting accelerates collective recognition within the household. Besides, Rina's action of filming overtakes the film's screen, showing that care is not one-directional but is produced through a mutual relationship. The film's visual performance demonstrates Joan Tronto's five aspects of care, suggesting that the foundation of caring democracy in contemporary society is being reconsidered amid a rapidly aging population and changing care policies. Further, *Why is the Sky Blue?* (2024) elaborates on the structural challenges that medical caregivers face in a neoliberal environment with overwork and pressure. The film visualises the inner world of Dr Nakata, in which he struggles to provide and receive care, through the juxtaposition of colours and rice balls as cinematic devices that carry the meaning. In the end, the film successfully envisions care circulating among family, colleagues, and patients, modelling Tronto's fifth phase of "caring with." Hence, Son's works reveal that recognising vulnerability and the circulation of care are essential for building a caring democracy in contemporary Japan, on the idea that human beings are not economic units but a caring species in nature.

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