UNIVERSITY OF LONDON

OLDER SURVIVORS OF THE 1995 GREAT HANSHIN EARTHQUAKE FIVE
YEARS ON: IMPLICATIONS FOR A FUTURE MODEL OF AN AGEING
SOCIETY WITH JAPANESE VALUES

A THESIS SUBMITTED TO THE DEPARTMENT OF SOCIAL POLICY IN
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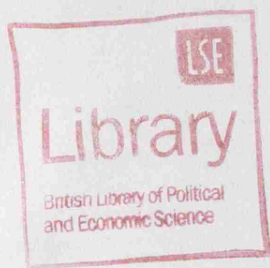
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To my family

Abstract

This thesis, an exploratory study, grew out of a concern for an ageing society in the economic stagnation experienced in Japan. Taking Kobe as a case study, the thesis reports social science research on elderly people in urban areas who are poor and have no functioning family. It is a group that will be of increasing concern in the future in Japan and many other countries. My study population lost homes in the 1995 Great Hanshin Earthquake in Kobe, Japan, and were repeatedly relocated to various types of housing schemes in the following years. By looking at the highly age biased community of *Kasetsu* (temporary shelter housing: TSH) created after the Kobe Earthquake and the following stage of *Fukkō Jutaku* (public reconstruction housing: PRH), this research follows the processes of reconstruction for older people after the earthquake with special reference to housing and community work.

The research was based primarily upon media analysis, the Hyogo Health Survey, and ethnographic research at selected temporary shelter housings and public reconstruction housing compounds in central and suburban Kobe. I used a mixed method of qualitative and quantitative approaches. The media is an important part of my research in the Japanese context.

By doing secondary analysis of the Hyogo survey data, this thesis describes the changes that the different surveys show. By sampling the media, I show the main foci of public attention, how their views changed and how what they emphasised or presented changed. Older people, especially older people living alone, received considerable attention. I have also sampled three sites in terms of what was happening on the ground and conducted discourse analysis. This thesis shows how one set of myths about TSH was only partly true and how PRH are far from simple solutions to the problem of rehousing survivors. Case studies of the media's presentation of evidence of loneliness and *Kodukushi* (isolated deaths) have shown how these things are built up from very little into new facts and new aspects of culture. Gender perspectives were employed in

all analyses. A gender focus was lacking in public surveys, yet gender was important in qualitative analysis in the media and field sites.

The conclusions drawn from this evidence are that disasters are long drawn out events for vulnerable older people, especially those without money or families. Official statistics and the media make their own interpretations of what is going on, and the workers on the ground reproduce many of these views and some old prejudices of their own. Policy implications of this study's findings are considered. Methodology are examined and future research needs discussed.

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List of Abbreviations and Acronyms

ABC   Asahi Broadcasting Corporation

GH   General Housing

IMR   Infant Mortality Rate

KAST   Kurihama alcoholism screening test (KAST)

LSA   Life Support Adviser for older people

MBS   Mainichi Broadcasting

MHLW   Ministry of Health, Labour and Welfare

MOC   Ministry of Construction

MOHW   Ministry of Health and Welfare

MOHLW   Ministry of Health, Labour and Welfare

MOL   Ministry of Labour

NGO   Non-Governmental Organisation

NHK   Nihon Hōsō Kyōkai (Japan Broadcasting Corporation: Japan's BBC)

PRH   Public Reconstruction Housing

QSR NVivo   Qualitative Social Research NUD*IST (Non-numerical Unstructured
            Data Searching and Theorizing) Vivo

TFR   Total Fertility Rate

TSH   Temporary Shelter Housing (Hutted apartment)

Glossary

Dokkyo Rojin	Old person living alone
Fukkō Jūtaku	Public Reconstruction Housing (PRH)
Fureai[1]	Human contact, human touch, human relationship
Gyōsei	Public administration, government
Ie seido	Households system
Ikigai	Purpose in life, meaning of life, worth living
Jichikai	Self-governing body
Jichikaichō	Chief of self governing body
Kaigo Hoken	The Social Care Insurance Scheme (SCIS, 2000)
Kasetsu	Temporary Shelter Housing (TSH)
Kodokushi	Isolated deaths, alone death, dying alone
*Kokoro no KEA(Care)*Care to mind	
Minsei Iin	Welfare commissioner, non-paid volunteer but honoured trusted status at a local community in Japanese society
Nagaya	Hutted apartment of only one story which has several small flats for each household
Renkei	coordinated collaboration
Sawa-kai	Tea party
Seikatsu Fukkō	Life reconstruction
Seikatsu Fukkō Shien In	Life Reconstruction Support Adviser
Shakai fukushi hojin	Social Welfare Corporation
Tetsu no tobira	Iron door

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[1] *Fureai* is explained as 'the ideal of encounters between people' and Stephen W. Ellis wrote that the idea of *Fureai* is not dissimilar to that of *synergy* developed in intergenerational work in the United States (Newman et al. 1997:19) in his book review of Leng Leng Thans's 'Generations in Touch: Linking the Old and the Young in a Tokyo Neighbourhood, Ithaca and London, Cornell University Press, 201. (Ageing and Society 21, 2001, 669)

Tokuyō (Tokubetsu Yōgo Rōjin Home)	Special old people's home for the poor old people
Tsunagari	Being related to someone
Yakuin	Committee member
Yūai Homon	Friendship & Love Home visit

Chapter One: INTRODUCTION

> "Public reconstruction housing is associated with highly aged social groups. But it will soon be an issue all over Japan, not only the disaster-affected area."
>
> Kansai TV Channel 8. Super News Kansai "Life Support Advisor (LSA) visits (patrols) Barrier-free housing – Ideal care housing that the disaster-affected area is trying to develop through the experience" (1999/01/13)

This study addresses two global trends in social change occurring concurrently – urbanisation and population ageing. The focus is on community care, from the housing and health point of view, and the method used has been to make a comparison between two kinds of dwellings built following the 1995 Great Hanshin Earthquake in Kobe, Japan.

The situation of isolated elderly people after the Great Hanshin Earthquake reflected a much deeper problem in the provision of care for older people in Japan (Iliffe, 1997: 519). The Earthquake brought this problem to the surface and it has since been seen as a problem for the whole of Japan (2000 January 16, Sun. 15:30-17:30 Asahi TV Ch 6 "Eire 1.17 Rebirth. Wisdom of Kobe").

This thesis grew out of a concern for an ageing society at a time of economic stagnation. It reports research on older people in urban areas who are poor and have no functioning family. This is a group that will be of increasing concern for the future in Japan and many other countries (Wilson, 2000: 117). My study population lost their homes in the 1995 Great Hanshin Earthquake in Kobe, Japan, and were repeatedly relocated to

various types of housing schemes in the following years. The primary research methods were media analysis of TV programmes and broadsheet newspapers, a reanalysis of the Hyogo Health Surveys, and ethnographic research at selected temporary shelter housing and public reconstruction housing compounds in central and suburban Kobe. The focus of the thesis is the processes of reconstruction for older people after the earthquake, with special reference to housing and community work. This first chapter of the thesis presents the background of the study, specifies the research questions and outlines the structure of the thesis.

BACKGROUND: POPULATION AGEING IN JAPAN

The purpose of this section is to demonstrate that population ageing in Japan and the support of older people have received increased attention. This section has three parts: Population ageing in Japan; the Japanese Health and Welfare System; and Community care.

Population Ageing in Japan

Japan has a rapidly ageing population and the population ageing has benn accompanied by economic stagnation since early 1990. The 1997 census announced that for the first time 65-year-olds and older outnumbered 15-year-olds and younger (Asahi Newspaper, 28 March 1998). The issues related to an ageing population have received an increasing amount of attention from the government and the public since the 1970s

(Campbell, 1992: 139). Policies and programmes for the elderly have been implemented, but still much more needs to be done.

Japan has the most rapidly ageing population in the world. Ageing started later than in other developed countries but has been faster. Between 1948 and 1995, life expectancy at birth improved from 56 to 76 years for Japanese males and from 59 to 83 years for females (Ogawa and Retherford, 1997: 62). By 2001 it was 77.9 years for males and 84.7 years for females (WHO, 2002). Mortality has dropped for all ages. The Infant Mortality Rate (IMR) has fallen particularly quickly. The Total Fertility Rate (TFR) has also dropped from 3.6 in 1950 to 1.4 in 1995, far below the replacement level of 2.1 (Japan MOHW, 1997).

The proportion of those aged over aged 65 was 7% in 1970, rising to 14% in 1995. Whereas it took France 125 years to experience this demographic change, it took Japan only 25 years (*Kōseishō*, 1997). Japan was the first country to experience the demographic transition within the space of three generations (Ochiai, 1997[1]: 65). The proportion aged over 75 is increasing even more rapidly than the over 65s. It is projected that similar rapid population ageing will occur in other Asian countries such as China, India, Thailand, and Sri Lanka.

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[1] The original Japanese language version of this book was published in 1994.

Table 1.1: Population trends and projections for four age groups in Japan made in 1990 (thousands of people)

	0-14 years	15-64 years	Age 65 and over	Age 75 and over	Total	Average age
1970	25,153	72,119	7,393	2,237	104,665	30.3
	(24.0%)	(68.9%)	(7.1%)	(2.1%)	(100%)	
1995	22,387	87,168	18,009	6,986	127,565	38.8
	(17.5%)	(68.3%)	(14.1%)	(5.5%)	(100%)	
2000	23,591	86,263	21,338	8,452	131,192	39.8
	(18.0%)	(65.8%)	(16.3%)	(6.4%)	(100%)	
2025	22,075	81,102	31,465	17,367	134,642	43.3
	(16.4%)	(60.2%)	(23.4%)	(12.9%)	(100%)	

Note: Figures are as of October 1 for each year

Sources: Adapted from the followings; up to 1985: "National Census," "Population Estimates" Statistics Bureau, Management and Coordination Agency, and from 1990: Future Population Estimates for Japan, Institute for Population, Problems, Kōseishō. Japanese Ministry of Health and Welfare, *Kōsei Hakusho* (White Paper on Health and Welfare). *Kōsei Tōkei Kyōkai*, 1989 (Bentelspacher, 1994, Kinoshita, 1992).

Table 1.1 gives population trends and projections that were made in 1990. Ten years later, however, the actual population ageing was found to be even more rapid than the above projection (Table 1.2). The change is significant in the smaller numbers in the age group 0-14 whereas the older population has not changed much. Therefore, the proportion of older people in the population has increased.

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Table 1.2: Population trends and projections for four age groups in Japan made in 2002. (thousands of people)

	0-14 years	15-64 years	Age 65 and over	Total
2000	18,505	86,380	22,041	126,929
	(14.6%)	(68.1%)	(17.4%)	(100%)
2025	14,085	81,102	31,465	134,642
	(11.6%)	(60.2%)	(23.4%)	(100%)
2050	10,842	53,889	35,863	100,593
	(10.8%)	(53.6%)	(35.7%)	(100%)

Source: National Institute of Population and Social Security Research, Tokyo, Japan, January, 2002.

http://www.ipss.go.jp/index-e.html

http://www.ipss.go.jp/Japanese/newest02/3/t_1.html

Japan was the first non-Western country to industrialise and to experience rapid population ageing. Therefore, Japan's experience will be unique, compared to other Western industrialised countries with ageing populations, in how this major demographic transition might affect its social, cultural, and political institutions.

The proportion of those who live in cities in Japan increased from 28% in 1945 to 77% in 1985 (Sonoda, 1988). For 2002, it is 79%, with an annual growth rate of 0.3% (UN ESCAP, 2002). This phenomenon has various implications for family structure, living arrangements, occupation (employment), and, therefore, social security. Housing for urban migrants tends to be smaller and is usually inappropriate for multi-generational households. Occupation types in cities are not the same as in rural areas.

Economic Trends

Japan is in the throes of a ten-year recession: the longest and most severe recession in its post-war economic history. The common Japanese practice of full employment for life has become difficult to sustain, and early retirement has already been a trend for more than a decade. The numbers of unemployed and homeless people are increasing.

The unemployment rate in May 1998, the time of my fieldwork, was 4.2% which was the highest since the end of World War II. It continued to rise to hit the peak of 5.5% in December 2001, and then started to drop to 5.2% in April 2002 (OECD, June 2002). As a consequence of the recession, the jobless problem is more severe for marginalised older people in the labour force. The worst hit are workers between 45 and 54 years of age. Their unemployment rate was 8.4% in May 1998 compared to 7.1% in 1997. The number of suicides of men in their 40s and 50s increased by 50% to over 30,000 in 1998 from previous years of 20,000 cases annually. The main cause is reported to be depression due to redundancy after company restructuring (Asahi Shinbun Newspaper, 1998). Also, as another consequence of the recession, the budget for old age welfare has been reduced for each individual. The policy changes will be discussed in a later section of this chapter, but as the number of old people increase, the total amount and proportion spent are also increasing (Tale 1.3).

Table 1.3: Changes in the amount and proportion of expenditure of welfare to the elderly

	Expenditure on old people's welfare (100 million yen)	Total welfare expenditure (100 million yen)	Proportion of welfare for old people (%)
1973 (Showa 48)	15,641	62,587	24.99
1985 (Showa 60)	188,287	356,798	52.77
1995 (Heisei 7)	407,109	647,314	62.89
1998 (Heisei 10)	477,865	721,411	66.24

Source: National Institute of Population and Social Security Research, Tokyo, Japan, March, 2001.

http://www.ipss.go.jp/Japanese/toukeisiryou/toukeisiryou.html

Income of elderly individuals

Japan's Ministry of Health and Welfare (MOHW[2]) White Paper 1997) reported that older people are wealthier overall than younger generations. Primarily because of a rapid pension benefit expansion since the mid-1970s, elderly Japanese people enjoyed the fastest income gains of any age group in recent years.   Over the period 1981 to 1996, the proportion of people aged 60 and over who reported that their primary income source was their pension increased from 35 to 57%, and the proportion who reported that work was their primary income source declined from 31 to 22%[3] (Ogawa, 1997). The expansion of the pension systems resulted in fewer older Japanese people reporting economic difficulty than in any other industrialised country (Palmore, 1993), but this

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[2] The Ministry of Health and Welfare (MOHW) and the Ministry of Labour (MOL) merged to form the Ministry of Health, Labour and Welfare (MHLW) in the 2001 re-organization.

[3]   The figure of 22% is still high by international standards, mainly because the development of the social security system is a recent one and because of the comparatively large size of Japan's agricultural and small-business sector (Ogawa, 1997).

was pre-recession. The gender-sensitive data on pensions in Japan[4] are thin but the following are available. Table 1. 4 shows that women did very badly in terms of public pensions in the 1990s. It is unlikely that their position has greatly improved.

Table 1.4: The amount of monthly Kōsei Nenkin (public pension) by sex

	Men	Women
Less than 100,000 yen	3.1%	50.5%
100,000 – 150,000	29.8%	39.5%
150,000 – 200,000	39.1%	9.1%
200,000 – 250,000	25.5%	0.9%
More than 250,000	2.5%	0.0%
Total	100	100
Average monthly amount	172,000 yen	107,000 yen

Source: 'Annual Report fiscal year Heisei 1 (1989)', Social Security office (1991)
From: (Fujii, 1993: 192) Yoshiharu Fujii, 'Pension and Independence of women' (Chapter 9) In "Women and Social Security" Research Institute of Social Security, University of Tokyo Press, 1993.

Table 1.5 shows that public pensions are the largest source of income for older people and that private pensions are only a small component. The table also shows surprisingly, in view of Japan's relatively high saving rate, that the proportion of people aged 60 and older who mention savings as an income source is no higher in Japan than in the US and Germany. This may be because the savings of elderly Japanese are tied up in home ownership to a greater extent than in the other two countries (Ogawa, 1997: 73). Another issue is the extent to which people are prepared to report savings.

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[4] Izuhara (2000b) has explored this qualitatively with her study in Kita-Kyushu, Japan (Izuhara, 2000b: 94-98). Married women are better off in post-war Japan.

Table 1.5: Income sources for people aged 60 and older in Japan, United States, and Germany, 1996

Specific income source	Percent specifically mentioning income source			Percent specifically responding that this source is the main source		
	Japan	US	Germany	Japan	US	Germany
Work	35	26	7	22	16	5
Public pensions	84	83	84	57	56	77
Private pensions	8	33	24	2	13	10
Savings	21	24	21	2	2	2
Assets	11	34	12	3	9	2
Children	15	3	3	4	0	0
Public assistance	1	2	1	0	0	1
Other	4	7	4	2	2	2
No answer	0	2	0	8	4	2

Note: Results are based on self-reports. For income in general (first set of columns), respondents often indicated more than one specific source, so that percentages add up to more than 100 down columns. For main income source (last set of columns), the percentages for particular income sources add up to 100 within a rounding error. The distinction between savings and assets is not clear-cut. Japanese view savings as money in a savings account.

Source: Management and Coordination Agency (1996) (Ogawa and Retherford, 1997: 73).

It is known that savings, which comprise at least 21% of Japanese old people's income, have been higher here than in any other OECD country. The average saving rate of Japan between 1984 and 1993 was 32.8% whereas that of the UK was only 15.9%. However, Japan's saving rate peaked around 1970 and thereafter declined rather quickly until 1984 (Hayashi, 1992: 63-78). The decline is more obvious among younger generations.

Work comprised 35% of Japanese older peoples' income sources in 1996 (data are reported by household unit). The labour force participation rate of older men in Japan

was high by international standards (see Table 1.6). However, the employment rate of elderly people is falling, even though the desire to work during later life is rising (Japanese MOHW, 1997).

Table 1.6: The proportion of older people who work over the total population aged over 60 and the proportion who desire to work for selected countries, 1994

	Japan	USA	Germany	Korea	Thailand
Proportion of older people who work	43.6%	23.5%	6.8%	33.6%	37.1%
Age					
60-64	63.9	44.3	17.1	56.5	54.9
65-69	44.8	29.4	7.5	42.6	39.3
70-74	38.3	18.7	1.1	26.9	23.4
75-79	20.6	7.7	0.9	19.9	19.2
80 +	13.7	2.2	1.3	10.1	11.6
Desire to work	89.4%	90.0%	69.4%	79.9%	82.8%

Source: 1994 (Japanese MOHW, 1997: 51)

Job loss for men often mean loss of *ikigai* (value of life, life enrichment) and opportunities to develop social networks. People think they need to continue to work in a daily routine in order to maintain their health. According to the OECD, evidence suggests that those who work longer enjoy better health in their old age (OECD, 1996). It should be noted that conversely those who are healthier may work longer. The stigma of not working is particularly severe in Japan, especially among the generation of post-war economic growth. It is common that the loyalty of men to their company comes before their family life, which is called 'kaishashugi', or company-first-ism (Harada, 1996: 6). This loyalty was supported by the Japanese practice of the life-long employment. However, permanent employment may become less common, especially

when the economy is not growing continuously any longer (Matsuzaka, 2002:1).

Table 1.7: Labour force participation rates of people aged 65 and older in 1985 for selected countries

	Males	Females
Japan	37.0	15.5
Germany	5.1	2.1
UK	8.2	3.0
USA	15.2	6.8

Source: Labour Force Statistics, OECD (Hagemann, 1990)

The gender difference in labour force participation is significant (Table 1.7). This has a direct impact not only on wealth and income but also on benefits such as health insurance. As female labour force participation in formal sectors has not been high in post-war Japan, although it is increasing, there are significant gender differences in terms of income, access (or entitlement) to welfare services, living arrangements, and so on (Pennec et al. 1996). Table 1.8 shows that more elderly women than men depended on a child's income as a primary source of income in 1988. This reflected in gender equality in pensions. In 1997 average monthly pension for a man was still almost double that of a woman: for a man it was JPY 207,000 and for a woman JPY 119,000 (Asahi newspaper, 1997).

Table 1.8: Proportion of people aged 65 to 69 years whose primary source of income depends on child's income (%)

	Men with work	Men without work	Women with work	Women without work
1980	14	37	37	52
1988	13	23	28	34

Source: (Miyajima, 1992)

The average length of widowhood of Japanese women is about 20 years. The current Japanese older women tended to have married a man older by ten years. The likelihood of being widowed is in general much higher for a woman than for a man. Female widowhood is a factor in old age poverty (Barusch, 1994). For housing, it has been more difficult for women to purchase a flat or to borrow the money to build a house. The Japanese pension system too has contained features of gender inequality. If married, what decides a woman's pension is not her own contributions but her husband's. The tendency for older single women living alone to fall into poverty is much more significant in Japan than other OECD countries. Table 1.9 shows that the proportion of older single women living alone falling into the lowest income quintile is much higher in Japan than in the UK, USA and Germany.

Table 1.9: Proportion of older women in the lowest income quintile by living arrangements in year 2000

	Age 18 and above		Age 75 and above		
	Entire population (M&W)	All "older old" (M&W)	Single women living alone	Women living with spouse only	Single persons living with others (and the person is not household head)
Germany	20	31	43	15	**
Japan	20	34	79	59	18
UK	20	39	47	39	13
USA	20	35	56	23	19

** data not available

Sources: OECD calculations based mainly on data from the Luxembourg Income Study (2002: 49)

As well as gender inequalities, the MOHW White Paper also reported a large income differential between elderly households. The ratio of low-income elderly households is high compared to all households, substantiating the large differential between the haves and the have-nots.

Family changes

Population ageing, together with urbanisation, has implications for changes in family structure, functions and arrangements, and those family changes are intertwined with social security systems. Changes in family structure, in family occupations and, therefore, in income patterns, have caused changes in the expectations of older generations and younger generations about the support system for older people (Hashimoto, 1996). Variations in expectations between generations and in attitudes to being independent are important. The *ie* (family) system[5] was formally abolished by a new law after the war (Maykovich, 1978:381-410) under the US occupation's democratisation. However, the practice remains (Yamamoto, 1998). The eldest son inherits the property and in return for this he and his family live with the older parents and look after them. However, the traditional value favouring co-residence with the

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[5] Izuhara (2000a and b) summarizes the social change of the *Ie* system in modern Japan. The first major change was when the Edo Era ruled by the Tokugawa Shōgunate handed over to the Meiji Emperor and Japan opened (Izuhara, 2000a: 95 and b: 43 – 2000a is a journal article version of the 2000b book publishing her PhD thesis.) The Meiji Civil Code (1898) ended the previous legal structure as a first big step. The next fundamental change was executed by the US occupation after the Second World War. Ochiai (1994) explains the concept of *ie* system in comparative studies with family and households in Britain and USA, *jia* in China, and India, and pointing out the similarities and the unique features of the inheritance by an adopted son or son-in-law, and analyses the change of the concept in Japanese society over time with an analysis of historic events and gender analysis. Harada (1996) introduces the same with relevant laws in more detail and an emphasis on social security aspects.

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eldest son has weakened considerably over time (Ogawa, 1997, Long and Harris, 2001).

The traditional approach is that older people try to be independent and not to be a burden on society and this stigmatises those who do not do so (Powell, 1990). Some people wish to be independent and not to be a burden on their children, to maintain a good relationship and their own freedom (Hashimoto, 1996: 94-98), and hope to count on their children only when they become very frail (Wilson, 2000: 89). They also do not wish their children to burn out in taking care of older parents before they really need to do so (Hashimoto, 1996: ibid). When older people need daily assistance, deciding on what assistance to take is complex. Despite recent trends to promote formal care, cultural barriers seem to exist; people would feel shamed to receive formal care if they have a daughter-in-law (Yamamoto, 1997). The role of family care is largely taken by women: in 2000 care-givers were recorded as wife (19.8%), daughter (19.7%), and son's wife (daughter-in-law, 29.0%). A total of 72.7% were women, and one-third were themselves older people aged 65 and above. Men were reported as husband (8.4%) and son (9.5%) (2001nendo Danjo Kyōdō Sankaku Shakai no Keisei no Jōkyō ni kansuru Nenji Hōkoku, 2002/07/01 (Mon.) (Annual Report on establishment of the society of co-participation of men and women, Year 2001)

http://www.fukushi.com/news/2002/07/020701-a.html [Date of Access 14 Nov 2003]).

Co-residence is much higher in Japan compared to any other developed country although it is falling. In 1960 as many as 60% of older people lived with diffent generations (MOHW, 1997). Table 1.10 shows types of household that include members over 65 years of age as a percentage in 1988 (Sonoda, 1988). Since then the

proportion of one-person households has increased and three-generation households has decreased.

Table 1.10:   Types of households that include members over 65 years of age (%)

Years	Total	One-person households	Married couples only	Two-parent households and single-parent households	Households consisting of three generations	Other households
1975	100	9	13	10	54	14
1985	100	12	19	11	46	12
1995	100	17	24	13	33	12

Source: Annual Basic Survey of Health Administration, Ministry of Health and Welfare. (Sonoda, 1988; Ogawa, 1997)

The proportion of Japanese older people living with their children (married children) is exceptionally high compared to other industrialised countries.   It is decreasing at a rate of less than 1% annually (Naoi 1990).   This practice of co-habitation[6] with their adult children seems to be a major safety net, but it might also have been a major reason why the public social service programmes to provide older people with public assistance have not been well developed.   Likewise, housing to meet older people's needs has not been well developed (Izuhara, 2000a: 89).   This may be more than an excuse from the government side and touch on issues related to cultural values.   Some older people, while given easy access to some public assistance, refuse to receive it and instead demand that a daughter-in-law, especially the wife of the eldest son, provide

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[6] Co-habitation with their adult children is expressed in various papers in other terms such as co-habitance and co-residence.   Izuhara (2000) defines 'intergenerational living' as older parent(s) living with their adult children.   The term 'intergenerational living' is used interchangeabley with terms such as 'co-residency' or 'extended family living'.

daily assistance (Yamamoto, 1998). Otherwise, they lose face in front of their neighbours and their extended family members. This does not mean that the parents-in-law are emotionally close to their daughters-in-law (Yamamoto, 1998).

As Japanese society has grown increasingly oriented toward nuclear families, the percentage of households where children and elderly people live under the same roof has decreased, and 40% of elderly people now live either alone or as a couple (see Table 1.10). An MOHW report says that it is becoming increasingly difficult to expect families to provide support (MOHW, 1997). In comparison with rural areas, co-residence with family members is lower in big cities.[7] Although the number of children living with their parents is declining, about half are choosing to live nearby, less than an hour away. The younger generation is beginning to consider the question of living together with their parents and the question of supporting their parents as separate issues (MOHW, 1997).

This section has suggested that Japan is a very aged society, facing a range of challenges in providing for its elderly population. Individual savings rates have fallen and family support is less strong than in the past. In the course of industrialisation and urbanisation, employment opportunities have changed. As a result, older people are increasingly dependent upon pension benefits and state support. The older victims of the Great Hanshin earthquake were disproportionately women and disproportionately poor. The next section will briefly consider how the Japanese welfare system has faced this growing challenge.

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[7] 73.2 for National and 56.2 for Tokyo. (Miyajima, 1992)

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The Japanese Health and Welfare System

This section describes the Japanese social security system's evolution since the 1970s. According to national policy, the health and welfare of those of old age must be secured, especially for the generations who suffered during war time and worked hard to reconstruct and develop the nation. Campbell wrote that Japan has been considerably more active than other Asian countries and most other developed countries in the area of old-age employment, and more so in recreational or activity programmes and in aiding families living with dependent partners. It was, however, substantially behind in such areas as social services and housing policy (Campbell, 1992: 18). This fact is receiving increased attention as Japan goes into the next stage of the welfare state to ensure the quality of life in old age.

The Design of the Japanese Social Security System

In 1926, Japan became the first non-Western country to introduce social insurance. The Japanese Social Insurance system is a two-tier system (MOHW, 1996), with both workplace-based insurance (German-style) and community-based insurance (British-style). It began as the former system (Ikegami, 1995) but has been gradually shifted to the latter universal tax-based system (Hiroi, 1998). Work-based insurance is based on the occupation of the insured person. Community-based insurance is based on the geographical location of the insured person's residence. These two tiers each comprise a number of different insurer groups. The weakest point in terms of the value of benefits and the relatively small contribution a contributor makes towards financing

the Japanese social security system is the widening gap between those covered by the former system and those covered by the latter system. The community-based National Health Insurance scheme (NHI), for the self-employed and people with no occupation, covers less well-off people and a high proportion of the elderly population (Hoshino, 1996). The NHI system receives no employer funding and has a large proportion of low-income subscribers. The system is not self-funding, but relies on a large state subsidy. The benefits are fixed nationally. Contributions are centralised and then distributed to lower levels. However, the centre subsidises this largely because of a shortfall in contributions from the population groups in NHI.

Official sources first claimed that Japan had achieved a universal social security system by 1961 (Hoshino, 1996. Yamasaki, 1998). However, it must be noted that the whole population is covered only in theory. In reality, there are people who are not covered at all, or some may be covered but the amount of benefit they receive is too small to secure the minimum standard of living.

Policy consequences of the 1970s surge in population ageing

The Old Age Boom, which started in the early 1970s in Japan, has sharply changed the direction of public policies. Public opinion, in line with an increase in media coverage, became very aware of indicators showing demographic change. Population ageing and economic stagnation have had major implications for financial constraints on social security systems. Health care expenditure has also changed over this time for elderly people. In 1973, free medical care programmes for elderly people began and there was

a rapid expansion of pension schemes at the same time[8]. The free medical care programme continued for ten years until co-payments were introduced in 1985. Although they are small, especially for elderly people, they are increasing. And the co-payment level is higher for those covered by the NHI. The adverse effects of co-payment on access are therefore larger for women and low-income groups.

Social security contributions have increased rapidly since 1970, but the bubble economy ended in 1990 and the central government imposed a consumption tax of 3% in 1992 to finance the NHI scheme. This consumption tax was raised to 5% in 1997.

The 1989 ten-year Gold Plan and the 1994 Revised New Gold Plan

Policy and plans were developed to increase resources to cope with the expected needs of an ageing society. The set target was to increase the number of beds in older people's nursing homes, in short stay programmes and institutions, and the number of home help services for older people. The 1989 Plan was to be achieved within ten years, but had almost met its targets within five years so a new Plan was introduced in 1994 with new targets. Public expenditure increased dramatically. However, the Plan was intended not only to improve the quality of welfare, but also to save medical expenditure in the longer term.

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[8] This was just before the first international oil shock in 1973. Until then, Japan had enjoyed a remarkably high rate of economic growth and increasing tax revenues. These generous programmes for elderly people were passed without much difficulty, despite the oil shock, and pushed forward because the Liberal Democratic Party (LDP) feared a loss of political power (Nishimura, 1993) while the Ministry of Health and Welfare failed to agree among themselves to provide an alternative (Campbell, 1992).

One of the major causes of the increase in medical expenditure has been the "social hospitalisation"[9] of elderly people, which is a common practice in Japan. Elderly people stay in hospitals instead of in old peoples' homes. Hospital stays are affordable with little, if any, charges for medical care services. The stigma to the family of leaving older relatives in older peoples' homes has been strong but if an older person needs to be hospitalised for medical reasons, this saves face for the older person and their family. Institutionalization can then be presented not as disrespect to the older person and a wish to get rid of them but as a medical necessity (Campbell, 1998). In Japan, residential care homes were widely seen as unacceptable but hospital care was not (Wilson, 2000: 146). The Japanese Government's goal is to abolish this social hospitalisation (Campbell, 1998, Yamamoto, 1998). A major controversy is how to abolish it and what alternatives should be provided.

Following the extension of free medical care to elderly people and the rapid pension expansion which occurred between the early 1970s and 1985, many younger people have been released from the burden of taking care of their parents (Yazawa and Kunihiro, 1999). They do not wish to lose the benefits, especially women who enjoyed free time for themselves, perhaps to care for their children or to obtain an independent income. Government efforts to shift some of the burden of caring for the elderly back to families in order to reduce national expenditures on elderly people have found opposition from women's groups (Campbell, 1992: 221).

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[9] Imai (2002) introduced the example / evidence of the phenomenon known as "social hospitalisation" as the average length of stay is about four times more than the OECD average, reflecting the fact that many acute care beds have taken on the long-term care function for the elderly (Imai, 2002: 7).

A series of further reforms to the Social Security System are being carried out in order to cope with the changes arising from the ageing population and the economic downturn. Ogawa has suggested that the Japanese government has utilised the cultural obligation of families and the related ideas of community co-operation in elder care in order to restrict the fiscal consequences of a rapidly ageing society (Ogawa, T. 1999: Unpublished PhD thesis, Sheffield). A series of reforms has been aimed not only at coping with financial constraints, but at improving the quality of the health and welfare system. These reforms and the timing and changes in available services had an impact on disaster-affected older people's well-being and life reconstruction processes.

Community care in Japan

When government says that the elderly are cared for by their families, it means women relatives (Osawa, 1995: 135-136). Women were expected to take care of ageing parents and parents-in-law. But while women have been the main care-givers to older people in Japanese society, family was not the only care-giver, because of the Japanese system of *Minsei-iin*, or community volunteers, many of whom were men. Hashimoto (1995) introduced the critical role of the *Minsei-iin* system with its long history:

> Needless to say, one of the most extraordinary systems in the field of welfare in Japan is the *Minsei-iin* community volunteer network. With a history going back to the beginning of this century, or even further, the network currently boasts nearly 200,000 members all over the country. The *Minsei-iin* volunteers are said to be an irreplaceable link between the authorities and residents, people in need. It is the most brilliant example of neighbourly love and responsibility turned into help in this eastern nation." (Hashimoto, 1995: 190)

While *Minsei-iin* remains an important presence, the role may be in a transition at a time when Japan has realized it needs to develop community care to cope with an ageing society. The Earthquake experience emphasized and highlighted these needs.

Given the urgent need to provide care to older people, Japanese researchers at academic institutes, including Japanese Health and Welfare and its research institutes, have sought to learn from European countries such as the UK, Sweden and Germany, to cope with the increased demand for health care by an ageing population, when financial resources are limited. Reports introducing the experiences of European countries are discussed at national level. All focus on health care service systems and finance schemes. None discuss the views of the people who are receiving the services. The English word "Community" is now used frequently in Kobe in Katakana[10] format. "Community" is one of the commonest words in research on local interaction or care, but it is hard to identify the concept of community that is being used. Both the concept and the practice of community care in Japan remain under developed but as this thesis shows, the Earthquake provided a stimulus to progress.

The second background section of this chapter discusses the damage caused by the Great Hanshin Earthquake on 17 January 1995 and its aftermath. It summarizes the short-term health impact of the Great Hanshin Earthquake, in both physical and mental terms, based on published and unpublished literature collected mainly before conducted my fieldwork.

BACKGROUND: DAMAGE BY THE GREAT HANSHIN EARTHQUAKE, 17 JANUARY 1995

The Great Hanshin Earthquake, with a magnitude of 7.2 on the Richter scale, struck at 5:46 a.m. on 17 January 1995 in the Hanshin (Hyogo and Osaka) area around the city of Kobe. In the recent past this has been a rare even for a modern city, where the social and economic functions of a large area are concentrated.

On 17 January 1995 the Earthquake devastated an area 20 km long and 1 km wide, which had 1.6 million inhabitants, causing enormous damage to Kobe and nearby cities both in Hyogo and Osaka Prefectures. A total of 400,000 houses were damaged beyond repair. On 23 January 1995, one week after the Earthquake, there were 317,000 evacuees and 1,150 shelters. The total death toll was 6,400 and more than half of those killed were aged over 60 (Tanida, 1996:1133-5), and 60% of those killed were women.

The scale of physical damage was more comparable to a disaster in developing countries than richer ones. According to the 1990 census, people aged over 60 years made up 17.8% of the population in the affected area (Tanida, 1996:1133-5), and in terms of death and morbidity, this elderly population of Kobe was disproportionately affected. All of the most common injuries and earthquake-triggered illnesses were reported disproportionately for the age group over 65.

In the aftermath of the Earthquake, providing housing and resettlement were urgent

needs. Within one month of the Earthquake, temporary shelters for 10,000 households were built in Kobe and Osaka. By the end of August, free temporary shelters for 50,000 households were built. Some temporary shelters included special homes with care for older people. In the following years, public reconstruction housing (modern high-rise apartment buildings) were built and offered to the disaster-affected people at a heavily-subsidized low rent.

Priority was given to older people in allocation. This could be attributed to the respect accorded to older people in Japanese tradition and culture, or even simply to statistical measures of need. It also could have been a result of media coverage immediately after the Earthquake, reporting the high proportion of deaths and injuries among the elderly. Two PRH compounds had a 'Silver Housing' building with special facilities and care staff for older people. One of the two was one of my ethnography research sites.

Permanent housing involved new and different kinds of living arrangement. Some elders chose to move to public reconstruction housing schemes. Some moved to private rented housing and some planned to build and move to a group house they built themselves.

Two weeks after the Earthquake, it was reported that 4,500 people had lost their jobs as small businesses went into liquidation. Medical facilities in the affected areas also suffered greatly: of 222 hospitals, 191 suffered more or less heavy damage; the buildings of 15 were completely destroyed. Similarly, 2479 clinics out of 4578 were more or less destroyed. In addition, the earthquake damaged lifelines of the city – water

pipes, electricity cables, communication lines, gas pipes, and roads. This type of damage further hindered rescue activities to a significant extent, thus worsening the disaster.

The Great Hanshin Earthquake was said to be not only a natural disaster but a man-made disaster (TV news data 1999). The Earthquake hit the densely populated and relatively less affluent urban areas of old houses, many of which were built of wood, within this highly-Westernised (on the surface) major city of post-war Japan. The middle-class tended to live in houses in the nice residential areas on the mountain side of Kobe, including neighbouring cities such as Nishinomiya and Ashiya. The area closer to the bay is downtown and here it was more crowded. The areas where houses were destroyed by the Earthquake tended to match the areas which survived the heavy bombing that destroyed most urban areas at the end of World War Two. They were old houses that they had not been renovated much since then, whereas the houses on the mountain side were newer and were also renovated more frequently, which is a common practice with housing in modern Japan. The old houses were in areas lagging behind in the post-war development.

Government Response to the 1995 Great Hanshin Earthquake

For the 1995 Great Hanshin Earthquake, the Central Government granted 900 billion yen (US$ 7 billion) to prefectures and cities to reconstruct their services and rebuild individual living arrangements, in addition to what was spent on rebuilding major city infrastructures such as highways and long distance bullet trains in the Hanshin area.

Despite the large amount of money the central government provided for the emergency response, the central government has been criticised for not giving any subsidies directly to individuals.

Kobe city, one of 21 cities within Hyogo Prefecture, is independent of Hyogo Prefecture, one of 47 prefectures under the central government. Kobe city is a capital city of Hyogo Prefecture but it is a *Seirei Toshi*, as a city of more than one million population, and it means Kobe city is independent of Hyogo Prefecture, and directly report to the central government. However, under the disaster relief law (TV transcripts) Kobe city was subordinate to Hyogo Prefecture. This increased the already-existing tensions between Hyogo Prefecture and Kobe City and may have impeded the response to the crisis. Some aspects of the conflicts and tensions which influence the dynamics of the recovery process will be examined in the following chapters.

Post-Earthquake Housing Schemes

This thesis looks at the temporary shelter housing schemes (TSH) and public reconstruction housing schemes (PRH) initiated for post-Earthquake communities for five years from 1995 to 2000. In the Earthquake on 17 January 1995, a total of 400,000 houses were damaged. While waiting for the TSH to be built, many people found other places to live. The 50,000 rehoused tended to be low-income. They were relocated to PRH over the five years following the Earthquake. The total number of PRH households is 38,600 (Asahi Shinbun Newspaper, 5 January 2002).

Most of the TSH is *nagaya* type housing[11]. Most PHR are high rise modern apartment buildings.

Aim of the Research and Research Question

The aim of this research was to look at the processes of resettlement following the 1995 Great Hanshin Earthquake, first in temporary shelter housing (TSH) and then in public reconstruction housing (PRH). The focus was on older people with a non-functioning family, who received media attention to highlight the future model of an ageing society. The research question was 'What were the processes of reconstruction for older people after the Earthquake with special reference to housing and community work?' and 'What are the issues that arose as problems for older people who were resettled in public housing schemes?' such as housing, happiness, and loneliness.

This research aimed to look at the processes following a natural disaster. These processes are likely to be observed in similar disasters but I do not attempt to generalise about the size or extent of such processes. The complexity of large natural disasters mean that each case will be unique, though different disaster events may show many common components.

Since the disaster threw up a need for greater community involvement in caring for older people, one of the research aims was to document different approaches among

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[11] *Nagaya* (long-room/house) type housing in Japan is a flat housing of only one story which has several small flats for each household. There is a sense of belonging to the streets and among those living in the same *nagaya* unit.

community workers and their different skills. Some workers worked better than others in community regeneration in the post-Earthquake communities and the idea of skills was important. Subsidiary research questions were whether skills could be identified and whether they mattered.

The general aim of this research was to develop an approach that would sensitise health and welfare system policy makers to issues that arise when a large-scale unpredicted crisis occurs in a society with a rapidly ageing population. This topic was investigated by taking the 1995 Great Hanshin Earthquake in Japan as a case study. The project mapped the complexity of the experiences of older people following the Earthquake, and explored the areas where the welfare system did not match the needs of older people and is not adapted to deal with future trends in a society where a high proportion of older people have no or non-functioning families.

ORGANIZATION OF CHAPTERS

Chapter One has introduced the background to the study and the research questions. It has covered general population ageing in Japan and the associated health and social care policies. It places the study within a wider context of current debates on social policy for ageing populations in urban areas, tracing shifts in public policy and how these have impacted on the health and welfare of old people. It has briefly described the Great Hanshin (Osaka-Kobe) Earthquake of 1995 and its aftermath which were the subject of the research project.

Chapter Two presents a review of the relevant literature. This chapter also explains the social differences between communities in Japan and elsewhere. Chapter Three outlines the methodology and the critiques of methodology. Chapter Four introduces the Hyogo Prefecture Post-Earthquake Health Surveys for the years from 1996 to 1998, and presents a reanalysis of the main findings as they affect older people. Chapter Four also presents the quantitative analysis of media data, although qualitative analysis of media data is introduced in the following chapters. Media analysis covered both TV and newspapers. The materials were collected over two and a half years, and therefore are analysed not only for the differences in tone and focus among them, but also for changes over time. Gender is a component in the analysis.

Chapters Five and Six report on the finding relating to differences in housing type. Discourse analysis is used for media stories, professionals' stories and my own and people's stories. Chapter Five explains how the allocation of residents at TSH (Temporary Shelter Housing) was done and how the low-income and elderly people were polarized and their problems brought to the surface through the process of reconstruction. Chapter Six introduces high-rise PRH (Public Reconstruction Housing), both general family and silver housing. It discusses how different actors such as residents and public administrators perceive the housing; its impact on community care development process and health perceptions; household structure and family relationships; and peer relationships. Chapter Six is also concerned with community generation and is based on ethnography from the three housing schemes selected for my fieldwork. This chapter presents the dynamism of the reconstruction process in each community. It includes the perspectives of actors on success or failure.

The following two chapters discuss in detail Japanese values and measurement of success by focusing on the two key words that were most frequently heard in the media, in professionals' stories, and in my story. Chapter Seven discusses loneliness, human contact, making friends and giving meaning to life. Chapter Eight looks at *Kodokushi*, or isolated deaths, in greater detail, taking it as a special case that linked media, Japanese culture and the problems of service provision.

The concluding chapter sums up the principal conclusions of the study. It discusses critical gerontology, and identifies questions for future research. It also summarises the originality and contributions to the knowledge of this research.

Chapter Two: LITERATURE REVIEW

This chapter consists of literature review of the following: health impact of the 1995 Great Hanshin Earthquake and other natural disasters; the role of the media in social policy making; disaster as a social issue; and community development post disaster reconstruction.

Health Impact of the 1995 Great Hanshin Earthquake and other Natural Disasters

This section reviews published papers, both journal articles and newspaper articles, on the health effects of the Great Hanshin Earthquake, with some comparison with relevant studies from other natural disasters in other countries.

Apart from the Hyogo health surveys which will be discussed in Chapter Four, most authors were concerned with case reports. The aim of post disaster research has been defined by Noji (1997) as assessing the needs of disaster-affected populations, efficiently matching resources to needs, preventing further adverse health effects, evaluating programme effectiveness, and carrying out contingency planning (Noji, 1997). However this rational scientific approach is difficult in emergency situations and has rarely included older people as a specific group, see Armenian and Noji, et al., 1992, 1997; Goenjian, 1997; McDonnel, 1995; Melkonian, 1997 for research on American and Armenian disasters. A non-epidemiological approach has been taken by researchers working on a wide range of disaster areas including Italy, Turkey, Iran, India, the Philippines, Australia, Korea, China, Mexico, Guatemala, Nicaragua, and Egypt as well as USA and Armenia (Carr 1995, 1997; Karanci, 1995; Lima, 1992; Noji 1997; Vanholder et al., 2001). Many of these studies were done in collaboration with a US university or the US Centers for Disease Control and Prevention (CDC) (Noji et al., 1993). Among these papers, the largest number of publications are reported from: the 1995 Great Hanshin Earthquake in Japan; the 1994 Northridge earthquake in California; the 1988 Earthquake in Armenia; and the 1992 Hurricane Andrew in the US.

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The populations researched in studies of the Great Hanshin Earthquake are elderly people while the populations researched in most studies of the Armenian Earthquake and from Hurricane Andrew are children and adolescents. There is a concentration on Post-Traumatic Stress Disorder in the Armenian case (Armenian et al., 2000), especially among children (Goenjian, 1993, 1997; Pynoos et al., 1993, 1998; Najarian et al. 1995, 1996), and such epidemiological research was conducted in the eighteen months after the earthquake (Goenjian, 1995). Goenjian (1994) looked at both children and the elderly (Goenjian, 1994), but the bias towards children as a study population may be related to the fact that two-thirds of the victims of the Armenia Earthquake were under 12 years old (Azarian, 1996. Miller, 1993).

The Great Hanshin Earthquake caused a far greater number of deaths and injuries compared to others of similar magnitude in developed countries and resulted in more than 10,000 deaths. Major earthquakes that have occurred on the west coast of the USA and in Australia are not listed in public health articles because they usually result in less than ten or at most a few dozen deaths only. This difference is not caused by the difference in industrialisation or in economic status per se, but rather by differences in population density and housing conditions.

Looking at health consequences by population groups of different socio-economic background and living arrangements helps us to understand the health effects of the earthquake, because each population group tends to have specific health effects. There is little evidence of this approach in the literature. In Japan the short-term health effects were described by looking at the health of those who were living in the evacuation centres. Many Japanese articles and books report on the stressful living condition at these centres (Kobe Daigaku Shinsai Kenkyu Kai (Kobe University Earthquake Study Committee), 1997; Iwakaki, et al. 1999). For example, many survivors were located in a large, crowded school gym with no privacy. It was very cold as the earthquake occurred in January. Emergency toilets were built in the school yards. Many of the elderly restricted their eating and drinking because they did not want to wake up in the middle of

night, which would wake up people nearby, to walk to the uncomfortable toilet outside in the cold. This caused many to suffer from dehydration and malnutrition (Tanida, 1996).

Further, reports of the effects of natural disasters have generally been limited to investigations in the period immediately following the disaster. Long term mental health effects are the most obvious exception. However, even in this area, the long-term sequelae have been studied less extensively than short term, even though many suggest the importance of conducting follow-up research on the long-term consequences because there may be a latency period or delayed onset of some symptoms, or symptoms may wax and wane (Bland et al. 1996). Bland introduces a finding from a study by Gleser (1981) of Buffalo Creek disaster survivors in New York that the relocation impacts of disaster on psychiatric symptomatology may remain for as long as 14 years (Bland et al. 1996). Outside the area of psychology, some suggest that there may be a longer term increase in mortality and morbidity from diseases such as coronary heart disease (Melkonian, Armenian et al. 1997).

Studies of long-term effects may be more difficult to carry out firstly because the focus on the disaster fades as time goes by, and secondly because it becomes difficult to identify and reach the affected population. Many move on in their lives, leaving temporary shelters and resettlement communities and changing their addresses in the course of restarting and reconstructing their lives. In Japan the new living conditions of the displaced people in the temporary shelter housing (TSH) had short-term and longer-term health effects. We also need to keep in mind that short-term effects will often trigger some conditions which are asymptomatic or may have implications for the long-term, but which have not yet surfaced.

Long term problems may be economic as well as health related. The Kobe News survey reports that the average socio-economic status of those who lost their business at the time of Hanshin Earthquake improved in the following one or two years when they reopened their business. However, in the third year, many went into decline and not a few closed

down as the whole community was suffering from the destructive effects of the Earthquake and the population decreased.

As to the physical health consequences of the earthquake, there is no epidemiological study available but the clinical features of patients have been reported as: (1) injury such as crush syndrome[1], spinal fractures[2], renal replacement[3], acute renal failure[4] (Iran), and burns; (2) circulating system such as hypertension, high blood pressure, and coronary heart disease; (3) digestive system such as haemorrhagic gastric ulcers and peptic ulcer[5]; (4) respiratory system such as pneumonia, and bronchial asthma; (5) metabolic system such as diabetes mellitus; and (5) others including mental stress-triggered recurrent endogenous uveitis. All have shown a disproportionately large number or cases reported from older people. The Kobe University Hospital reported the worsening conditions of all the above kinds of disease suggesting the probable association with the earthquake (Yamamoto and Mizuno 1996).

A report from the Kobe University Hospital showed that among different types of injuries, "crush syndrome"[6] was particularly common in this earthquake in elderly

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[1] Crush syndrome is defined as "*Trauma* and *ischemia* of *soft tissues*, principally *skeletal muscle*, due to prolonged severe crushing of the *tissues*, leading to increased *permeability* of the *cell membrane* and to the *release* of *potassium*, *enzymes*, and *myoglobin* from *within cells*. *Ischemic renal dysfunction secondary* to *hypotension* and diminished renal *perfusion results* in *acute tubular necrosis* and *uraemia*." (Published at the Dept. of Medical Oncology, University of Newcastle upon Tyne © Copyright 1997-2002 - The CancerWEB Project. All Rights Reserved. http://cancerweb.ncl.ac.uk/omd/)

[2] Spinal fractures are defined as "Broken bones in the vertebral column." (ibid.)
[3] Renal replacement therapy is defined as "Procedures which temporarily or permanently remedy insufficient cleansing of body fluids by the kidneys." (ibid.)
[4] Acute renal failure (ARF) is defined as "<nephrology> A sudden decline in renal function may be triggered by a number of acute disease processes. Examples include sepsis (infection), shock, trauma, kidney stones, kidney infection, drug toxicity (aspirin or lithium), poisons or toxins (drug abuse) or after injection with an iodinated contrast dye (adverse effect).
Chronic renal failure represents a slow decline in kidney function over time. Chronic renal failure may be caused by a number of disorders which include long-standing hypertension, diabetes, congestive heart failure, lupus or sickle cell anaemia. Both forms of renal failure result in a life-threatening metabolic derangement. (ibid). The 1990 Iran Earthquake reported high incidence of ARF (Atef et al.,1994: 35-40; Nadjafi, 1997: 655-64; Eknoyan, 1992: 241-4). So did the 1999 Turkey Marmana Earthquake and the 1988 Armenia Spitak Earthquake (Vanholder et al. 2001: 783-91).
[5] Peptic ulcer is defined as "<gastroenterology> An ulcer in the wall of the stomach or duodenum resulting from the digestive action of the gastric juice on the mucous membrane when the latter is rendered susceptible to its action." (ibid.)
[6] The reason why the high proportion of old people reported crush syndrome was said to be more than a medical reason. In a Japanese household, old people often sleep on the ground floor whereas other family members may sleep on the upper floor. If old people were sleeping on a futon on a tatami mat on the floor, they would have been more likely to be underneath the fallen furniture at the time of the Earthquake.

people, in addition to the expected injuries to arms, legs, spine and head (Yamamoto and Mizuno 1996). A group from Osaka University Medical School reviewed the medical records of patients admitted to 95 hospitals within or surrounding the affected area during the first 14 days after the quake (Kuwagata, Oda et al. 1997). Figure 1 shows the age and sex distribution of those 230 patients who agreed to be interviewed, with 140 spinal fractures and 100 with rib or pelvis fractures. The average age was 62.9 years old. As to the sex distribution, 70% (162) of them were aged females.

Figure 1. Age and Sex distribution of major bone injuries
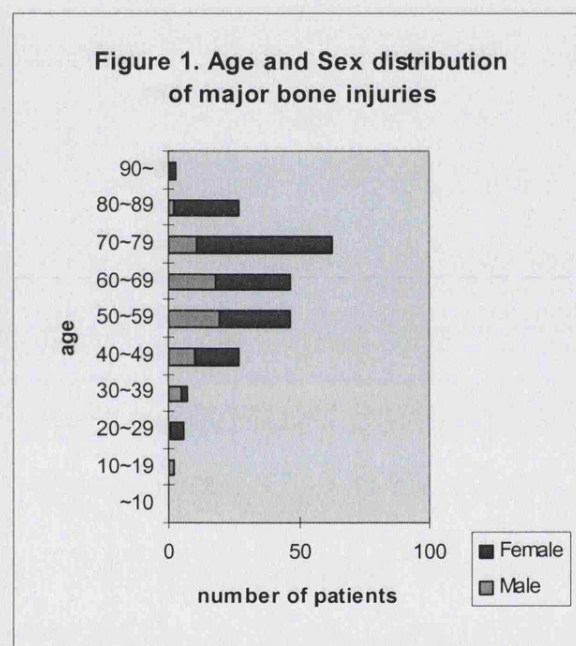
Source: (Maruo and Matumoto 1996)

This study is compared with the report from the 1976 China earthquake which resulted in 242,769 deaths and 164,851 injuries. The three major injuries here were crush syndrome, fracture of the pelvis and of the spine. Among the spinal fracture cases, 70% sustained injuries of the thoraco-lumbar spine, and 34% were paraplegic. This high incidence, it is thought, may be due to the collapse of Chinese stone houses, while in Japan houses are wooden. In comparison, the 1988 Armenian Earthquake resulted in 25,000 deaths and 30,000 injuries and reported few spinal or other trunk fractures. In Japan, 995 (59%) of 1675 reported bone injuries were fractures of the spine or other trunk bones, although only 21 (2.1%) had a spinal cord injury. It is suggested that this is due to the Japanese

traditional custom of sleeping on futon mattresses on the floor because most were injured when they were getting up from the floor (Shimazu, Yoshioka et al. 1997).

As to burns in the Great Hanshin Earthquake, 504 deaths were listed as fire related, although many of the victims may have been crushed or suffocated before they were burned (Nakamori, Tanaka et al. 1997). Among the 2718 patients of the above medical record review, 44 patients (1.9 per cent) were hospitalized with burns. Figure 2 shows the age and sex of the 44 patients. Morbidity increased with age and was higher in patients over 40 years old when calculations were based on the population in the affected area.

Figrure 2. Age and sex distrubution of burns
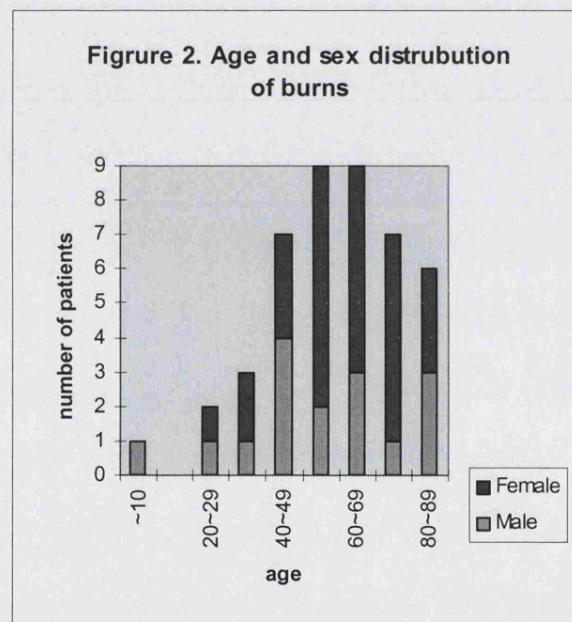
Source: (Nakamori, Tanaka et al. 1997)

The Kobe University Hospital observed an increased morbidity from diseases of the circulatory system such as hypertension, high blood pressure, and coronary heart disease, suggesting that this was associated with the excessive stress and the hard work of the emergency (Yamamoto and Mizuno 1996; Kario and Matsuo 1995). Yoshikawa (1995)

reported on cases of cardiac emergencies after the Hanshin Earthquake. Congestive heart failure occurred mainly in aged patients who suffered from upper respiratory infection or bronchitis, which triggered the heart failure. Another problem was that they were not able to take their regular medicines under emergency conditions. The average age was 70. The high morbidity from angina could have resulted from the cold and the stress from the evacuation. (Yoshikawa, 1995).

A link between emotional stress and sudden cardiac death was also reported from the data at the 1994 Northridge Earthquake in California. On the day of the earthquake, there was a sharp increase in the number of sudden deaths from cardiac causes that were related to atherosclerotic cardiovascular disease. During the six days after the earthquake, the number of sudden deaths declined to below the base-line value, to an average. Leor et al. (1996) concluded that the earthquake was a significant trigger of sudden death due to cardiac causes, independent of physical exertion

The Kobe University Hospital report and others discuss the association of the rising morbidity of diseases of the digestive system, such as haemorrhagic gastric ulcers and peptic ulcer, with the increase in mental stress and the worsening of living arrangements and eating habits (Yamamoto and Mizuno 1996; Takakura, Himeno et al. 1997). The Hospital also reported an increase in diseases of the respiratory system such as pneumonia and bronchial asthma, a few weeks after the Earthquake. This could be explained by the fact that the earthquake occurred at the coldest time of winter and the dramatic changes of environment (Yamamoto and Mizuno 1996). Takakura et al. (1997) report the diverse influences of the Hanshin earthquake on pneumonia and bronchial asthma. Following the initial rush of victims with surgical and orthopaedic problems, patients with respiratory diseases increased, particularly among the elderly, within one month of the disaster (Takakura, Himeno et al. 1997).

Mental health effects could be divided into three categories: short-term mental disorders due to the earthquake shock, the development of latent diseases triggered by the shock and stress of the earthquake, and those symptoms caused purely by the earthquake,

including post-traumatic stress disorder (PTSD). In the second category, most frequently reported are dementia triggered by mental stress and environmental change, and alcohol-dependent syndrome. Eczema and allergy are reported both as a result of mental stress and the related decreased immune system.

Although Japan is often subject to natural disasters, the psychological effects on disaster victims have not been widely studied. Only a few have investigated the effects of a volcanic eruption (Kato, et al. 1996). However, for the Great Hanshin Earthquake, many studies have been conducted on post-traumatic symptoms and post-traumatic stress disorder (PTSD), and this western term became widely used in Japan following the earthquake. Many books on psychological counselling have been published since the Hanshin earthquake. In Japanese society, people have been reluctant to seek psychological help, unlike in the US. It is seen as acceptable to seek other medical treatment but there is still a relatively high barrier against going to a psychiatrist.

Most studies of the psychological consequences of disaster tend to be on the long-term effects rather than the short-term, while most reports on other physical health effects tend to be on the short-term rather than long-term. Studies of the psychological effects have been reported from earthquakes in Ecuador (Lima et al. 1992; Lima et al. 1992), Armenia (Goenjian et al. 1994; Goenjian et al. 1994), San Francisco (Cardena and Spiegel 1993), Italy (Bland, et al. 1996; Bland, et al. 1997) Turkey (Karanci and Rustemli 1995), Australia (Carr, Lewin et al. 1995; Carr, Lewin et al. 1997; Carr, Lewin et al. 1997), India (Sharan, Chaudhary et al. 1996) as well as many from other natural disasters such as hurricanes in the USA (McDonnell, Troiano et al. 1995b).

Research on the impact of disaster on mental health in old age has given conflicting results. The elderly may be best prepared for disaster because of their previous life experiences, or they may be more vulnerable than younger age groups because of their frail health, strong emotional attachments to long cherished property and mementoes lost, lower adaptability than in their younger days, and/or because they tend not to proclaim their problems spontaneously unless they are questioned specifically (Tanida 1996;

Gerrity and Flynn 1997). Different studies have reached opposite conclusions. Robertson (1976) concluded that the old and poor were reluctant to use available resources and the shock of a natural disaster seemed to last longer among elderly individuals. The findings of research on post-traumatic symptoms by Kato et al. after the Hanshin Earthquake concluded that the elderly were better protected from the stresses of disaster as compared with the young, contrary to their expectation. At the first assessment in the third week, both subjects younger than 60 years old and subjects older than 60 years old experienced sleep disturbances, depression, hypersensitivity and irritability. During the second assessment in the eighth week, the percentage of younger subjects experiencing symptoms did not decrease, while elderly subjects showed a significant decrease in 8 out of 10 symptoms (Kato et al. 1996).

Kato et al. discussed three explanations for their findings. Firstly, the younger evacuees may have experienced greater psychological stress in reconstructing their lives, the lives of their families and finding new jobs, than the elderly who were retired and receiving a pension. From my personal conversations with the older people in the shelters, they had been living basically on their pensions and some personal savings, or as recipients of welfare (livelihood protection) so job search was not a problem for them either before or after the earthquake. Secondly, the elderly might have established better social networks in the shelters than the younger survivors because they had lived in the pre-earthquake local community for longer. The third explanation relates to previous disaster experiences. Those older than 60 years old at the time of the earthquake were born before 1935, so had lived through the adversities of the Second World War, including severe destruction of cities by heavy bombing, and then through the post-war rapid reconstruction and economic development. The destruction of the area by the earthquake was often compared with the situation at the end of the World War II. The younger subjects were experiencing a large-scale disaster for the first time, so recovery from the psychological impact may have been delayed, compared to that in more experienced elderly subjects. The older people in my research also mentioned that this was their third experience of large-scale disaster, as there was also the Kobe flood in 1917. Kato et al. also discussed other limitations of their study such as the interpretation of the data and

the absence of controls. Symptoms such as sleep disturbances and irritability do not necessarily predict the degree of psychological impairment.

Finally Knight (2000) has pointed out that mental ill health following a disaster cannot be solely attributed to the disaster. For example, in a study of the mental health of older people after the 1994 Northridge Earthquake, prior earthquake experience was related to lower post-earthquake depression scores, and the strongest influence on post-disaster mental health was pre-disaster mental health (Knight, 2000). In Kobe it is possible that older earthquake survivors in temporary shelters, who were a predominantly low income population who had lived alone before the earthquake, were already suffering from depression related to loneliness and isolation, even before the earthquake.

Despite the fact there are more articles discussing the mental health consequences of disaster than other health consequences, there still remain critical gaps in knowledge. In particular we might ask whether loneliness and isolation are long run mental health problems (Gerrity and Flynn, 1997). In a study of the 1997 earthquake in Umbria, Italy, people living in prefabricated huts showed a higher score on the Geriatric Depression Scale and the Hamilton scale for anxiety, and complained more often about their health status when compared with those living in permanent buildings. While all of the participants suffered from the discomforts caused by the earthquake, the precariousness of living in temporary houses could justify the higher distress experienced by those housed in the huts (Mecocci, 2000). This would be consistent with what was observed among people living at TSH in Kobe.

Media input to policy formation and delivery

It was clear from an early stage that the influence of the media would be important in any study of the aftermath of the earthquake. The Japanese media provide ongoing commentary on population ageing and their output was greatly increased after the earthquake. No Japanese major newspaper has a single day without one good article on an ageing-related topic. Usually there is more than one. The provincial press and TV

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were able to maintain interest in survivors many years after the disaster partly because of the age of victims and survivors. Public attention to population ageing-related issues is significantly high. Articles about health also appear in the media daily in Japan (Lock, 1996: 208). However little has been written on the role of the media in social policy, even though in 1992 but this was a pioneering work and more needed to be done. had shown in 1992 that the media was one of the main actors in health policy change in ageing Japan (Campbell, 1992 and 1996).

General social policy books did not discuss the media, nor did the fourth edition of 'Older people in modern society' in the Longman Social Policy in Modern Britain series (Tinker, 1997). The following books were checked:

- Social Policy in Britain: Themes & Issues, Pete Alcock, Macmillan Press, 1996.
- Social Policy towards 2000: Squaring the Welfare circle, Edited by Vic George and Steward Miller, London and New York, Routledge, 1994.
- Understanding Social Policy, Michael Hill, 6th Edition, Blackwell, 2000.
- Comparative social policy: concepts, theories and methods, Edited by Jochen Clasen, Blackwell, 1999.
- The student's companion to social policy, Edited by Pete Alcock, Angus Erskine, and Margaret May, Blackwell, 2001.
- Social Policy An Introduction, Ken Blakemore, Open University Press, Buckingham, 1998
- Global Social Policy: International Organization and the future of welfare, Bob Deacon, Sage 1997
- Introducing Social Policy, Cliff Alcock, Prentice Hall, Pearson Education Limited, Essex, 2000. www.pearsoneduc.com

The textbook, Social Policy, edited by John Baldock et al. (1999) did not have a media chapter, but had a section on the media[7] (pp. 498-508) in Chapter 19: Arts and Cultural Policy by Mark Liddiard. The points relevant to this research project appear on pp 98-499). They are set out below:

> o "The mass media are crucial to social policy for a variety of reasons, not least because they often perform an influential role in framing many social policy debates. With the advent of television we are exposed to the mass

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[7] Subheadings are: The impact of the mass media upon public attitudes; the impact of the media on policy-making; regulation of the press?; Satellite, Cable, and Digital Television; The internet.

media more than ever before. In this way, the mass media have become crucial to how we understand the world, and it is perhaps not surprising that some mass media content has attracted concern and condemnation for being offensive and inflammatory. (page 498)"

o "There is often something of an implicit assumption on the part of involved agencies and commentators that media coverage is important for changing public perceptions and helping to change and modify policy. But is this really the case? What kind of impact does the mass media have upon public attitudes towards different social problems? The first point, of course, is to recognize that the media are far from homogeneous. (page 499)"

o "It is important too to recognize that the media operate with their own agendas... (page 499)"

o The ability to reach and sensitize so many people to social policy concerns is not to be minimized. Yet the assumption that media coverage of a social issue will have a direct impact upon both public opinion and policy-makers is a questionable one. (page 499)"

Following on from Liddiard's last point, Klinenberg (2002) noted that journalists themselves disagree about the kinds of roles they should play in reporting public events and what policies to follow when deciding what is news.

Although the role of the media was not addressed in general social policy books, there are some books written with a particular focus on the media and social policy (Pharr, 1996; Franklin, 1999; Rubinstein, 1985). Franklin (1999) describes twenty cases of media influence. One case shows that the unrelenting press criticism and misrepresentation of social work has had important consequences. It has demoralised social workers, influenced their professional practice and, by helping to shape public opinion, impacted ultimately on social policy concerning social workers and their clients (Franklin, 1999:3). While the media appear to have had a negative effect on the profession of social work in UK, it is possible that they had a more positive effect of the development of the profession of Life Support Worker in Japan. (see Chapter Six)

In Japan, as noted by Campbell (1992) the media have an important influence on opinion formation. Officials interviewed for this research project, mentioned the media as influential in forming people's views. It may be particularly important to older people. Anne Cooper-Chen found that Japanese older women watch television for 6.5 hours a day

and men in their 60s and in their 70s watch four and five hours, respectively (Cooper-Chen, 1997: 106). She concluded that television in Japan provided social welfare services in the absence of other activities for the elderly (Cooper-Chen, 1997: 127). Interviews with older people also showed that the media shaped images and ways that older people see themselves, and ways that others see them (Biggs, 1993). Klinenberg stresses that these images and stories have to be selective. The nature of news requires fast thinking: on breaking news stories, and journalists face intense time pressure (Klinenberg, 2002: 210). Another important feature of news lies in the selection of headlines and visual images. Headlines are important because they present news in ways that allow for selective reading, and because they suggest which events and issues matter most. Few people have time to read an entire newspaper, but many scan its headlines and photographs as part of their daily routine and read in more detail only those items which catch their interest (Klinenberg, 2002: 213).

Klinenberg also makes the point that representation in media coverage does not necessarily reflect the real world. Editors and producers are always looking for dramatic images for the front-page or lead story (Klinenberg, 2002: 217). For example in post earthquake coverage the word, 'Kodokushi' (isolated death) was a popular headline. (See Chapter Eight on why Kodokushi interested Japanese readers.)

In 2002, too late for the research design of this thesis, Klinenberg published Heat wave: a social autopsy of disaster in Chicago. In this work he stresses the importance of the media. In the first place disasters are a journalistic staple. They rank among the most popular forms of news content. In his social autopsy of a disaster, the media were important for two reasons. One was that the media had created a fear of crime among older people which stopped them from going out. This fear of crime, which older people heard about daily on the radio and television, therefore contributed to their confinement (Klinenberg, 2002: 51). Since Japanese society has an exceptionally low crime rate by international standards this was not an issue for the older earthquake survivors. However fear of unscrupulous sales people was reported as preventing older people from opening

the door to strangers in the new PRH schemes, even when the visitor was a potential helper.

The second concern around the media arose from conflict with the government's public relations. According to Klinenberg, the Chicago city administration accomplished a textbook public relations campaign to deny the severity of the crisis, deflect responsibility for the public health breakdown, and defend the city's response to the disaster (Klinenberg, 2002: 168). This campaign to manage the disaster had an impact on the journalistic coverage of the heat wave (Klinenberg, 2002: 184). Again this did not appear to be a problem in Japan. While there were tensions between local government and local communities that were not highlighted in the media coverage of the earthquake, no systematic defensive response by government was discovered in my research. The message, 'government alone cannot do it all', was not just an excuse from government, it was a reality.

Earlier sections of this chapter showed how the influence of the media is largely ignored in social policy studies, but highlighted the importance of media in social policy in Japan. The contribution of the post earthquake media coverage was to highlight the increasingly important group of impoverished older people living alone in an urban environment. A careful examination of the media images that we usually take for granted can help us to check that the accuracy of our understandings (Cirillo, 1994:173). Discourse analysis of data from the media can show how the real world and the media interact, and how the content of media reporting and analysis change over time and how the degree of influence on social policy varied (Liddiard, 1999). Despite the obvious importance of the media in Japan, Takayose (1999) wrote in the preface of his book "The Great Hanshin Earthquake and Life Reconstruction" that when social problems occur, media and academics concentrate on emotional critiques and rather than aiming to improve policy implementation.

Disaster as a social issue

As noted above, most literature on natural disasters has taken an epidemiological approach, even if the full rigour of epidemiological studies has rarely been achieved. Such studies also rarely focus on older people. One exception is Klinenberg's 2002 study of heat wave deaths in Chicago in 1995. As he says, US epidemiological reports on disaster establish the relationship between morbidity and mortality and socio-demographic variables in the disaster, but they offer little explanation for the deeper questions of why and how issues are related (Klinenberg, 2002). Epidemiological studies showed that in the 1995 Chicago heat wave social contact was a key factor in determining heat wave vulnerability. Klinenberg then examined the questions of which social conditions facilitated strong and effective support networks, and which conditions rendered frail residents even more susceptible to deprivation and isolation (Klinenberg, 2002: 33). Such social contact, called *tsunagari* in Japanese, is what *Minsei Iin* and volunteers in Kobe were trying to achieve for earthquake survivors, especially older people. TV coverage of the post-Earthquake communities routinely headlined the word.

One approach to the social aspects of disaster has been put forward by Morrow (1999) who sees the vulnerability of victims of disasters as socially constructed i.e. it arises out of the social and economic circumstances of everyday living. In her study of the Hurricane Andrew disaster, she identified certain categories of people: the poor, the elderly, women-headed households and recent residents, as the groups at greatest risk throughout the disaster response process. These are socially vulnerable groups even in normal times. Taking an area based approach she found that knowledge of where these groups were concentrated within communities, and the general nature of their circumstances, was an important step towards effective emergency management. Morrow theorised the household as a unit possessing different human or personal resources, such as health and physical ability, relevant experience, education, time and skills with which to combat vulnerability (Morrow, 1999). As a group, it is safe to assume that older residents are more likely to lack the physical and economic resources necessary for effective response to disaster, are more likely to suffer health-related consequences and be slower to recover, even though elderly households vary with age, health, family and economic circumstances.

Another side of vulnerability analysis in the exceptional case of disasters is that it can make visible what is invisible in the everyday world (Varley, 1994). However society, mainly via the media, will choose what aspects to take up. In Kobe the media, as explained above, concentrated on family, community and loneliness, but chose largely to ignore poverty. In Chicago the media were first managed by the city authorities but even so, reporting and subsequent action drew attention to an increasingly important group of impoverished older people who lived alone, and who died alone in an urban environment of affluent North America.

Family change and vulnerability

Family change is one area where the vulnerability of the old may not be fully recognised until there is a disaster. In Japan research has still tended to assume strong family ties (Shanas, 1979). Hashimoto (1996) investigated aspects of happiness among older women and her work included attitudes to independence and family relations but did not cover community links in any depth. Yamamoto (1998) focused on family relations between mothers and care-giving daughters in law as one aspect of family life. Research on the family with a gendered perspective will be an expanding area of research in the future as traditional attitudes weaken. For example, Morrow (1999) found that although relatives were not likely to be the primary source of assistance in developed nations, they were an important base of disaster-related help for many (Kendig et al., 1991; Haines et al., 1996). In Japan family and relatives can be said to still take more active roles in daily assistance than in other developed countries, but the earthquake showed that many survivors were lacking family support and this was a more serous problem than it might have been in societies where assumptions about family support are weaker and formal sources of support are better developed.

Few academic studies of community care, or community relations as they affect older people, have been undertaken in Japan (Ninomiya,1989), but media attention has been increasing rapidly in recent years. Yazawa and Kunihiro (1999) have pioneered survey

research in the area. Ethnographers and qualitative researchers have concentrated on the personal and the family rather than the community (see above). Japanese work on retirement communities and group homes is also limited (see Hatoyama and Yamai, 1999) In addition, English language work is only slowly being translated. For example Ungerson's *Policy is Personal* (1987) was only translated into Japanese in 1999.

Morrow (1999) argued that there are gender differences in responses among disaster-affected people. Gender differences in response to the Hurricane Andrew disaster appeared in assessment and response, household preparation and evacuation, and the use of social and family networks. The research area was southern state of Texas, which would be more conservative than an average large American city, and this would be likely to be accentuated in times of crisis. Morrow noted that it was important to consider women's heavy care-giving responsibilities, both within households and in responding organizations (Morrow, 1999). Sexual stereotypes and expectations which profoundly influence the daily lives of women and men are even stronger in Japanese society. Informal care is largely provided by housewives. Volunteer group members have been largely middle-aged full-time housewives, or those who work part-time only. These roles meant that women survivors tended to have larger networks to fall back on. This gender difference has been observed in many societies (Alpass, 2003; Perren et al., 2003). Japanese society is not an exception (Otani, 2000; and Yazawa, 1999).

In Kobe, as in Chicago (Klinenberg 2002), the media drew attention to the plight of older men who appeared more vulnerable than older women. Klinenberg argued that men were at greater risk. The elderly, especially isolated men and those who outlive their social networks or become homebound and ill, often suffer from social deprivation and role displacement in their later years. Older women are more likely than men to be poor, sick, and living alone in old age, but they also tend to be less isolated. This does not mean that they do not have problems associated with aging alone (Klinenberg, 2002: 230). Further, as noted above, the media presented those living alone as weak, and drew public attention to old people living alone. There is a strong cultural bias against older people living alone in Japan so this was not surprising. These older people were considered to be one of the

most vulnerable groups and they received attention from the local department of health and welfare (Hyogo Prefecture post-Earthquake Health Surveys, 1996-1998. Reports on TSH and PRH by Hyogo Prefecture Nursing College, August 1996, and by Department of Health of the West ward of Kobe City, March 1998).

State and community involvement

Although the destruction of housing and infrastructure were among the most visible results of the disaster, there is more to housing loss than the architectural fabric. Communities with their ties and networks were devastated by the destruction of their homes. For older people in better off parts of the city the house was probably their major financial asset and barrier against poverty (Moser, 1997). However the proportion of the population who received public assistance was above average in the Nagata-ward of Kobe-city before the Earthquake. This was the ward that was most affected by the earthquake, with a very high concentration of disadvantaged people. Many survivors from this area were among the most deprived and they were increasingly concentrated in TSH. Ten percent of those in temporary shelters who were receiving public assistance started to do so after they moved into temporary shelters. However, a high proportion[8] of those who moved from TSH to PRH had been recipients of welfare since before the Earthquake (Doshisha Report, 1997: 12). This can be contrasted with the fact that in 1994, only 0.7% of the Japanese population was in receipt of some form of public assistance (MOHW, 1996).

Within the existing welfare system, some heads of expenditure rose due to increased demand after the crisis. Temporary shelters and public reconstruction housing played a role in mitigating the poverty of disaster-affected people, but the numbers of recipients of unemployment insurance and of public assistance increased in the year following the

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[8] A welfare commissioner in my ethnographic fieldwork mentioned that about 90% of the residents are in this category, but I was not able to obtain the official figure as it is a sensitive area and no official was willing to share the data with me.

earthquake. Central government pays for public assistance although it is managed by the welfare offices of local government.

Medical care was provided free for the people affected by the disaster in the immediate aftermath. Emergency care was given until December 1995, but there were no financial subsidies for long-term medical relief. Elderly people living in the affected area were likely to have to make high co-payments for long-term medical relief as well as pay for the increase in transportation costs due to relocation. After their sudden relocation, mostly to remote and inconvenient areas, many older people had to find a new doctor, possibly one that knew little of their health history and with whom they had to establish new rapport. Fieldwork established that many people who could find their old doctors continued to see them even when they had to spend considerable amounts of time and money to visit them. The family doctors (mostly private small clinic practitioners) in the area were themselves affected by the earthquake. Clinics were destroyed and medical records were lost. Lack of continuity in health care was another example of the destruction of local community networks following the earthquake (see also Bowling, 1991 on the importance of community networks for health in old age.

Older men (and some women) who had not reached pension age received no long run media attention. Many had lost their jobs but their chances of finding new employment to tide them over until they reached pension age were poor. There was no assistance specifically for this group of people who were just below pension age. However, since they have now begun to receive more media attention, measures may yet be developed.

Housing

Class is not a major issue in Japan, but there are social cleavages that relate to income. By the time I started my research, nearly all those in the fieldwork sites were by definition, from the most disadvantaged groups of society. They were poor and poverty is isolating (Klinenberg, 2002: 71). Polarization of housing by income level had existed in Kobe before the Earthquake but it became even more visible in the post-Earthquake

reconstruction process (Hirayama, 2000). Government was implicated in reconstruction at different levels. Responding to the special needs of funding for housing reconstruction, local governments made loans available to the disaster-affected people to help to rebuild their houses (Takayose, 1999: 48). The loans were available to those who already had some money to rebuild their homes. However, for those who had no basic money, this programme provided no help. To rebuild a house, age is a major issue because public loans did not cover the full cost and it was necessary to combine different loans. Some people who were too old to qualify for private loans were able to take out loans in the name of their children. This could only be arranged by those whose children were not themselves affected by the earthquake. This also showed another function of children as a safety net. While rebuilding was expensive for homeowners, tenants found the rent for newly constructed houses was more expensive than before the earthquake. Many people had to give up the idea of moving back to their old areas as prices rose.

Housing policy has implications for living arrangements. Temporary shelters and most public houses were designed for nuclear families. In the early stages, some families in TSH explained that they had to separate, as the space was too small for the whole family. It is therefore reasonable to suggest that the post earthquake housing situation encouraged an increase in the number of nuclear families among the population and contributed further to the lack of support for older people. Older men and women who had no family, or no functioning family, and nowhere to go were housed in the temporary shelters (TSH). This concentration of deprived older people created unbalanced settlements which grew more unbalanced as the years passed. Writing one year after the Earthquake (Tanida, 1996: 1133-5) said :

> The elderly people had to live isolated in ordinary temporary houses. Furthermore, because elderly and disabled people were initially given priority in the distribution of temporary houses, this well intended scheme produced a community of elderly and disabled people living alone.

Over the next four years the TSH were slowly emptied and those who could not find other housing were relocated to new public reconstruction housing (PRH) schemes

elsewhere. The physical condition of public housing in the post-earthquake era was a great improvement technologically on the pre-earthquake housing. This was partly due to the technological advances in the newer buildings and partly because quality regulations for new buildings had become stricter and more thorough. It is also partly because attention was paid to seeking housing appropriate to older people. The concept of housing for older people is still relatively new in Japan.

The housing allocation process that moved survivors out of TSH created newly settled high rise housing schemes that were wholly or partly filled by older people who lived alone. Taylor (2003) has analysed the UK experience of rehousing communities in new towns and new housing estates outside the inner cities after the Second World War. This transfer of significant populations to new neighbourhoods with few facilities and away from their traditional social networks, led to isolation and created a new set of problems (Taylor, 2003: 19). In Kobe city similar problems arose and the local government realised the need to encourage community self-help and local support networks. The intention was that key community workers would encourage residents to help themselves by developing community ties and local activities. They would also build up the capacities of local residents to acquire individual and organizational skills to help them address their problems. The Natsu-Aki PRH research site was an example of rehousing old communities in new towns and new housing estates outside the inner cities. Such relocation to new neighbourhoods led to similar problems of apathy and isolation among the new tenants as Taylor had found in UK (Taylor, 2003). However, in the UK the whole age range was being rehoused, whereas in Kobe it was almost entirely people aged 50 to 90. The limited age range and the concentration of older people made the process of community regeneration very much more difficult.

There appeared to be some confusion on the part of both the authorities and the media over whether the aim of staff and leaders in the new housing schemes was to provide support to the older residents of TSH and PSR or to enable them to build their own communities. Loneliness (see below) may be one of the most important housing issues for older people (Heywood et al. 58-59), but protective and supportive services to people

with limited mobility and extreme needs is a difficult job, even for organizations that are explicitly designed to do this (Taylor, 2003: 105). In a Western Christian country, a neighbourhood church may take a role in reaching out to those who are most isolated and fearful, using networks they already know and trust. But local organizations such as the neighbourhood church may not be able to do this work effectively unless they have financial and material support (Taylor, 2003: 105). In Japanese society, it is *Minsei Iin* who have gained trust through tradition and who take on this role (Takahashi, 1997). The *Minsei Iin* are unpaid volunteers but they are appointed by a formal selection process. It is an honour to be appointed. The person has to be helpful, thoughtful, sensible, wise and respected. As will be shown in Chapter Six, the role of *Minsei Iin* has influenced community regeneration and community work. The work of *Minsei Iin* involves contacting people and local government and knocking on doors. The presence or absence of *Minsei Iin* influenced the selection of my fieldwork sites (see Chapters Three and Six).

Although the role of *Minsei Iin* was well developed, they were faced with new challenges in the resettlement schemes. Rebuilding community meant they needed to develop new skills. Taylor refers to capacity building as applied to both communities and individuals (Taylor, 2003: 198). She notes that it is often assumed that the two will work together in partnerships, but points out that much of the research on community participation suggests a wide ranging lack of the basic capacities for partnership. Her work has led her to conclude that little thought has gone into evaluating the skills that make partnership work. Morrow (1999) on the other hand found that it was important to recognize women as a seriously under-used resource in disaster management and response, particularly in decision-making roles. She documented women's contributions in a multitude of roles, from grassroots organizing to emergency management. Certainly the post disaster phase in Kobe had thrown up new or extended roles for women working in the community. Life Support Advisors were mostly women and some of the most successful *Minsei Iin* were women, although the post was traditionally a male preserve. Since the fieldwork for this thesis took place five years after the disaster, the importance of women which it revealed can be seen as one aspect of the sustainability of the new strength of the voluntary sector that was associated with the post disaster era.

Sustainable development programmes require involvement and leadership at the local level. This important concept is inadequately applied in the disaster context (Morrow, 1999). The challenge comes with the need to sustain reconstruction programmes beyond the disaster stage. This was recognized as a problem in community generation at PRHs. The key is to have leadership from within the community, not by an outsider volunteer (Otani, 2000a). This bottom-up approach to community development should lead, according to Taylor (2003) to participation and the empowerment of community members and to the emergence of local leaders who are enabled to draw on adequate resources. Her theory involves a conflict approach where she assumes that poor and fragmented communities have to be developed in opposition to the authorities. The Japanese approach is one of consensus where it is assumed that public administration and public servants are doing the best for people. Taylor assumes there is opposition that has to be dealt with in different ways. However the main opposition to community development found that the new PRH communities came from apathy and dependence, not the attitudes of the community workers. In Japan the aim was to get people to participate in traditional activities such as tea drinking and clubs. Top down political membership of committees continued because the main structures of power were not expected to shift. The Japanese emphasis on community generation through social duty is in opposition to Taylor's theory of empowerment in conflict situations.

This does not mean that sustainability of community leadership could not become a problem. As noted by Taylor (2003) successful community leaders were feted, and adopted and promoted by public authority partners in ways that made it very difficult for others to follow them. A number of factors contributed to this. The first was that public sector partners and other power holders too often selected the community partners with whom they wanted to work. Inevitably these were likely to be those whom they found it easiest to work with or the most easily approachable (the acceptable face of community involvement) (Taylor, 2003: 133).

Sustainability also requires coalitions across neighbourhoods that can provide the space for different groups to come to a common view and thus help to ensure that power holders do not 'divide and rule', playing one neighbourhood off against another (Taylor, 2003: 189). Chapter Six will discuss *Mimamori* (Watch-with-care Town development committee) meetings which illustrated the growth of coalitions between neighbourhoods and communities of interest. These meetings, that again were consensual rather then conflictual, provided an important space where knowledge could be maximised (Taylor, 2003: 200).

Isolation

Klinenberg (2002) raise the same issues of isolation and death as did the media in Japan after the Kobe earthquake. In his case the questions were first, why did so many hundreds of Chicagoans die alone during the heat wave, and second, moving on from the single issue of disaster to the wider question of why so many Chicagoans, particularly older residents, lived alone, with limited social contacts and weak support networks. At a practical level he explored four features of disaster-related urban governance: (1) the delegation of key health and support services to paramilitary organizations that were not designed to deliver them, (2) the lack of an effective system for organizing and coordinating the service programs of different agencies, (3) the lack of a public commitment to provide basic resources, such as health care and energy, necessary for social protection of the vulnerable, and (4) the expectation that frail and elderly citizens will be active and informed consumers of public goods.

None of these issues was wholly irrelevant in Kobe, but equally none was as salient as (1) the absence of family, (2) isolated death, (3) the development of community services and (4) public housing during reconstruction. This difference in the importance of issues raised by the disaster is partly because the scale of the Kobe earthquake was so much bigger, and government was inevitably mobilised from the start. There are also important social differences between Japan and the US in general, and Kobe and Chicago in particular. Community safety, in terms of crime rates, is very different. Another

important difference is 'race'. In Chicago there were big differences in deaths between the black and Hispanic communities even though minority ethnic groups were the hardest hit. Japan on the other hand sees itself as a homogenous society and traditional social caste differences, migration and other intra communal issues are very rarely discussed, even today. Although disasters may lead to a new visibility for previously invisible marginalised members of society, media reports of the earthquake highlighted the presence of poverty and reduction in family ties, rather than any lack of homogeneity in Japanese society. Pre-disaster levels of social cohesion were very different in the two cities. The rapidity of inner city social change and the rise of individualism and breakdown in family ties has not taken place in Japan to anything like the same degree as in the US. The area of highest earthquake damage was one of social stability where a traditionally impoverished community lived in old and relatively unchanged (wood built) houses. This population was also disproportionately aged as in Chicago, but community ties were stronger in Japan. In Kobe, as in Chicago, disproportionate numbers of older survivors were living isolated from their families. Poverty, isolation and loneliness were long run problems and the press took this up as a model for a future Japan when co residence of generations would no longer be the norm.

The issues of aging and dying alone had already started to receive attention in Japan in the early 1990s. The Department of Health and Welfare aired the topic in a report in the early 1990s before the Kobe Earthquake (Okamoto, 1994). Numbers of people living alone are rising almost everywhere in the world, making it one of the major demographic trends of the modern times. However there are differences between living alone, being isolated and feeling lonely. Klinenberg added an extra category, distinguishing between living alone, being isolated, being reclusive, and being lonely. He defined living alone as residing without other people in the household; being isolated as having limited social ties; being reclusive as largely confining oneself to the household; and being lonely as the subjective state of feeling alone (Klinenberg, 2002: 43). Yet these states are inter-related to each other. Klinenberg elaborated as follows: "Most people who live alone, seniors included, are neither lonely nor deprived of social contacts". This is significant, because seniors who are embedded in active social networks tend to have better health and greater

longevity than those who are relatively isolated. Being isolated or reclusive, then, has more negative consequences than simply living alone. But older people who live alone are more likely than seniors who live with others to be depressed, isolated, impoverished, fearful of crime, and removed from proximate sources of support, than the elderly who live with others.

Seniors who live alone are especially vulnerable to traumatic outcomes during episodes of acute crisis because "there is no one to help recognize emerging problems, provide immediate care, or activate support networks" (Klinenberg, 2002: 43). He regretted the lack of policy interest in the growing phenomenon of seniors living alone. On the other hand local authorities in Kobe had already categorised older people living alone as at risk of dying alone, and as a group needing special attention from social services even in normal times (Okamoto, 1994). Evidence from public documents such as health surveys shows how attention was focused on the Earthquake survivors. Kobe had to face an extreme case in terms of the large number of at-risk elderly people who suddenly became visible and the degree of attention demanded.

City residents in the 1995 Chicago heat wave were more vulnerable if they did not leave home daily, had a medical problem, were confined to bed, lived alone, or lacked air-conditioning, access to transportation, and social contacts nearby (Klinenberg, 2002: 80). Anything that facilitated social contact, even membership of a social club or owning a pet, was associated with a decreased risk of death; living alone was associated with a doubling in the risk of death and those who did not leave home each day were even more likely to die (Klinenberg, 2002: 46). Pets were however problematic after the earthquake. Community health workers were recorded as encouraging older men living alone who decided to keep a dog, as it gave them a chance to go out and to exchange words with their neighbours. A TV programme also introduced the healing power of pets for people with traumatic experiences. However pets were officially prohibited in public housing, and a pet could become a source of complaint and cause trouble with neighbours when it fouled the vicinity or barked too much, especially at night.

Gender and isolation

Some of the characteristics of the vulnerable groups identified by public administration can be said to be universal. They are poverty, old age and disability. In most societies vulnerable groups also include large numbers of women (Moser, 1997) and sometimes older women in particular. In Japan, more attention is given to the elderly and the disabled than to the poor (Somusho, 1997). Awareness of gender and gender issues is undeveloped and gender issues are not perceived in the same way as they are in the West. (See for example the Hyogo Health surveys where the emphasis was on 'old people' and very few of the published tables contain any breakdown by sex). More women tend to fall into the status of living alone and falling into poverty in old age than men, but women tend to be good at establishing support networks while men tend to be isolated (Jerrome, 1992; Orloff, 1993; Arber and Cooper, 1999; Otani, 2000a; Perren et al., 2003). Klinenberg pointed out that the mortality records of the 1995 Chicago heat wave maintained by county and state offices provided useful information concerning the patterns of isolation, and the paradox that older women were far more likely than elderly men to live alone, but significantly less likely to be cut off from social ties (Klinenberg, 2002: 74). Men who live alone are at a greater risk of being isolated and lacking social support network (Orloff, 1993. chapter 3; Fischer 1982: 253; Hoch and Slayton, 1989: 128). Klinenberg analysed the reasons why men have more difficulty than women in sustaining intimate relationships with relatives and friends (Klinenberg, 2002: 75). The gendered division of labour has delegated most family responsibilities and friendship-making efforts to women, while men developed core relationships in the workplace (Jerrome, 1992). When they are no longer capable of working, men often not only lose their habitual identity as breadwinners, but also tend to fall out of their work-based networks and become dependent on their partners' social connections and sources of support (Connell, 1995: 21-27). This pattern is also found in Japan. Widowers and divorced men often suffer from failing physical and mental health after they become single, while divorced women and widows are more likely to gain support from their

social networks and suffer fewer health consequences from their status change (Rubinstein, 1986: 20-21). Men also face particular emotional constraints to intimacy and friendship, in part because conventional models of masculinity encourage forms of toughness and independence that undermine the cultivation of close ties. The literature on men who live alone consistently emphasizes the individuality and detachment that mark their experiences (Klinenberg, 2002: 75; Jerrome, 1999).

Klinenberg identified organizations in Chicago whose mission was to address the problems related to ageing alone and to assist isolated seniors in their efforts to make or remake connections to a world that had left them behind. Such a service was aimed at those who say they have problems of isolation and loneliness. Old friends may have passed on or moved away and social networks have become attenuated. Some identify themselves as lonely and they seek companionship and friendship. The role of the organizations is to become the family and friends the elderly have outlived, never had, or from whom they are estranged. (Klinenberg, 2002: 52). In Kobe, new small organisations started with the same mission as in Chicago, and were seen as part of the upsurge in volunteering that followed the disaster.

Despite this literature that concentrates on later life and the amount of help and support that targets older people, it may still be true that a gendered approach can show that other age groups are even more disadvantaged. In terms of surviving disasters there may be some groups that receive less media attention and are not old enough top be eligible for existing services, who may be even more vulnerable than the elderly. The epidemiology of *Kodokushi* for males was skewed to the 50s age group for men and the 70s age group for women (see Chapter Four, pages 105-106) indicating very great stress on the pre-retirement age group for men.

Klinenberg listed four trends that contribute to the vulnerability of the growing number of Americans who are old and poor: a demographic shift to an ageing population; a cultural condition related to crime and the coupling of it to a culture of fear; a spatial transformation involving the degradation, fortification, or elimination of public spaces

and supported housing arrangements such as public housing clusters, especially in areas with concentrated poverty, violence, and illness; and a gendered condition, the tendency for older men, particularly single men without children and men with substance abuse problems, to lose crucial parts of their social networks and valuable sources of social support as they age (Klinenberg, 2002: 48). All of these would apply to Japanese contexts except for the fear of violent crime.

Klinenberg introduced a 1998 Commonwealth Fund's report, 'Aging Alone: Profile and Projections', highlighting the general aging of the US Society, which captured the US Government's attention as the findings of the report are as follows. A demographic fact is that most seniors who live alone are women, about two-thirds of whom are widows. Class status is a key determinant of isolation and living alone. Two out of every three seniors who are poor live by themselves, a situation that is dangerous because impoverished seniors are twice as likely as financially stable ones to report poor health, have health-related limitations in bathing, dressing, and other daily tasks, and experience depression at least once a week. The combination of isolation and depression often spins into a vicious circle that is difficult to break, since being alone leads to depression, which in turn reduces one's capacity to make contact with others, which then heightens the depression, and so on (Klinenberg, 2002: 49).

Conclusion

A survey of the literature on natural disasters showed that there was a major research gap in terms of analysing the *long term* effects of disasters. Such research as existed was mainly focussed on mental health after-effects, rather than looking at survivors in their social context. The Great Hanshin Earthquake was important because it was the biggest natural disaster that had occurred in a highly developed country. It was unique in terms of the number of people killed and homes destroyed, and so in the amount of rehousing that was necessary in a major urban area. Although, as in most natural disasters, it was disadvantaged groups in the population who suffered most, the Great Hanshin Earthquake was also unique in the very high numbers of older people, who were killed or made

homeless. The great majority of survivors who were still in temporary shelters, or only recently rehoused, five years after the disaster were older women. Reanalysis of the Hyogo District surveys of survivors which ran in 1996, 1997 and 1998 (see Chapter Four) showed that although the great majority of older survivors were women, the authorities had not considered gender as an important survey variable. The research project was already scheduled to be a long term follow up of survivors (beginning five years after the event). The review of the literature indicated that there was also a research gap to fill by focusing on older people and looking at their problems, and by including gender in the theoretical framework of the research. The other main research gap identified was the role of the media in social policy making. Campbell had analysed the role of the Japanese media in policy change in 1992, but very little had been written about the influence of the media on mainstream social policy making. However by the final stages of analysis, Klinenberg had published his work on the Chicago heat wave and it was possible to replicate some of his findings on the way the media responded to disaster, and to highlight the cultural differences between Chicago and Kobe.

Key texts by Morrow (1999), Taylor (2003) and Takahashi (1997) combined with Klinenberg (2002) set the framework for the analysis of the fieldwork observation data on community activities in Temporary Shelters and Public Reconstruction Housing. Whereas Morrow and other writers stress the importance of family for survivors of natural disasters, the key issue in this fieldwork was the absence of family. This linked with the theme of social isolation identified strongly by Klinenberg and the Japanese media. The limiting case of social isolation was *Kodukushi* or isolated death, which had to be interpreted in specifically Japanese terms if its importance, both to the media and to community development workers, was to be understood. The community development literature revealed a tension which was important in understanding post earthquake attempts at reconstruction. Western authors, taking Taylor (2003) as a key text, were in favour of bottom up approaches. In contrast the Japanese tradition of community involvement was both top down and male led, though the gendered distribution of power was seen as natural, rather than an aspect of analysis. However the disaster had thrown up new needs and new conditions that challenged the traditional Japanese model. The

literature was mainly concerned with communities that were balanced in terms of age and sex, though not in income mix, while the post earthquake settlements five years on, whether TSH or PRH, were heavily skewed to represent survivors without families. These people were predominantly past pension age, women, and low income. The demographic challenge to community building was intensified by the choice of high rise flats as the only possible way to rehouse so many people in restricted land areas. As a result, neither the Japanese traditional model of community activity, nor models of community development fitted the research data, but both were useful in highlighting the characteristics of post earthquake attempts at community building among the survivors. Attention to gender was essential.

This chapter in reviewing concepts of disaster as a social issue, media influence, housing, isolation, loneliness, and community work in literature from USA and UK was helpful in understanding Japanese society. Many of the terms used in the West are the same as those used in Japan but their meanings are contextual, being closely related to culture, and so do not translate directly to the case of a Japanese disaster. The review also identified social differences in Japan as compared with other cultures. These differences include the low prevalence of violent crime in Japanese society compared to the US, and the lack of visible race and class issues in the social structure in comparison with both the US and the UK.

Chapter Three: METHODOLOGY

In Chapter One, the first background section on Population Ageing in Japan showed the importance of older people in Japanese policy making, which is due not only to the demographic change but also to the historical and cultural influence on the health and welfare system. In the second background section, the 1995 Kobe Earthquake was introduced. The section showed the short term impacts on older people, on Japanese society, and the future implications of Japan's ageing society. The chapter provided background information on the research setting for the thesis. This not only set out the research but also gave grounds to support it, saying that this research population is a model of the future ageing society in Japan. It is an increasingly important group of people, and is relatively new on this mass scale.

Chapter Three describes the methods used including the description of the data and critical evaluation of data sources: Hyogo Public Health Surveys, media data, and field notes of observation and interviews. Then discussion of problems with analysis will follow for each kind of data. I also report how I used Qualitative Analysis Software, Nudist Vivo, and touch upon the application of the English programme to a Japanese, non-English context, and the critique.

Methods

I used a mix of quantitative and qualitative approaches (Robson, 1993. Cresswell, 1994). My research was exploratory and started by looking at what was happening to the elderly survivors of the Earthquake living in TSH and PRH and seeking lessons for the future ageing Japanese society. My research was a set of case studies looking at a small part of the reconstruction process of the communities. I used multiple methods in a flexible design (Robson, 1993). Case studies were: individual case studies, such as the case of Mr Yamada in Chapter Seven, Mrs Sakura and Mr Tanaka in Chapter Six; and community case studies such as TSH and PRHs. The individual case studies of Mrs Sakura and Mr Tanaka were examined to look at the community leadership aspects of my research question. The individual case study of Mr Yamada provided a discourse on loneliness issues in a community. The set of case studies of

TSH and PRHs were aimed at understanding aspects of community generation. This study looked at low-income people and is therefore not typical of Japanese future older people. However, it helps us to understand the situation of older people in the future. PRHs are not of the same standard as the traditional wood built pre-Earthquake housing for low-income people, but pleasant modern apartment blocs. In terms of housing the new buildings are closer to the housing for older Japanese people in the future. The research design was constructed following the methods set out in 'Real World Research,'(Robson, 1993 and 2002).

Multiple Methods (Robson, 2002: 370) were employed. Although the main part of the study is qualitative research, I also used quantitative approaches. For the quantitative research, I used data from the public health survey and media data. The public health surveys were carried out by the Department of Health in the area affected by the Earthquake for three years. These data were used for the secondary analysis to provide background information on the people in TSR and PRH that I was looking at in my case studies. They illustrated the way the government saw the aftermath of the earthquake and the needs of the survivors by looking at what information was collected and which definitions were used (for example the very weak attention to gender differences), as well as the way that changes in this set of values were related to shifts in the values reflected in media reporting. The Surveys reflected one aspect of government understanding and attention. The emphasis was on survivors and their assumed problems. However, the reports make it clear that the Earthquake left long term problems for many in the older age groups and that health and social needs were high.

The main part of this study, however, is based on content (both qualitative and quantitative) analysis of media reports and on case studies using multiple-methods, ethnography including participant observation, formal and informal interviews, and the analysis of documents, and records, such as reports on the TSH and PRH of my field sites by Hyogo Prefecture Nursing College (August 1996) and by Department of Health of the West-ward of Kobe City, March (1998).

Data sources:

Media Data

In Japanese society, the media is extremely influential. Campbell's study (1996: 187-212) showed the important role the media took in formulating the free-medical care policy for old people in the 1980s in Japan. My initial interest in the population of my research was aroused through looking at the media who seemed to focus on older people affected by the Earthquake. Media data was collected from TV, newspapers, and interviews during my fieldwork, mainly on the fourth and fifth anniversaries of the Earthquake (17 January 1999 and 2000) for ten days each, in addition to the published reports and books produced by the media. I have classified data from late 1998 to January 1999 as the 1999 wave and those from late 1999 to January 2000 as the 2000 wave, following Altheide (1996) who refers to time based samples of media reporting as 'waves' (Altheide, 1996: 19). I employed this theoretical sampling for my media data collection. If the data were sampled using random or stratified sampling over time, important thematic patters would have been lost (Altheide, 1996: 21). I have videotaped TV coverage and prepared transcripts of TV coverage of the Earthquake-affected area for eight days each year. The lengths of videotapes are 27 hours 55 minutes and 38 hours 55 minutes, in 1999 and 2000 respectively. Two other TV programmes of special features on the post-Earthquake situation were aired on 24 November 1998 and 13 June 1999 and were also analysed. I have prepared transcripts of daily media coverage on this subject for analysis. The voice over for these programmes, spoken by a narrator's voice, was written down in English. Visuals were described in English. The voiceovers are helpful in enabling closer examination of content and for developing a framework for dealing with visuals in TV data analysis (Altheide, 1996: 20) TV data are mainly from news programmes, special features and documentaries on Earthquake related topics. Tables in the Appendix A3-2 and A3-3 show the categories for the 1999 wave and the 2000 wave. Newspaper articles are mainly headline news on the first page, local news pages in the back, and editorials.

Transcriptions were made of all the media data but gradually the focus shifted to the coverage of older people, housing, and health. I checked programming for all TV

stations on air in the Kansai (Kobe and Osaka) area, national station of NHK (*Nihon Hōsō Kyōkai*: Japan Broadcasting Corporation, a public service broadcasting organisation like the British Broadcasting Corporation (BBC) in England) and other privately owned stations and for Japan-wide stations such as Asahi, Mainichi, Yomiuri, Kansai-TV, and local stations such as Sun-TV, TV-Osaka. The media data are complemented by interviews with a TV reporter and a newspaper journalist. An interview with a TV reporter was transcribed.

Media data were collected in parallel with data collected in the fieldwork. This allowed me to construct the media's discourses and my own discourses. Some of the people and places in the TV coverage overlap with the people met or places I have visited for my fieldwork. The fieldwork data collection will be explained later in this chapter.

I have collected newspaper articles from this period and translated them into English. I collected from the Asahi Shinbun (Newspaper) and the Kobe Shinbun. Asahi Shinbun is the most widely read newspaper in Japan. Asahi had a circulation of more than 12.6 million in 1995[1] (Cooper-Chen, 1997: 52-53). I checked the Osaka edition of the newspaper so that I was able to collect articles which appeared in the front pages covering all districts in Japan and articles in the back pages which deal with news specific to the locality. This edition covers the Earthquake-affected area of Osaka and Kobe. The other newspaper, Kobe Shinbun, is a local newspaper. As the name says, it is the major newspaper of the locality, and therefore has direct and close contact with the issues arising in the area.

Appendix 2- 4 is a list of newspaper articles on the post Earthquake topics from January earthquake week in 2000 from Asahi Newspaper. For others including 1999, I did not translate into English except for sections used/cited in the following chapters (and listed in the reference/bibliography). While I checked all in Japanese, I did not translate all into English, firstly because it was too much work to translate much that

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[1] To make a comparison, Japan's total population is half of that of the USA. The largest U.S. papers – USA Today, the Wall Street Journal, the New York Times and the Los Angeles Times have circulations between 1 and 2 million as of late 1994 (Cooper-Chen, 1997: 52).

was repetitive, and secondly because most articles did add to the data already collected. It was not worth translating and entering them into NVivo when they were no more than a series of headline words rather than a paragraphs or sentences, or the figures for *Kodokushi*, or the number of residents in TSH and/or PRH. Japanese newspaper headlines are often incomplete as sentences but are expressed in shortened phrases with key words. This is reflected in problems with English in the Appendix. Any attempt to make sense of the headlines is a matter of analysis rather than a direct translation from Japanese. While translating into English I was aware of the problem and as a result the records of newspaper based data are not as extensive as the TV lists. Also newspapers are issued twice a day only, but TV programming runs all day and I checked all from morning to midnight. I decided it was more important to focus on fieldwork and TV data while not ignoring newspapers. Only the Asahi Evening Editorials articles were analysed together in NVivo.

Media in general may tend to focus on the visually exciting and dramatic images and events (Altheide, 1996: 9, Klinenberg, 2003: 217) and this might have been the case with the media coverage for the Earthquake survivors. At the time I entered the TSH they were near to closing down, and the remaining residents were often extreme cases with problems that were not typical of the general TSH populations. As a group there were no longer representative of future ageing in Japan. But they could be seen as an increasingly important group who had not received attention when Japan was affluent. Media coverage of those in PSR was less extreme in comparison to the perceptions I gained through my fieldwork. These were people whose move from TSH meant the end of emergency living and the beginning of post disaster normality. In terms of life reconstruction they were progressing. They had decent housing which was a main issue after the Earthquake.

Hyogo Prefecture post-Earthquake Health Surveys for the households of housing affected by the 1995 Great Hanshin Earthquake, 1996-1998

The survey provided data on the research population and placed it in a wider context. Three volumes of the survey, i.e. over three years from year 1996 to 1998, were analysed. By examining them over the years, changes over time could be

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compared and identified. I examined the questionnaire items. The questionnaires were not the same each year; the questions were modified, seemingly based on the findings from the previous years by the Department of Health. As discussed earlier in this chapter, secondary analysis enabled me to analyse the focus and issues from the Department of Health's point of view, in terms of what they saw as important, how they described the process of life reconstruction from a health point of view, and how they measured the process, including their interventions in health and community activities.

Table 3.1 shows the response rate of study populations of the Hyogo Health Survey from year 1996 to year 1998 by the housing categories and shows the change of the surveyed housing categories over time.

Table 3.1: Response Rate of Study Populations of the Hyogo Health Survey 1996 - 1998

	1996		1997		1998	
Temporary Shelter Distributed/ Valid	5,315/ 9,315	57.1%	3,644/ 6,451	56.5%	817/ 1,769	46.2%
Public Reconstruction Housing Distributed/ Valid			3,165/ 4,465	70.9%	6,248/ 10,982	56.9%
General Distributed/ Valid	902/ 2,714	33.2%	1,029/ 3,772	27.3%		

The number of completed questionnaire/valid responses over the distributed/mailed questionnaire (%: Response rate)
Source: Hyogo Prefecture Department of Health Earthquake-affected household health surveys, 1996-1998.

The study population for the first Health Survey in 1996 were residents of Temporary Shelter Housing (TSH) and General Housing (GH) only, because the public reconstruction housing had not yet been built. The study population for the 1997 survey were residents of all the three housing types, i.e. including Public Reconstruction Housing (PRH). In 1998, however, residents in General Housing were no longer included.

The disadvantages of postal and other self-administered surveys were evident in the data. There may have been ambiguities in, and misunderstandings of, the survey

questions that were not detected. On the other hand, interviewing would have been too expensive for such large samples, and a postal survey is the easiest way of retrieving information about the past history of a large set of people. It can be extremely efficient in providing large amounts of data, at relatively low costs, in a short period of time (Robson, 2002: 233). It is suitable for PRH at early stage when population are moving in and GH when covering dispersed wider population. It also allows anonymity.

In interview surveys, the interviewer can clarify questions and the presence of the interviewer encourages participation and involvement. This was still more the case for public health nurses who sometimes knew the respondents. They may help them answering the questions more accurately. On the other hand, nurses might bias results by filing in answers or even whole forms. The nurses might then be reflecting their own views rather than those of the older people they were interviewing.

Response rate has to be at least 70 per cent to be valid, or some says the rate has to be 90% if biased estimates are to be avoided (Robson, 2002: 251). The Hyogo Public Health Surveys did not meet the 70% response rate (Table 3.1). Sampling and collection of the responses to the questionnaire were different by housing type. The results may be biased by non-response and the usual problems of large scale health surveys (Robson, 2002). The situation of the groups could be better than the survey or worse but I cannot be sure.

The response rate of TSH in 1998 was 46.2% and lower than that of previous years. The possible reasons for why the rate was lower is the followings: Firstly, in 1998, official public health nurses stop coming to TSH everyday but once a week at most since there were no longer many TSH residents. I observed that these official public health nurses did not have rapport with the TSH residents. They were even asking volunteer public health nurses about the situations as they themselves thought volunteers knew better. Another reason is that a larger proportion of the TSH residents in 1998 was what the public administration called, "problem cases" and they tended to have given up hope and to have no motivation to fill in the questionnaire. This could be one explanation of the higher non-response rate. The final results would

be biased because of the non-response and so the general situation might have been worse than the survey results showed.

The highest response rate was from the PRH residents in 1997. It is the only group who had the response rate as high as over 70%. This group has more hope than other groups and the questionnaire was an opportunity to express their opinions. Despite the fact that public health nurses must have more rapport with the residents in TSH than in PRH, the response rate is higher in PRH.

The question design changed over the years. First year 1996 survey was like a pre-test to design the questionnaires for the 1997 survey. And the questionnaire was further revised for the 1998 survey according to the findings from the previous year survey on how respondents answered and what issues and categories they raised in open-ended questions.

The population sampled by the Surveys would be more representative than the population covered by media in terms of the Japanese older population. TV media was mainly covering disadvantaged older people resident in TSH and PRH. The first two years of the surveys collected data from General Housing as well but the sample was far smaller in terms of sample size and response rate. The main groups of concern were the residents in TSH and PRH. The data on GH was collected to provide a comparison with the residents in TSH and PRH. This may show that the attention of public administration was focused on the residents at TSH and PRH and that they expected people living at GH to self-help. Hirayama (2000) pointed out that the housing recovery policy following the 1995 Great Hanshin Earthquake considered many Earthquake victims were a part of the self-help group and regarded them as not needing temporary housing under the Disaster Relief Act. Since being a resident of TSH was one of the categories that gave priority and entitlement to most PRH allocation processes, those who were excluded lost their chance of winning an apartment at PRH. These people disappeared into GH and it became more difficult to reach them in surveys. A large proportion of people in GH may have been in middle-income households. This Hyogo Health survey sampling could not show the range of residents in GH and the survey stopped collecting data from 1998. The population of GH may have been more

representative of the future Japanese population. Yet the population groups living at TSH and PRH remain important groups needing public attention. People at TSH and PRH were poorer and more deprived than the average and so can be seen as a limiting or more severe case.

The findings from the secondary analysis of the survey will be introduced in Chapter Four.

Interviews

I also interviewed four public officials at the Department of Health of Kobe city on 26th of January 1999, four officials at the Department of Health of the West Ward of Kobe City from February to August 1999 and one official of the Central Ward of Kobe city on 25 February 1999 (See Appendix 3- 1). The Director of the Department of Health of Kobe City was introduced to me by then Director of Planning Division of Welfare for the Elderly of the Japanese Ministry of Health and Welfare in Tokyo. He brought other officials from his department to our meeting of one hour on 26th of January 1999. He explained their health work for Earthquake survivors, mainly in the public reconstruction housing, and his views about the state of the reconstruction process and future priorities. Per his request, his staff introduced me to the two sites of PRHs, NatsuAki PRH and Fuyuyama PRH, where I decided to conduct my main fieldwork and another PRH site where I visited only once but did not continue for further visits for fieldwork. The two PRH sites were introduced as successful cases with active community leaders. The officials explained that there were 2,300 Silver Housing dwellings in total and there are two PRHs with Silver Housing in the Chuo District (the Central ward) and the Fuyuyama PRH is one. The other PRH I visited only once and did not continue to visit because it was the very first dinner meeting when I visited and no other community activity had started. This PRH was introduced because I asked the official to introduce me to the other PRH with Silver Housing but it looked he thought it was not worth visiting. I interviewed three other officials of the West Ward and the Central Ward of Kobe City when I visited their community activities.

For the research questions, the selection of the field sites would not have been different whether they had been chosen by the Department of Health and Welfare of Kobe city or not, as they were the ones who had started community activity at the time of my fieldwork and others had not. Being introduced by officials made it was easier for me to enter. But this did not introduce bias in terms of the site selection. The Department of Health public health nurses, and the chief of the self-governing body of Fuyuyama PRH were very cooperative. Public health nurses would have been less helpful in providing information or being available to explain the background if I had not been introduced by their supervisors. A small bias could have arisen because the Chief of the self-governing body, Mr Tanaka, wanted to make a good impression, but he was open in his approach and let me talk with anyone, including those who criticized his leadership style. Life Support Advisers for older people (LSA) were expecting to be interviewed by a visitor like me and were eager to explain what they were doing. Interviews were unstructured and I took detailed notes while interviewing.

Location of field sites for ethnographic work

I selected three community locations by theoretical sampling (Table 3.2). Works on theoretical sampling were consulted (Arber, 1993. Flick, 1998; Robson, 1993 and 2002). My research was exploratory and I employed theoretical sampling, not probability sampling (Arber, 1993: 72). In theoretical sampling individuals and groups are selected according to their expected ability to provide new insights for the developing theory (Flick, 1998: 65). Location, conditions of facilities, and types of actors and activities were all considered in the selection process, as were the different types of housing schemes such as individual apartments, a group house, and Silver Housing Scheme because it would illustrate housing aspects of my research question of whether community generation differs by housing and how and if loneliness can be alleviated by housing.

Table 3.2: Three research sites of the fieldwork

	TSH: Haruyama	PRH 1: Natsu-Aki	PRH 2: Fuyuyama
Location	Suburban	Suburban	Urban
Kobe city	West-ward	West-ward	Central-ward
Building type	*Nagaya* Hutted apartments	High rise	High rise
Number of household units	250	700 (11 buildings) at Natsuyama PRH and 500 (3 buildings) at Akiyama PRH	550 (2 buildings) in total
Silver housing			200 (lower levels of one of the buildings)
Leader	Volunteer nurse	A woman who is a welfare commissioner and chief of the self-governing body and of volunteer group of neighbouring community	A male chief of the self-governing body
Methods	Participant observation	Shadow a community leader	Observation at events

The following approach was employed for participant observation in a temporary shelter community. Direct observation tells stories which do not come out from surveys and media data. I visited four different temporary shelter communities, but I selected one temporary shelter community in suburban west Kobe for participant observation. Two were almost about to be closed and they did not have community activities any more. A volunteer and *Minsei-iin* who used to work there regularly came to the TSH only to show me when I visited. The other TSH was difficult to continue to visit regularly because of the reason explained in the next paragraph. The site I selected was the Second Haruyama TSH. The Haruyama TSH has three parts; the second part was the largest with 250 household units. I worked as a volunteer waitress at a weekly tea shop at the community centre from November 1998 to May 1999.

It was easiest for me to go in to this TSH. The volunteer leader, public health nurse, of the Haruyama TSH was open-minded and said she believed anyone could do volunteer work, that there must be something each person could do. I started to participate in their activities when I visited the place. On the other hand, the other large TSH I visited was a famous one which often appeared in media coverage. But when I visited, the volunteer leader (nurse) told me that amateurs could not handle

this very difficult situation and she said you have to be trained first if you want to work as a volunteer here, although she allowed me to see the situation of older people left behind at a TSH in the after-peak period. I saw some nursing college and graduate students working as volunteers. As the leader took the responsibility very seriously, she lived at the TSH. The team atmosphere at the volunteer's office under her management was strict. It appeared that you had to show a serious commitment to be a part of the team. Including this other TSH would have shown a variation in the leadership, and the style of *Renkei* coordination with public administration. But the timing of my entering the fieldwork was when the community was disappearing and, therefore, conducting a fieldwork at this other TSH would not have given me much new data.

At the Haruyama TSH, I accompanied a public health nurse patrol on home visits in the community on several occasions from March to April 1998 and a duration of seven months from August 1998 to February 1999. I selected this temporary shelter for several reasons. First, this was the place I had visited in both of my initial visits in the very beginning of my research. Second, activities such as the weekly tea shop at the community centre were still held while other places started to close down such activities as more people moved out. Third, it was easy for me to go into the community thanks to the already existing trusting relationship with a volunteer public health nurse and the shelter housing residents. I was able to work there as a volunteer sponsored by her NGO and they covered my local transportation fee for the activity. Fourth, this shelter was established within the same municipal district as one of the public reconstruction estates that I had selected for my fieldwork. Fifth, this was the only shelter community where the Department of Health had prepared a report which I could use for secondary data analysis. Fieldwork at the Haruyama TSH enabled me to follow an individual case study of Mr Yamada who moved from the Haruayam TSH to the Natsuyama PRH.

I carried out fieldwork at two public reconstruction housing communities although I made short observation visits to three others. I visited the PRHs from February to July 1999. The two PRH sites selected were chosen for me by the Department of Health of Kobe city. They chose the PRH sites where they believed the research would be rather more successful. One was where the *Minsei-Iin* (welfare

commissioner) was active. The other was where they said the chief of the self-governing body (*Jichikai-chō*) was active; this PRH also had Silver Housing. One of the other PRH sites was also chosen by the Department of Health as I had asked for the other PRH with Silver Housing when they said they built had two PRH with Silver Housing to respond to the high proportion of old people needing post-Earthquake public housing. I visited the place only once in 1999 and was asked to join their dinner, which was the second of their monthly dinners. I visited the other two PRHs when I joined an NGO survey team visiting each household at PRHs to discuss employment opportunities as a part of life reconstruction in 1999. These places seemed to have no community activity or dynamics occurring. I would say the community was dead and I could not expect to see much change.

One of the main PRH field sites was the Natsu-Aki PRH, where it was said that *Minsei-Iins* were active. I visited there five days in February and four days in July 1999. Both morning activities and afternoon activities for most days. This was one huge community which could be divided into two major groups: 11 high rise buildings of 700 household units in total with a high proportion (70%) of older people living alone; and 3 high rise buildings of 500 household units for family apartments. This compound was located within the same municipal district as the temporary shelter community chosen for my fieldwork and therefore they were covered by the same municipal administration. The Department of Health produced a special report on these communities, which was not done in other communities. The report was an important document for secondary data analysis to see what was documented by the Department of Health.

The report provided statistical background of my ethnographic fieldwork of the TSH community. It was useful to see the representativeness of people I met and observed. The background information also provided verification of what I learnt during my own visit as well as the *Gyōsei*'s view on the community situation and the work in the community. It also provide documentations on the names of NGOs which are both still working and those no longer were working at the time of my fieldwork, and the explanation about the NGOs.

The other main PRH research site is the Fuyuyama PRH, where it was said that the chief of the self-governing body was active. I visited there three days in February 1999. This was located in central Kobe. This community was smaller than the first one, although the residents' view was that they had moved to a big building scheme. There were two high-rise buildings. The number of households was 550 household units, 220 of which were Silver Housing. It had one of only two silver housing schemes in Kobe city Central Ward built as post-Earthquake public housing.

This case study showed what can be achieved and what are some of the problems faced by a charismatic community leader. The personality of Mrs Sakura was special but shows what can be done in such circumstances. A longer study would be needed to show how far the experience of Fuyuyama PRH could be transferred to other PRHs and how far individual characteristics were definitive and essential.

The environmental setting may affect how well community generation projects run. The selected fieldwork sites offer the chance to examine the process of community regeneration following the Earthquake. Choosing the different sites with different characteristics enabled me to look at differences and similarities in the processes of community regeneration such as in terms of leadership and of housing aspects.

The limitations were that the field site selection in terms of PRH was biased by the perceptions of those who introduced me to the sites, i.e. the Department of Health of Kobe City. But from my visit to other inactive PRH and from what I heard from advisors working at the Natsu-Aki and other PRHs about the situation at other PRHs, I would say it was the best available sampling method.

The comparison of community development between the two different types of housing, PRH of high-rise apartment buildings and TSH of single story encampment style, will be discussed in Chapter Five.

Impacts of gender and other characteristics of a researcher on the research

This section will address how gender and other characteristics of a researcher

influenced the research process of this study. Gender is a crucial aspect, particularly in observing in public places and the possibilities for access and moving about, and women's perceptions of access limitations are much more sensitive than men's. That makes a woman researcher observe differently and notice things differently compared with male researchers (Flick, 1998).

The following perspectives were examined in consultation with 'Gender issues in ethnography. 2nd edition' (Warren and Hackney, 2000).

Entering the field

At TSH I was accepted as a volunteer, but at PRH as a research graduate student.
I am from the Osaka-Kobe area but the area studied is not part of my own setting. I did volunteer work at the Second Haruyama TSH from March to April 1998 and from November 1998 to August 1999. I accompanied a volunteer public health nurse on her home visits. She had already gained the trust of the community after working for three years. It was not always easy to gain their trust in the beginning, she recalled, saying, "Mrs.... How much her welcome word encouraged me to continue this work in the beginning while others were not welcoming a stranger like me." Also, I worked as a waitress at the weekly tea shop when the public health nurse and her Christian friends resumed the tea shop.

My being much younger than the volunteers had an influence in a way I did not realise in the beginning. Older people who always meet with older people there were happy to meet with a younger person like me. Some older people complained about their daughter-in-law and said that they want to have me as a daughter-in-law instead. Some older women said that they want me to serve the coffee rather than other older volunteer waitresses. We had two twenty-year-old nursing students as volunteers, too. They were very nice and polite and they worked hard (e.g. cleaning), and wanted to do something for the people at TSH, but they did not just sit with them and listen. But perhaps I was better at listening to these older women.

For the fieldwork in the Natsu-Aki PRH, I was not an active participant in the PRH activities. Government contacts, from the Central level in Tokyo to the Department

of Health of Kobe City, introduced me to *Minsei-Iin*s of the West Ward of Kobe City, who were the gatekeepers to the Natsu-Aki PRH. I followed these gatekeepers. They were taking the initiative in various activities, leading the community regeneration dynamics that will be discussed in Chapter Six.

Gender

At the health promotion programme at PRH, young women were typically either new fixed-term staff of the city specially employed for the post-Earthquake programme, or visiting nursing students. At other community activities, young women were typically either those staff or volunteers. At the temporary shelters, young women were typically either visiting nursing students or social work major students or volunteers. I was treated as one or another of these social types, though once a taxi driver asked me if I was a journalist. On the other hand, conversation with other visitors revealed that male visitors tended to be taken for medical students, doctors, or permanent staff of the municipal government.

At a breakfast programme at a Catholic church dining hall at the Fuyuyama PRH, I was talked to as if I was staff from the municipal local government, even by people to whom the chief of the self-governing body had introduced me more than once as a researcher from the University of London. On the other hand, male visitors would be taken easily for university professors. I was a bit surprised that old residents did not see me as a volunteer or a public health nurse, but then I was sitting next to a new fixed-term staff member of the municipal government for the post-Earthquake programme. Also, they must have seen many professional working women such as public health nurses and nutritionists from the Department of Health visiting there for health promotion programmes.

On a different occasion in the Health Promotion Programme in the same Fuyuyama PRH, the old women thought I was a nutritionist or a public health nurse and running the programme together with the Department of Health. These tend to be considered women's occupations. I had meant to do the observation quietly but I started to interact with them. This was because these old women talked to me and asked for things. I was able to open a sauce bag for them easily with my fingers. Because the

programme was in its early stages, these old women did not know each other. It was not just the case that I did not know them. They did not know their neighbours at their new living environment in the PRH. Most were too shy to socialise. It looked as though I could facilitate this. I was able to do little things such as facilitating a conversation and encouraging them to start talking to each other by showing my interest in listening to what they said, not only for my own research interests. This helped me in finding out about the old people's pattern of daily life without spending my time there or watching them 24 hours a day over a whole week. My being a woman was a significant advantage in my research for the following possible reasons. Public health nurses have established a long history in Japanese public health at the field level, and they are women. I could say I fit into the public health nurses' environment at TSH and PRH as I am a woman. I might have sometimes been taken as a public health nurse. The residents at TSH and PRH accepted me as a woman as they are used to having female nurses around.

However, it may be changing with new generations. In the younger age groups, actually those younger than me, more men are now going into areas that were once thought of as women's work and vice versa. This may be due to an international influence and changing job titles to gender-free ones, although Japanese language does not distinguish gender in words to the extent that English does. It may be due to international pressure to modify the legal side regarding equality. It may also be because it is more difficult, in times of economic stagnation, for new graduates to obtain permanent life-long employment, which has been common practice in Japan. But with the generation of my study population, my being a woman has lead to me being taken as a public health nurse.

With the aged community having a higher proportion of women, my being a woman made it easier for me to access and talk to people. In fact, women are very active in participating in various community activities, elderly people's clubs, community meetings and other community activities. But female office holders of such groups are few. And when there is one, as reported to me, when women argue at meetings, the men say, "You are just a woman, shut-up." Or "Why is the district sending a female representative?" (Field notes, Ms Kuroda, April 1998. Field notes, Ms Sakura, February 1999). They told me so openly because I am a woman.

At the Fuyuyama PRH, Mr Tanaka, the chief of the self-governing body kept calling me "*Sensei*", which is a title for teacher, doctor, professor. As I am a dentist, I have been called "*Sensei*" by my patients. But I was not there as a dentist. I went there as a graduate research student introduced by the Department of Health of Kobe city. But he and the LSAs thought I was a professor, but this is probably because I was called '*Sensei*'. Or it may be because Mr Tanaka was happy to receive attention and recognition for his work from a professional person and was proud to introduce someone as such to the people he works with. The chief of public health nurses' unit covering the ward of Fuyuyama PRH would call me "*Sensei*" after finding out that I was a dentist.

Here at Fuyuyama gender was not an issue for Mr Tanaka in locating me in the hierarchy. It was more to do with educational background or something that sounds academic and professional. I did not ask, but most likely he had not had the chance to receive a university education, since he was living in public housing. He used some words to locate himself higher than other members of the residents community, for example, he must 'train' the members to be able to do this and that and that in the community. His approach does not sound democratic or bottom-up. but one-man and top-down. The members of the self-governing body committee and other residents mentioned to me at a breakfast programme at the neighbouring Catholic Church dining hall after Mr Tanaka left for his dental appointment: "This way of talking can be accepted because he is a man. If a woman spoke this way, she would be hammered down." Comparisons were made between the Fuyuyama PRH with its male leadership and the Natsu-Aki PRH with female leadership. The other PRH I visited with Silver Housing had a male chief of the self-governing body in order to make things run smoothly as they say, but it was everyone told me that the true decision-maker was a female vice-chief.

As a female worker, I have a feeling that I was seen, by both women and men, as less-threatening and more open to emotional communication than a man. My being a woman probably made it easier for some men to talk openly especially about the inner worlds of their feeling and thought. A man at TSH would not have told the same story to another man. This was an advantage. Another man at TSH was very clear on

whom he would socialise with. A point I discussed with other volunteers was that he kept his distance from other TSH residents but wanted to make friends with outsiders such as volunteers like us. This was also the case with another man. His excuse was that being very ill with leukaemia, he could not go into a crowd but it made sense to consider that he was ignoring the gender factor. The head of an old people's home said that managing the gender balance was a challenge (Interview note, April 1988). When only a few residents are men, these men will not always become friends with each other.

Language

My language ability and its influence on my understanding in an ethnographical context was not a serious problem in this setting. I did not have any problem with the Osaka-Kobe dialects, while I encountered some language differences among generations and age. My native language is Japanese from North Osaka, closer to Kobe and Kyoto. Having worked in Tokyo and abroad where I have met Japanese who speak with a Tokyo accent, I can talk in a Tokyo accent. Actually these days some Osaka people I meet outside Osaka ask me why I am speaking in a Tokyo accent when I am from Osaka. Yet my first accent is North Osaka. Also, having my grandmother from Kobe as my best friend, I have no problem in understanding Kobe accents.

There were words used frequently in Kobe-Osaka after the Earthquake, but I was surprised to discover that researchers in Tokyo did not understand them or asked me if such a Japanese word existed. Then I realised that these words were created after the Earthquake and have been used frequently in the area affected by the Earthquake. Examining such words helped me analyse the post-Earthquake reconstruction process and the perceptions held by various people and the public.

My writing this PhD thesis in English under the supervision of a female white Westerner has influenced and set the course of development in the language and tone. For example I am using such concepts as gender and cultural particularity and sensitivity. Japanese uses less gender differentiation in words than English, while for

colloquial expressions there are more differences in how men and women speak in Japanese.

When I write taking Japanese cultural assumptions for granted, my English supervisor has pointed this out and asked questions for further explanation and elaboration. This makes me pause and think and gives me a chance to understand more about the Japanese cultural context than when studying with those who share the same understanding and background.

Dress

When interviewing public officials and journalists in an office, I dressed in a suit. At the temporary shelter, I dressed very casually, wearing inexpensive clothes such as a sweater, a pair of pants and sneakers. I followed the way Mrs Ogawa, public health nurse volunteer, dressed. I noticed other volunteers among her Christian friends dressed much more nicely. Those in temporary shelters did not dress that well. My position of shadowing and following Mrs Ogawa, who had won the trust of the residents, was clear to the residents by my similar mode of dress. They were friendly and open from the beginning of my entry to the field, thanks to Mrs Ogawa's efforts and work.

At the Natsu-Aki, I did not dress in a suit because it would show me as a career woman. I often dressed in a casual, but nice one-piece dress in summer and a warm rather casual suit and sweater inside in winter. I dressed more nicely than the residents, but I dressed more like a welfare commissioner or a housewife volunteer from the neighbouring East side community, or like a graduate nursing student. Once a resident asked me if I was a journalist. I was shadowing Mrs Sakura and it was appropriate to dress as such.

Appearance

Differences in skin colour and skin tone tend to be less significant in Japan. Yet we could tell to some extent that a man is from the working class by his skin tone. If he

worked in construction or doing outdoor labour, he would get more damaged older and darker skin. Perhaps it is more difficult to tell for women in urban areas.

Japanese researcher and a Western university

While I am from the Osaka-Kobe area (my registration is in Osaka; I went to school both in Osaka and sometime in Kobe), from my current affiliation with the University of London and the fact that I have been living abroad for the past several years, I could be considered an outsider. A NGO leader obtained the Hyogo Prefecture Health Survey of the area affected by the Earthquake for me. He explained to me that with their established relationship he can obtain the copy easily for me and he explained to the Hyogo Prefecture that it was to be used by a foreign researcher.

Data Analysis:

A combination of various methods of analysis was employed. Quantitative and qualitative methods were used for the media data. Works on methods were consulted especially 'Qualitative media analysis,' (Altheide, 1996). My theoretical sampling method for the media data were discussed above (page 19). . Discourse analysis as advocated by Altheide (1996) followed. For the analysis of fieldwork data, case study analysis and discourse analysis were employed. Works on methods were referred (Robson, 1993. Yin, 1994). Interpretation and analysis of the field data texts were consulted (Strauss and Corbin, 1990; 1998; Antaki, 198; Bryman and Burgess, 1994; Gubrium, 1988; Silverman, 1994). Secondary analysis was done on the public health surveys. Works on methods were consulted with 'Finding Out Fast: Investigative skills for policy and development' (Thomas et al. 1998). Narratives were used as a preliminary way of dividing the data, then the narratives were analysed into discourses. Works on discourse analysis were consulted (Gill, 1996 and 2000. Potter, 1996. Potter and Wetherell, 1987. Wetherell and Potter, 1988. Wetherell et al, 2001. Kleinman, 1995. Burman, 1993. Bauer, 2000) with and without computer assistance (di Gregorio, 1999. Fraser, 1999. Richards, 1994. 1999a. 1999b. 1999c. Bazeley and Richards, 2000. Robson, 2002: 464-472). The same phenomena and events may be explained via different reasoning by different people, groups and authorities.

There is as far as I know no book in Japanese giving an outline of qualitative social research in the social sciences other than recently published Japanese translations of American books. Examples of these are "Writing Ethnographic Field notes", Emerson, RM et al., Univ. of Chicago Press, 1995, the Japanese translation of which was published in 1998; and "Focus Group Interviews in Education and Psychology", Vaughn, S. et al., Sage, 1996, the Japanese translation of which was published in 1999. The translators of the Emerson's book, wrote in the translators' Afterword that there were words and issues they did not understand due to the difference when applied to the Japanese context and they exchanged e-mails with Prof Emerson for further discussion to clarify those issues (Sato et al, 1998: 492). Social scientists in Japan are taking a growing interest in qualitative research (Suzuki, 2000).

The quantitative analysis of media data is introduced below, but the major part of the media analysis is qualitative and is incorporated into later chapters. The media produced a range of discourses on the situation and the survivors. They changed over time. The process of change occurred in parallel with changes in what was happening to survivors in terms of relocation to new housing. The following actors were identified in this research: volunteers, different kinds of NGOs, the welfare commissioner, public health nurses, public administration, the media, and residents in Kobe and surrounding areas because they were key members for community generation and all had individual or group roles/objectives.

Media Data Analysis

The data were analysed by channels/stations, i.e. public and private stations, and local and Japan-wide stations. It helped me to see that each station had its own mandate and that there were biases. Changes in focus and tone over time were analysed. And a gender perspective was included. Gender was important in media and my ethnographic fieldwork but it was lacking in the original analysis of the Public Health Survey done by the Hyogo Prefecture. The qualitative analysis of the media data will be discussed in the following chapters. Personal interview data was analysed to see

what was behind the publicity. Questions raised by looking at TV and reading newspapers were introduced; these questions were kept in mind during the fieldwork.

Analyses of media data enabled me to see what were the main foci of media attention, the shift of focus and tone of media coverage over time, and what issues appeared to matter in the Japanese society. Analysis let me see why the media brought to my attention the plight of old people living alone, by showing the foci of the media attention. The data were used not only for interpretation of the media's discourses, but also provided evidence for what the media was focusing on about older people and its warnings for the future of the ageing Japanese society.

If I had carried out the process of the transformation of screen image to words and text with an English person, I might have noted something that I might otherwise have missed as a Japanese describing the Japanese data in the Japanese context. When I transcribed the raw media data to text, other than the exact words said, the description was based on my assumptions which I might have taken for granted as a Japanese and it was possible I might have missed some points that were noteworthy.

There may always be a need to question the validity of media data. Media can be biased. My interview with a TV reporter and with a newspaper journalist of the Kobe Shinbun confirmed the existence of background politics within the TV station. Differences by TV station and by newspapers reflect such facts. It is important to note the background, but my research was not about politics in media organizations and I did not conduct extensive interviews with more key informants.

By quantitative analysis of media data, evidence was provided to show the actual length of the time spent on specific topics such as the focus on older survivors. It showed the changes and shift in focus over the years. Content analysis on media data was consulted with Robson (2002: 352-359) as well. It helped me to see how media attention was shifted to a different focus and away from older people. Content analysis can be extremely laborious and time-consuming. It is a field where computerization has led to substantial benefits (Robson, 2002: 357). The text can be easily manipulated and displayed in various ways (e.g. showing all sentences, or other units, containing a particular word or phrase). The techniques explained in Robson's

Box 12.5 (page 359) were employed: Key-word-in-context (KWIC) list; Word frequency list; and category counts. Combined criteria list – e.g. for joint occurrences of two words or phrases in a sentence or passage. This retrieval of the words and comparisons were extended not only within media but also to the same words when they appeared in my ethnographic fieldwork, as well as the public health survey questionnaire. This helps to approach data triangulation by using more than one method of data collection (Robson, 2002: 174).

Secondary Analysis of Hyogo Public Health Surveys

The surveys I obtained were a hard copy of the survey reports with the tables from each year. However, it was not possible without re entering the necessary data to conduct cross tabulations using an analytical computer software package such as SPSS, which would be possible with the raw data. What could be done by secondary analysis by me was rather limited. Yet there were still several issues that could be highlighted by the secondary analysis.

As the questionnaires were modified every year, time series comparisons were also limited. But the analysis of questionnaire modifications showed how the design changed to reflect the findings from the survey of the previous year. Although the questionnaire design was modified over the years, some quantitative analysis was still possible across the years even though questions were rephrased and did not allow direct comparison.

Analysis of Field notes and Interviews/ Observation

A major advantage of observation as a technique is its directness (Robson, 2002: 310). Interview and questionnaire responses are notorious for discrepancies between what people say that they have done, or will do, and what they actually did, or will do. A disadvantage on the other hand is that it is not easy, not trouble-free, and a question

remains, 'How do we know what the behaviour would have been like if it hadn't been observed?' It is also time-consuming.

My observation methodology at TSH was 'the complete participant' (Robson, 2002: 316). Robson warns the tendency to 'go native' but my observation period was short enough not to go native. My observation methodology at PRH was 'the participant as observer'. I made it clear from the start. Observing through participating in activities, I was able to ask members to explain various aspects of what was going on. It was important to get the trust of key members of the group.

To reduce observational biases, Robson advises that where possible, a record should be made of observation on the spot, during the event (Robson, 2002: 322). For TSH, at a weekly tea shop, I was carrying my notebook in my apron pocket and when returning to the kitchen after serving a tea, and having a chat with the residents, I took notes immediately. While accompanying the public health nurse, I was taking notes in between activities such as cleaning and cooking. Nobody seemed to be bothered or even noticed. Community health workers take notes so my practice would not be seen as strange. At PRH, I was taking notes on the spot. That might have encouraged some people to speak more but most people did not look as if they were worried one way or another. One man on a home visit was curious and asked 'What are you writing?' but he just asked me to write something good about Mrs Sakura.

As for selective attention, Robson advise to make a conscious effort to distribute your attention widely and evenly (Robson, 2002: 324). By shadowing and following where they visited or who they showed, selective biases did not come from me. At a home visit at TSH, selective biases would have occurred as a public health nurse was visiting the extreme cases who she believed would need attention. But the people who were left at TSH at the time of my fieldwork, were anyway cases with problems, and so the visits were not skewed to extremes. The public health nurse was also trying to show a range of cases when I accompanied her. For a tea party at TSH, those who I met tended to be those who may have been open more than *Tojikomori* – closed up oneself. But those who did not come to a tea shop, were seen on home visits. I can say the bias was minimized.

As for selective memory, Robson advises writing up field notes in a narrative account promptly (Robson, 2002: 324). I took notes on the spot. Then I started to type up the field notes on the computer/word in the evening and finished up typing the following day. Typing up field notes took hours, longer than each actual fieldwork time.

Robson introduced 'prolonged involvement' as a one way to reduce bias (Robson, 2002: 174). It helps to reduce both reactivity and respondent bias. Researchers who spend a long time in the setting tend to become accepted and initial reactivity reduces. It permits the development of a trusting relationship between the researcher and respondents so the latter are less likely to give biased information. When entering the TSH, thanks to Mrs Ogawa's previous work and the trust relationships she developed, I was able to enter as a shadow. I myself started to develop this trusting relationship easily by seen working with Mrs Ogawa. When entering the PRH, thanks to *Minsei Iin*, Mrs Sakura, it was easy to appear trustworthy. Robson warns that there can be, however, greater researcher bias with prolonged involvement (Robson, 2002: 174). A positive or negative bias may build up. It may be difficult to maintain the researcher role over an extended period of time (the 'going native' threat), or developing antipathy might result in a negative bias. I had to ask whether I was over influenced by Mrs Sakura. Robson advises peer debriefing and support and member checking to reduce researcher bias. I showed all my field notes and memos of thoughts to my supervisor in London as my fieldwork and analysis progressed. She raised a question about the possibility of bias arising from listening to Mrs Sakura's views and selecting the PRH fieldwork sites by introduction by the Department of Health and Welfare of Kobe city following to an introduction by the Ministry of Health and Welfare in Tokyo.

Program logic models, a combination of pattern-matching and time-series analysis (Yin, 1994:118) was employed in my methods. These strategies are useful for explanatory, exploratory, and case studies. Pattern-matching analysis was conducted as follows. Having the Natsu-Aki PRH (Natsuyama PRH and Akiyama PRH) and Fuyuyama PRH enabled some pattern-matching to identify the commonality and variations, for example, the needs of leadership in community generation. At the same

time it showed the variations in leadership to be seen by comparing community case studies. My research supported the theory that local community support is needed for government officials to work in a community and my methods showed the variations in local support.

Several points may be made in terms of time-series analysis. My methods allowed me to follow an individual case study like the case of Mr Yamada who changed his attitudes over time as he moved on from the Haruyama TSH to the Natsuyama PRH. It added a new understanding about loneliness. My research case required not simple but complex analysis over time. Different time lags existed in the time frames relating to housing situations, community generation in various TSH and PRH communities, and the individual residents.

My fieldwork was conducted only in the third to fourth years after the Earthquake. This was in time to be able to observe the TSH directly before it was closed down, yet it was the last stage of TSH after the peak of their activity. I was not able to observe directly how the TSH community was generated but I learnt retrospectively. On the other hand, I was able to observe the early stage of the PRHs where community generation started at several PRHs. It will require longer term observation to be able to carry on the story. Bias can be reduced by a longer term approach (Robson, 2002).

My fieldwork at TSH was carried out in 1998 to early 1999. The first set of media data was collected in January 1999 at the week of the fourth anniversary of the Earthquake. Then my fieldwork at PRH was carried out in the following months. Then the second set of media data was collected in January 2000 at the week of the fifth anniversary of the Earthquake. This allowed me to focus first on media, then ethnographic fieldwork, and then back to media. Also this allowed me to observe the communities in my ethnographic fieldwork while the media was filming to prepare for the 2000 wave broadcasting.

I used computer qualitative data analysis programme QSR Nudist Vivo (NVivo)[2] to aid discourse analysis of media data, and content analysis of all interviews, field

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[2] QSR Nudist Vivo is a computer assisted Qualitative Data Analysis Software (Richards, 1999). This is becoming widely used especially in Australia, the UK, and

notes, observational data and relevant documents and to identify the different discourses relevant to the aims and objectives of reconstruction, the definitions of outcomes and measures of success and failure, and the attitudes towards family and individual welfare, and Japanese values.

The essential downside to using specialist software is that time and effort are needed to become proficient in its use, and hands on workshops are helpful (Robson, 2002: 463). One of the main reasons why I gave up using Nudist was the time and effort. Although I had already spent quite sometime learning to use Nudist while on fieldwork away from an academic environment it was worth shifting to a new software programme, NVivo. NVivo was much more user-friendly and the change was not a big problem. I joined a few qualitative research on-line discussion groups that were helpful and often encountered a timely topic and suggestion. It was there that I learned about the hands on workshop on qualitative research by the developer that I attended in Sydney.

NVivo helped me to analyse the different types of leadership of such as Mr Tanaka and Mrs Sakura by retrieving by category systematically to follow an individual case study with data scattered across field notes from various dates. The programme allowed me to follow a single case such as Mr Yamada who changed from a closed attitude to become socially outgoing over the time of his move from TSH to his new life at PRH. It helped me to search for the cases of people who appeared both in TV news and in my fieldwork, and helped me to search for media discourse on *Kodokushi* in the case of total lack of family. NVivo made me revisit the data over and over again while making an argument and helped me to locate the evidence in the systematic way, not simply by eyeballing. (Richards & Richards, 1991: 38 - 72)

South Africa. It is also becoming popular in the USA. NVivo was released in May 1999 as a more updated version of Nudist 4 (Fraser, 1999). I received training on NVivo in London in October 1999 (diGregorio, 1999) and attended a week-long workshop on research methods in Australia in November 1999, where the Nudist & NVivo developer, Prof Lyn Richards and Dr Pat Bazeley were lecturers (Richards, 1999). My field data was used as workshop materials for demonstration and exercise. This research is among the first research that applied NVivo in a non-English context.

Application of English language (Australian) Qualitative Analysis Software, Nudist Vivo, to Japanese

I collected media data of both TV and newspapers. I videotaped TV coverage. As the total length of videotapes is 67 hours, and as NVivo cannot directly code such multimedia documents as videos, but only link to them, I prepared transcripts from the videos in English so that I could code them as documents. I organized the data according to type and research site. By coding and searching for a person's name in all documents, I was able to compare how the tones of what was said and shown were different in various kinds of data. The same person appeared in TV video transcripts, newspaper articles, and personal interviews and observations in my ethnographic field notes. In the course of data handling in this research, several Document Sets were made. The Media Document Set includes TV video transcripts, newspaper articles, and interview notes with a TV reporter and a newspaper journalist. This meant various types of data on the media were grouped into one set.

This research project was one of the first applications of NVivo in a non-English context, and is probably the first in Japanese. Japanese is a language that often skips subject and object, especially in conversational use. When a conversation dialogue sentence or phrase is cut out by coding, and separated from the paragraphs, it is clearer in the English translation than in Japanese what the word or sentence means in the context. NVivo enabled me to locate content not only in the same set of data, but in other types of data, i.e. TV, newspaper, ethnography and interviews, and so to make comparisons.

I started with the media data. I coded these documents by In-Vivo coding, which is a coding tool that NVivo uniquely has. The In-Vivo coding tool is to select a word from the text data and to apply it as a code. It was a convenient way to start. Also it was a good way to learn the words used which reflected the new concepts born after the Earthquake, the new words created. I am a native speaker of Japanese, especially with dialects of the Osaka-Kobe area, but there were new words used that I did not know. If I use those words while talking with people from Tokyo or other outside areas in Japan, they do not know or asked if such a word exists! Prof Lyn Richards's

advice about coding was "Bother with the naming. Use terms that occur in the data (in-vivo codes) only if they accurately name the category."

I used the In-Vivo coding tool mostly. This was convenient and helped me start thinking analytically. Yet this was a reason why some nodes, which could be coded under one node at the first coding stage, are given different codes. I was able to merge these nodes and rename them. While coding, I also made some DocLinks and started to write up memos. I created a new free node with a word such as 'religion' and 'size' that does not appear in documents, therefore the words would not come up by In-Vivo coding. I coded 'religion' in a PRH field note document. I created a new free node 'size'. The size of the housing building groups seems to matter. Some concepts came to look important to me when a TV programme (NHK) discussed them, like 'size of the housing community'. By reading my field notes again on the same day, I noticed those statements talking about the concepts, for this example, 'the large size make it difficult to develop a good community.'

I made a node such as 'positive' and 'negative', and 'plus image' and 'minus image' which helped me to examine the tone of the media data and the change of the tone. Then I created Tree nodes such as TV station; Age; Gender; Housing type; Actor; and Health issues. Diagram 3.5.3.2 in the Appendix 3.5.3 illustrates the process.

In Japanese the language reflects a hierarchical society, and we have more forms of verbs, 'Respect form', 'you-are-at-the-same-level-with-me form', 'Looking-down form'. So that we know who is talking about whom, without subject and object. I think with hierarchy built into the language some sort of different concept of autonomy will be needed. How can democracy and autonomy work in such a system? This was not the subject of my thesis but in the research process it was the context within which I worked and had to make sense of community activity.

Japanese is a high context language. Let me share something I learned from the language training I received at my former workplace, the World Bank. The World Bank is an international organisation based in Washington DC working for poverty alleviation in the developing world. The language training officer was an American who spoke fluent French and was also studying some other languages. She explained

to us that the language being used at the World Bank headquarters is American English, which is a low context language. You have to spell out everything. You cannot expect people to read between the lines. You are not expected to read between the lines. However, most clients of the World Bank, actually 80% of the world population, speak high-context languages. It is easier for those with high context languages to move to low context, but it is more difficult to move from low context to high context.

'Accountability: the role of pronouns' by Rom Harre (Ch 11) in "Analysing Everyday Explanation: A casebook of Methods' edited by Charles Antaki (1988) has a long section "Empirical: social relations and accountability in Japanese". It reads as follows:

> The Japanese language is tied into and encodes a much more complex system of social relations than almost any other. Indeed the Japanese social order is so fully encoded in grammar that accounting must always take place within an effectively non-negotiable grid of condescension and deference. (Harre, 1988: 160)

> In Indo-European social orders it is enough to know who is the speaker and who is the person addressed. But in the Japanese social order we need to know what is the relevant speaker's group and the group of the person or persons addressed. (Harre, 1998: 161)

Fragmentation of data is perhaps the most significant weakness in computer-assisted qualitative data analysis (Hollway and Jefferson, 2000: 68). It is more so in Japanese than in English because of the language characteristics explained above. When a conversation dialogue sentence or phrase is cut out by coding, and separated from the paragraphs, it is clearer in English translation than in Japanese what the word or sentence means in the context. However, I kept reading the unfragmented data as well and this risk was not a limitation in my analysis.

Translation

I did my fieldwork in Japanese. But I typed up my field notes in English because I wanted to show to my supervisor my fieldwork. And I am writing my thesis in English with an English university. So my project in NVivo is already in English.

When I translated my field data into English, I tried to preserve the implications of the original Japanese data in terms of the characteristics of the Japanese language explained above by Harre. Yet when the field data had already been translated into English, it might have been difficult to identify indications of which groups and degrees of relationships between people such as closeness, seniority, politeness, what degree of respect from which direction, and where the speaker stood. However, the chance of losing something of the essence of social relations in analysis and interpretation was minimized by having the same person, myself, to do both the translation of the field data into English, and coding and analysis of the data.

Coding. Visual coding

I used colour coding to enjoy its fun functions. I coded words pointed out by my English supervisor, e.g. "What does "loneliness' mean in the Japanese context?" It was used to develop a discourse of loneliness in the Japanese context. Looking at Japan with Western views is an important aspect in my research. Different people code data differently. I participated in the qualitative research approach seminar by the developers of the QSR NVivo in Australia for one week in November, 1999. They kindly used my data at the seminar. Prof Lyn Richards made all the participants code my data. It was very interesting to see how differently the coding evolves. Prof Richards is a family sociologist. She picked up a word like "burden". She also said "Kodokushi (Isolated death)? You have a word for this?" My answer was, "Yes, it is a very sad and miserable thing if one dies when no one is attending." This is an interesting example of looking at Japanese values with Western views. She also stopped at the sentence by the Director of Health of Kobe city, "Women are doing OK. The problem is men. Imagine. What will become of me if my wife dies!" Dr Pat Bazeley is a community psychologist. She has done research on housing and care in Australia. She picked up and laughed to read "Community development through Origami class." I did not realise that may be something weird until I heard her laugh. It is to me a rather common practice.

Text Search

I used Text Search on newly imported documents to locate ideas and get a quick overview of the whole in a short time before coding line by line. I also used Text search, for example, running with a node of a key person's name to understand his/her philosophy, to make comparisons, and to see consistencies or contradictions by looking at data from different times or different types of data. Some people I met during fieldwork also appeared in TV or newspaper coverage. I interviewed a TV reporter or journalist personally who appeared in a TV programme on 31 May 1999. The meeting was for one hour and 45 minutes, and dealt with what could be said on air and what could not among other things. In making comparisons, things that did not come up clearly on the first occasion would come up again later and so lead to better understanding.

As a part of the analysis process, I made a memo named "Diary, to Supervisor", to record the analysis process and note issues to discuss with my supervisor. This was date/time stamped and included ideas to do next, before forgetting. I kept going back to my data from different angles when writing up reports and chapters. NVivo helped me to do so by searching text. For example, searching nodes like, "community development", "*Renkei*", "high-rise", "independent living", "support each other", "lunch", "*Yūai* home visit" when writing Chapters Five and Six, and nodes such as "*Fureai*", "*Tsunagari*", "happiness", "Human contact", "living alone", when writing Chapter Seven on Loneliness, nodes such as "*Kodokushi*" for Chapter Eight. See Appendix 2-3 for trees and nodes. Writing up was a continuous process of analysis. Qualitative writing references were consulted (Wolcott, 1990 and 2001. Becker, 1986. Ely et al. 1997. Woods, 1999. and Richardson, 1994).

Summary and Discussion

I did secondary analysis of the Hyogo survey data and described the changes that the different surveys showed. Therese were first the changes in the state of the disaster survivors and second changes in the samples surveyed and the topics and definitions

that reflected what officials thought was important. Then I sampled TV programmes and showed how their views changed and how what they emphasised or presented changed. Then I sampled three sites in terms of what was happening on the ground and showed how one set of myths about TSH was only partly true, and how PRH were far from simple solutions to the problem of rehousing survivors.

Triangulation (Robson, 2002: 174) was applied to my research design. Data triangulation allowed a comparison of media data and field data when doing discourse analysis on loneliness in Chapter Six. Media data was related to interviews with media people. Methodological triangulation, a process of combining quantitative and qualitative approaches, was employed for analysis of surveys, media data and observation data in community research contexts.

Case studies of media data produced evidence of loneliness and *Kodukushi* and showed how these topics were built up from very little into new facts and new aspects of culture. In addition to the media discourse, analysis of my fieldwork observation data enabled me to produce an alternative discourse on these issues. As the media highlighted, the sense of isolation and loneliness was prevalent in my fieldwork sites, both at TSH and PRH, but it was partly because of the timing of TSH closing down after the peak of their activity, and of PRH starting up a new community. In PRH there was more of a forward looking discourse but only a longer time frame would have allowed any conclusions over whether loneliness would decrease over time.

It was critical in terms of research timing to see the TSH. On the other hand, my fieldwork did not start at the very beginning of TSH creation and so could not follow through the process closely. My approach was mainly retrospective at TSH combined with observation after the peak of TSH activities. This limits to some degree the conclusions about TSH. On the other hand, because of the timing, some reports on TSH from *Gyōsei* were available as documents to analyse, while there was little published material on PRH. In conclusion time frame consideration affected the selection of my methods and the process of reaching my conclusions.

My ability to enter TSH depended on a leader who let any amateur volunteer come in as she believed anyone can do something. At another major TSH the leader believed

that amateurs cannot do things without training and it was not easy for me to go in other than as a one-time visitor. This major TSH could have been a good fieldwork site. It was frequently covered by the media and it would have been interesting to make a comparison with media data. However the available TSH research site, Haruyama, was later found to be located in the same administrative district as the Natsu-Aki PRH and this allowed me to see the changes and dynamics of people moving from Haruyama TSH to Natsu-Aki PRH over time. This was also the only area where Department of Health of West Ward of Kobe city produced a report. This selection of this site enabled me to increase the validity of my findings because I could employ data triangulation using observation, interviews and documents such as a public report (Robson, 2002: 174).

I was not able to obtain income data at my fieldwork sites at TSH and PRH because it deemed to violate privacy. Asking such a sensitive questions could have endangered the trust relationship that the residents and the volunteer public health nurse had established over time. The residents of these housing estates were low-income and a larger proportion lived on welfare than on pensions. Chapter One outlined average income date for older people in Japan.

One of the questions that need to be looked into in future research is the psychological implications of social security and the pension system especially for the older poor. This was one of the questions I have had in mind from the very early stage of my research, as showed in Chapter One as a background to the research, but I was not able to collect data to look at it. This is because personal finance is a very private and sensitive issue, especially when one of the main entitlements to be a resident in public housing, including PRH, is low-income. Older people may want to say that they have contributed to the society, and therefore are entitled to a pension, not welfare (Field note from Haruyama TSH, April 1998). My methodology did not also allow me to collect the details of the pension or welfare each individual received. Also, if I did, it was going to be another whole thesis. The pension system is very complicated and requires a detailed employment and family history. The people in my research were not part of the economically better-off population. They were more often on welfare than on pension. The people on pensions said they were on pension and they may have had a pride in receiving a pension and seen it as an acknowledgement of their

contributions to society in their earlier life, whereas they may not have been happy to announce that they had entered the older cohort of being a burden on society rather than a contributor. On the other hand, those people who lived on welfare often would not announce their situation. This was a taboo area for a research student to go into from the beginning. The welfare commissioners who were rather open about telling stories, sometimes off-the-record, with trust, nevertheless were silent about the residents' status of receiving welfare. A new member of staff who was a housewife but employed by Kobe city with the special post-Earthquake fund to advise PRH residents how to manage their household's finance, and to collect unpaid rent, especially from those who lived on welfare in Fuyuyama PRH, was worried how to deal with this sensitive issue.

My sampling method was not to choose a sample that was representative of older people in a future ageing Japan. Rather, it was a theoretically based sample of lower income older people. By studying this group, implications can be drawn about older people in the future. Poorer older people living alone in urban areas will be an increasingly important group in the future. This study of multiple cases, individual and community, allows conclusion to be drawn abut ageing in a future Japanese society.

Chapter Four: The 1995 Great Hanshin Earthquake and the aftermath – Quantitative Description

Chapter Three introduced the research settings including descriptions of the research sites for my fieldwork. This chapter introduces quantitative description of the 1995 Great Hanshin Earthquake and the aftermath. It has two sections. The first section introduces the Hyogo Health Survey of three years and discusses the findings from secondary analysis. Then the second section introduces the quantitative description of media analysis. The qualitative content analysis will be introduced in following chapters.

Hyogo Prefecture post-Earthquake Health Survey

The Hyogo Prefecture post-Earthquake Health Survey was carried out by the Health Department of Hyogo Prefecture annually from 1996[1] to 1998. The objective of the survey was to understand the health status, both mental and physical, of those affected by the Hanshin Earthquake (1995), to identify the health-related issues and to strengthen the healthy life support policy. The survey was conducted in October each year and the data were compiled as a report book in March. The aim of the analysis was to compare the issues the survey was looking at over the years and to summarise the findings related to being 'old'. The sampling was introduced in Chapter Three.

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[1] Fiscal Year in Japan starts in April and end in March in Japan.

SURVEY QUESTIONNAIRES

Although basic information, such as demographic and social indicators, were collected throughout the surveys, the questions more specific to some health issues changed over time. The second and third year questions were modified based on the answers to the first year open-ended questions and results of other questions and overall feedback from public health nurses working in the field. Main issues identified were mental health, alcohol dependency problems, nutrition and diet, home visit programme, and other health-seeking behaviours.

These issues reflect that nutrition and daily diet is of high concern for Japanese as the basics to maintain one's health. This also indicates that they are concerned with the eating habits of those old people living alone which might affect negatively their health status.

New questions on support and care by the public administration were added to the final year questionnaires. This reflects the importance that the public administration places on health and welfare policy and programmes from their experience of the post-Earthquake reconstruction process, and that they are concerned with trying to maintain social networks to form healthy communities in the new housing developments, especially in the large communities of high-rise PRH apartment buildings with highly aged society.

The major weak point of the survey reports is that they have little analysis by gender. They have the basic data of samples by sex, yet they have not looked up any items by sex. Graphs are not drawn up by sex. The summaries of the survey findings comment with a focus on old age, but not on gender.

COMPARISON OF ISSUES OVER THE YEARS

The comparison of items included in the Survey over the years (Appendix A4-1) shows

the issues that the Health Department of Hyogo Prefecture has focused on. It shows the

shift in their understanding and perceptions, and in their concerns. The items have

become more focused over the years. In particular, the issue of support systems has

been taken up. This shows that they have learnt to place importance on the 'support

system' as an issue impacting on health.

Demographic and social indicators, earthquake impact, health awareness and mental

health status have been surveyed throughout the three years. The measures of mental

health status have been changed from the PTSS-10 and General Health Questionnaire

30 (GHQ30)[2] in 1996 and 1997 to Impact of Event Scale – Revised (IES-R)[3], Degree of

depression in 1998. In the first year an open-ended question was asked on any issues in

the post-Earthquake life, but this was omitted from years two and three. A question on

ways to cope with stress was asked in the first and second year but was omitted from the

third year.

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[2] The purpose of the GHQ test is self-report screening test to detect psychiatric disorders
among general psychiatric outpatients and those in the community. Focuses on 2 areas:
inability to carry out normal functions; appearance of new distressing phenomena. GHQ 30
is a short form of the GHQ60. The GHQ28 provides more scores than the single severity
score: somatic symptoms; anxiety and insomnia; social dysfunction; severe depression. The
administration time is 3-4 minutes.

[3] IES-R was developed in 1997 and to test and score PTSD scale.

The question on what support people have had in their post-Earthquake life was asked only in the first year. In the third year, two questions on 'support' were asked: home visit service support by public administration and volunteers; and social support. These two are some of the specific examples of support given in answers to the question in the first year. However, the meaning of 'support' could be very different. That is, the support in the first year is the support during the recovery process directly after the disaster, whereas the support in the third year is the support system for those older people living alone.

Alcohol and nutrition, diet and eating habits are issues covered in the second and the third year. Alcohol was something often taken up in media coverage. Eating habits receive high attention in general in Japan, and the Health Department pays considerable attention to nutrition, diet and eating habit education in the programme. This is something difficult to maintain well when an old person is living alone, especially in a suburban area away from markets and restaurants. The survey shows the special attention given to the diet of older people living alone. This will be discussed in Chapters Five and Six.

In the third year, new questions on health care-seeking behaviour and situation, and habits such as exercise and smoking are added.

<u>Health trends by housing over years, 1996-1998</u>

The proportion of those living alone has increased between 1996-1998 at both TSH and PRH.

Figure 4.1: Proportion of those living alone in TSH and PRH from 1996 to 1998

Increase in Living alone over year
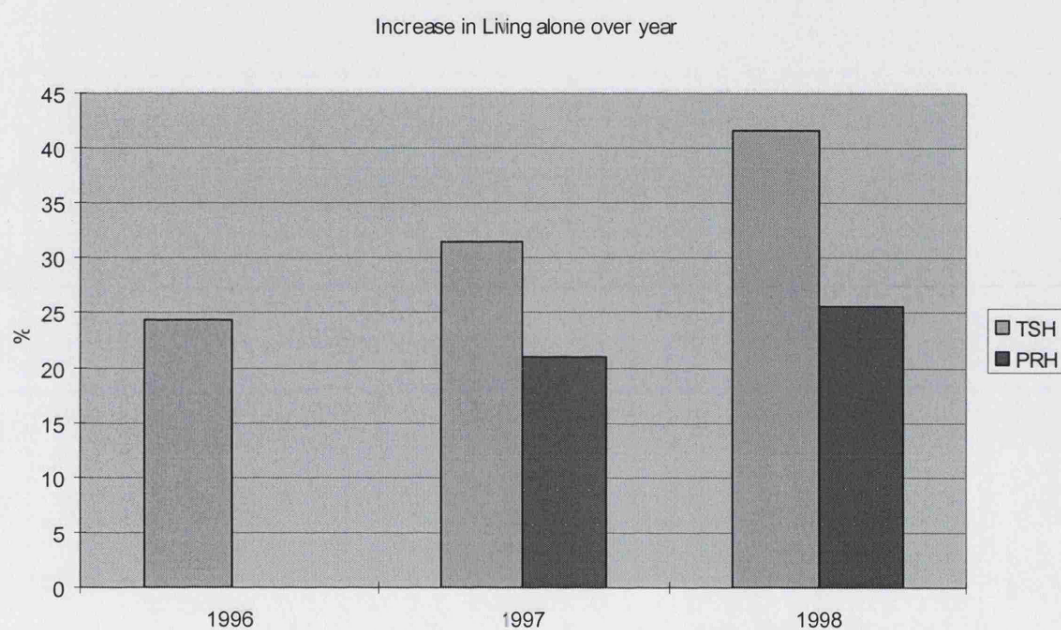
The proportion of those reporting sickness need fn giving definition has remained the same in each type of housing, but the proportion is higher in TSH and PRH than that of those living in general housing (GH). The highest is observed in TSH residents. This could be because the sickest were left behind or because TSH makes one sick, or something else.

Figure 4.2: Reported Sickness by housing type from 1996 to 1998

Sickness by housing type over years
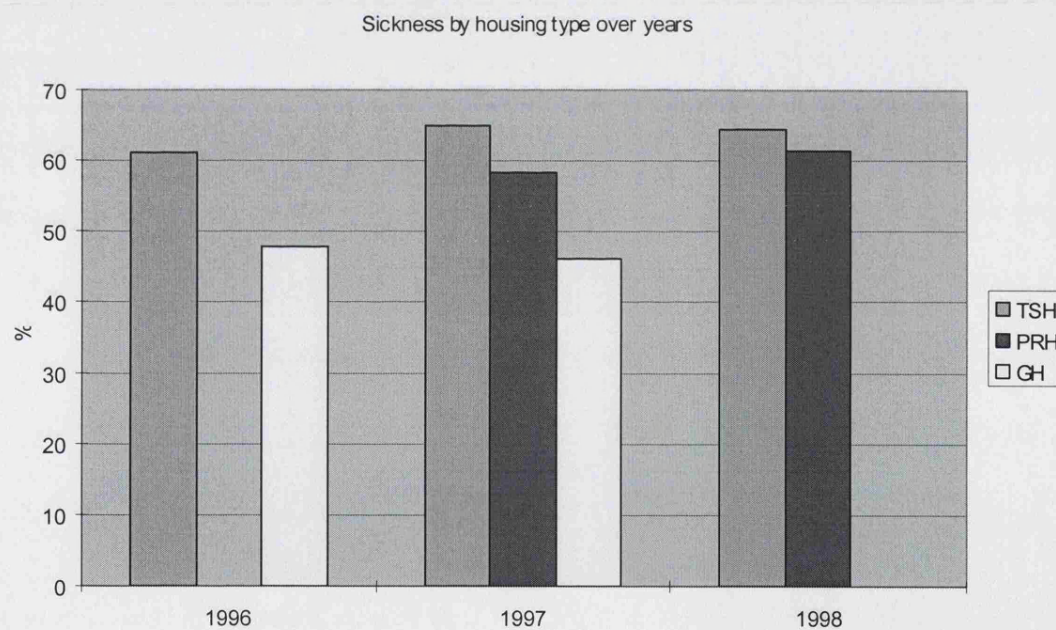
Figure 4.3 shows the reported sickness of older people by age group by housing type in 1996 and 1997. The 70s age group reports the highest proportion of people with sickness. The age group 80+ is healthier than the 70s age group, with the exception of those in TSH. In TSH it's a case of the older the more sick, particularly so in FY1996. FY1997 data divided the 60s age group into 60-64 and 65-69. Age group 60-64 is healthier and age group 65-79 report the highest proportion of sick people.

Figure 4.3: Reported sickness of older people by age group by housing type in 1996 and 1997

Sickness by age group by housing type
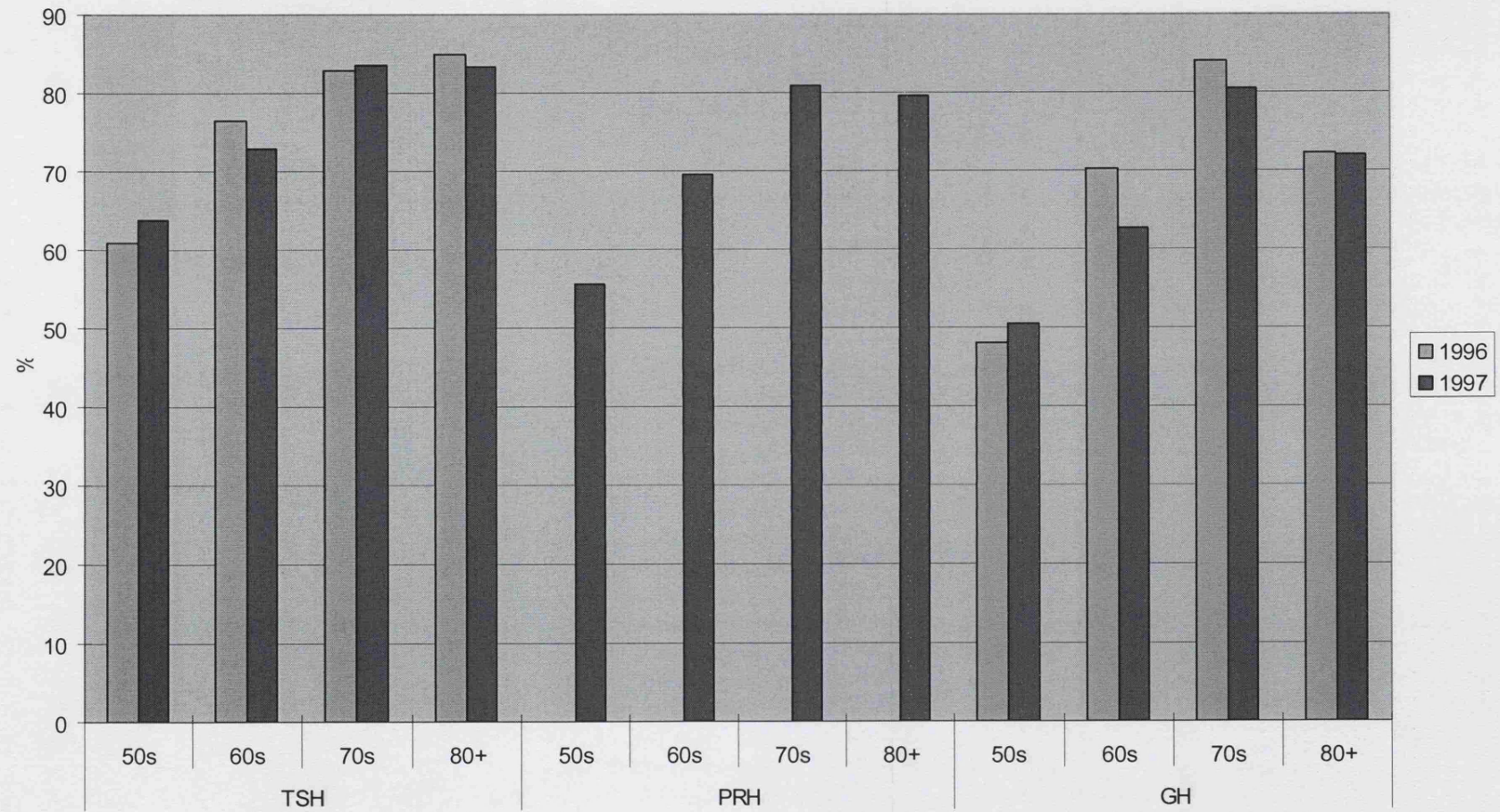
The Mental Health GHQ30 Test is used to measure mental health in general. The average score of Japanese people is 15-20%. The study group in total (35.6% in year 1996, 36.8% in year 1997) reported about twice the Japanese average (Figure 4.4). Among all types of housing, the 50s age group reported the highest proportion having problems.

The test was changed to the Diagnostic and Statistical Manual of Mental Disorders 4th edition: DSM-IV in year 1998 so the trend over the years cannot be simply compared. Different tests could result in a different finding. For example, the study on adults aged 65 and older survivors of the earthquake in Newcastle, Australia, in 1989 showed opposite findings by various tests including GHQ and IES (Tichehurst, 1996)[4]. From the Hyogo Survey, year 1998 test reports the age groups 40s to 60s as having the highest proportion suffering from depression among TSH residents (12.6-13.0%), and the 50s age group among PRH residents (8.8%), followed by age groups 40s and 80+ (7.7%).

When the GHQ-30 test is applied to other cultures with the same questionnaires, the result may not be reliable. This Figure shows better mental health in better housing. This finding is same with the study from the earthquake in Umbria, Italy in 1997, although the types of test used were different. People living in prefabricated huts

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[4] The result revealed that older respondents reported fewer threat and disruption experiences and used fewer general and disaster-related support services. However, older adults reported higher overall levels of post-traumatic stress symptoms on the IES than did younger adults (Tichehurst, 1996).

showed a higher score on the Geriatric Depression Scale and the Hamilton scale for anxiety and complained more often about their health status when compared with home dwellers. While all of the participants suffered from the discomforts caused by the earthquake, the precariousness of living in temporary houses could justify the higher distress experienced by those housed in the huts. (Mecocci, P. 2000)

Figure 4.4: Mental Health GHQ30 Test in 1996 and 1997

Mental Health GHQ30 Test
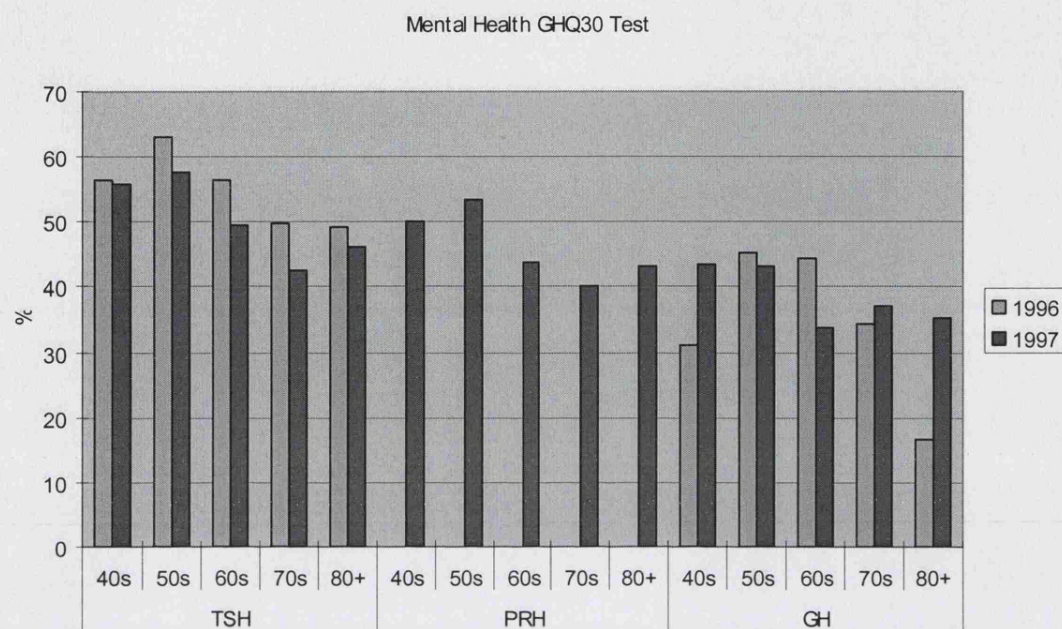
Alcohol Dependency KAST Test

The Kurihama style Alcohol Dependency Syndrome Screening Test was developed to screen an individual's drinking behaviour in the Japanese societal and cultural context. It is a set of 14 questions such as 'Experienced a relationship problem with their important people because of their drinking habit', 'Even when determined not to drink today, there are times that they cannot help drinking'. In Japan, the average percentages of people having serious problems are 5.0–7.1% for men and 0.3–0.6% for women.

In the surveys the figures for those having serious problems in 1997 were 7.0%, 5.5%, and 4.7%, for TSH, PRH, and GH, respectively (Figure 4.5). That is, the alcohol problem is highest among TSH residents and lowest among GH residents. If looked at by gender, it is higher among men than among women. Also, the problem is more serious among the men living in TSH, than the men in PRH, and least serious among the men living in GH, whereas there is no significant difference among women across different types of housing. If looked at by age groups, middle-age group of age 40 to 59 has more serious problem than older groups. If we look at only men, the degree of problem is more serious among TSH residents.

In 1998, both normal and serious problems increased moderately from 1997 in TSH and PRH. The age group 50–59 was highest at 21.5% in TSH and age group 40–49 was highest at 15.8% in PRH.

Figure 4.5: Alcohol Dependency KAST Test by gender by housing type in year 1997

AlcoholDependency KAST Test by gender by housing type in year 1997

Legend:
- Normal
- Potential
- Problematic

Categories (top to bottom):
- GH: Females, Males
- PRH: Females, Males
- TSH: Females, Males

X-axis: 0%, 20%, 40%, 60%, 80%, 100%
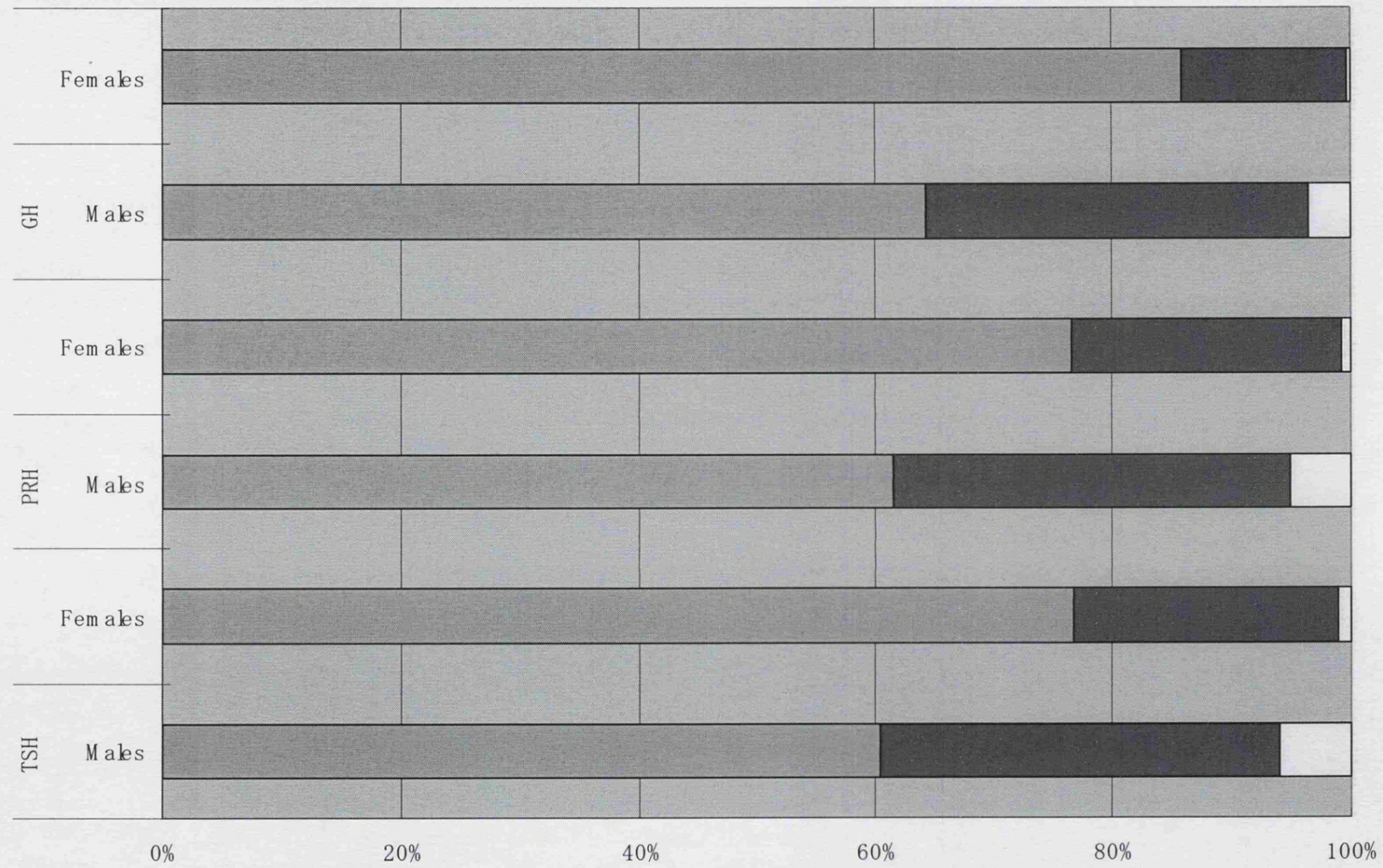
The survey results indicate that the health status of the residents in TSH is overall worse than the health status of the residents in PRH. Life and living conditions in TSH may be more difficult than that of PRH, or the people with poorer health condition have tended to prolong their stay in TSH, or maybe both.

They paid attention to age. Those aged over 65 received particular attention. In an interview with public health officials at the local government, a high-ranking public official said, "Women are doing OK. The problem is men", when he was talking about older people living in TSH and PRH. However, in the presentation of survey findings, no attention has been paid to gender.

Quantitative Analysis of Media Data

As explained in Chapter Two, media is a main part of my research. Chapter Three introduced methods of media data was collection. This section of Chapter Four introduces the findings from the quantitative analysis of the media data.

TIME ALLOCATED TO OLDER PEOPLE

The broadcasting time allocated for a focus on the elderly decreased from the January 1999 to the January 2000, from 9 hours and 10 minutes out of what (33% of the total broadcasting time covering Earthquake related topics) to 3 hours and 20 minutes (8.4%). Table 4.1 sums up the length of time given to covering old people within the time allotted to Earthquake related issues. While old people still composed an important population, as the community is seen as the future model of the ageing society, attention has shifted to other generations and issues.

Table 4.1: TV coverage by focus and length by year

Year	1999 Jan	2000 Jan
Total time covered Earthquake related topics	27 hours 55 min. (1675 min.)	38 hours 55 min. (2335 min.)
Total time covering old people	9 hours 10 min. (550 min.)	3hours 20 min. (200 min.)
Older people per Earthquake	33 %	8.4%

FOCUS ON GENDER

In television documentaries and news programmes more older women than older men were featured (Table 4.2). Each programme featured one man and one or two women. That may reflect the fact that more older women than older men live in these communities when the media tried to cover both men and women.

Table 4.2: The number of older residents at TSH or PRH whose life was featured on TV by gender, TV station, and year

	1999 January		2000 January	
	Male	Female	Male	Female
NHK Ch.2	6	12	0	0
NHK Education Ch.12	0	0	3	5
NHK BS	0	0	0	0
Mainichi MBS Ch.4	6	12	1	1
Asahi ABC Ch.6	3	2	0	0
Kansai Ch.8	0	2	2	2
Yomiuri Ch.10	5	10	2	1
TV-Osaka. Ch.19	0	0	0	2
Sun-TV. Ch.36	3	5	0	1
Total	23	43	8	12

*Three men were Chief of the self-governing body at their community. One man in NHK and one man in Sun-TV Ch. 36 in year 1999, and one man in Mainichi MBS Ch.4 in year 2000.

IMAGES OF HOUSING

While unhappy and lonely older women were featured as well as older women with positive attitudes, all comments made by a TV reporter on women's state of happiness were positive in all the TV stations, public or private, national or local, and in both years 1999 and 2000. Usually an interviewed woman is with a group of women friends. All comments made on how a particular man was coping with his new life were negative, no matter whether he was in TSH or in PRH unless he is with his wife.

In a Sun-TV news programme in January 2000, after an item on life in PRH communities, a male newscaster commented, "Hmm... Men, let's work harder and positive like women are doing." Older women make friends and look happier than men who remain inactive. A male resident at PHR said in an interview, "Women are doing fine. They just keep talking and make friends. But for a man, when he is old, it is difficult to make friends. Just sitting in front of TV all day." (see Chapter Six on community involvement and gender.)

Table 4.3: The number of TV programmes by image (positive or negative) for each type of housing (TSH or PRH) for 1999 and 2000.

	Positive		Negative	
	1999	2000	1999	2000
TSH	2	1	3	3
PRH	3	3	12	5
Total	5	4	15	8

The tone and focus of TV coverage reporting on PRH was negative in 1999, but it shifted to more neutral and encouraged people to think positively in the 2000 coverage. (See Table A4.2: The length (minutes) of TV coverage of positive or negative images about different types of housing schemes by TV station, programme type (News, Special Feature, Documentary) and by year (in January of 1999 and 2000).

Table 4.4: The number of TV programmes by image (positive or negative) for each type of housing (TSH or PRH) for 1999 and 2000.

	Positive		Negative	
	1999	2000	1999	2000
TSH	2	1	3	3
PRH	3	3	12	5
Total	5	4	15	8

In the January 2000 wave, as the fifth year after the Earthquake, the whole media had shifted its tone to be more positive towards the future. For all housing types and issues, the media tried to take a brighter viewpoint, while still trying to report the problematic issues. In January 1999, it was more a case of finding and reporting negative issues with a negative tone overall. (See Appendix Table A4.3: The number and the length (minutes) of broadcast time of TV programmes reporting housing by image by programme type, housing type, year and by TV station.)

Isolated Death (*Kodokushi*) (lonely death, dying alone)

The word *Kokokushi* was used by the media as an eye-catching and attention-grabbing word for their headlines. *Kodokushi*, or "Isolated death", has been a key word in describing the post-earthquake problem. Doshisha University Life Issue Study group studied the background of the isolated death cases occurring in temporary shelter housing schemes (Doshisha Univ., 1997). As of 24 April 1998, 207 isolated deaths have been reported from the temporary shelters, excluding suicides (Asahi Shinbun Newspaper, 17 July 1998). The causes of isolated deaths varied. In addition to the common cause of death among Japanese such as heart disease, starvation and malnutrition were reported as causes of the isolated deaths. These are not related only to poverty but also to alcohol abuse problems and the mental health problems such as the loss of hope for their future. The number of isolated deaths was 72 for the first year and 70 for the second year, despite the fact that more and more people were moving out from the temporary shelter communities; therefore, the rate was rising. The number of isolated deaths for males is double that for females. The average age of the isolated deaths for males is 55 and 70 for females (Figure 4.6); life expectancy for Japanese males is 77 and for females is 83. The isolated deaths of males in their 50s and 60s account for nearly half of the total isolated deaths. This gender and age group is consistent with the most vulnerable group in Eastern Europe and former Soviet Union countries from the health impacts of political and economic transitions in the early 1990s (Goldstein et al, 1996: 9). There is no baseline figure to compare with before the Earthquake because temporary shelter housing schemes were built after the Earthquake.

Figure 4.6: Age and sex distribution of isolated death

Figure1: Age and sex distribution of isolated death
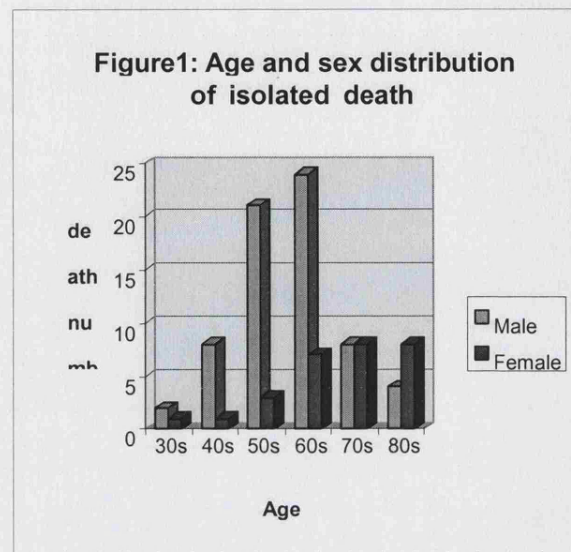
Source: Ueno, Y. *Kobe University, 1997 p.146

The immediate causes of the *Kodokushi* cases included alcohol dependency-triggered liver diseases (43.8% of male *Kodokushi* cases aged between 40 and 60) and malnutrition (Ueno, 1997: 150). The average age of women's *Kodokushi* cases is much higher than that of men's cases. The main cause of the *Kodokushi* cases for those aged over 65 is heart disease. More cases of *Kodokushi* with heart diseases are reported among women (Ueno, 1997: 151).

Kodokushi will be discussed further in Chapter Eight. This section with Figure 4.6 has shown the statistical facts of *Kodokushi*. Chapter Eight will discuss quantitative aspects.

SUMMARY AND CONCLUSION

Chapter Two showed that there has been little study of the longer-term impacts of the previous natural disasters world-wide, and no ethnographic research has been published. It also showed that the old people were the main victims of the 1995 Great Hanshin Earthquake in both mortality and morbidity, and they received more attention from academics especially in medial journals, than other age groups.

This chapter introduced the Hyogo Prefecture post-Earthquake Health Survey of the households affected by the 1995 Great Hanshin Earthquake by three types of housing over three years and discussed the findings from my secondary analysis of the health survey data. This gives the background of the study population in terms of key health indicators. The Hyogo Health Survey results have shown that, although the older the less healthy in general, the population in the 50s age group, or even in the 40s for some cases, reported more health problems than the older cohorts. The second section of this chapter showed that public attention, in terms of media focus, was on old people.

My analysis of questionnaire change over the years also showed the values and focus of the public administration. It is important when this is taken as a basis for policy development. As introduced in Chapter One, Campbell (1992) showed in the case of health policy change for old people in Japan, that the media played a critical role. The survey results, as is often the case, are not analysed well. It is more a case of what people answered, what answer they selected. Changes in the questions over time indicate something of the understanding and focus of the Department of Health, and what they are learning from the previous survey results, or from their experiences working with the localities.

This chapter has shown that from the early stage of the aftermath of the 1995 Great Hanshin Earthquake, the attention has been on older people among the disaster-affected by *Gyōsei* (public administration), media, and researchers. The data on the immediate victims of the earthquake and the short-term health impact have shown that a larger proportion of victims were older people. These figures support the need to focus on older people. The attention given to the older population is consistent with the attention given in Japanese society. And further, a higher proportion of old people living at the TSH and PRH received attention from the media, the *Gyōsei* (public administration) and people as they were seen as the model of Japan's ageing society in the near future. The measure of impacts shifted from physical damage as the short-term impact, to mental health as the longer-term impact, but the measures were crude and not all related to Japanese culture.

To cope with the ageing society, different measures would be needed. The second section of Chapter Four looked at the focus and tone of media coverage. The following chapters will continue with the qualitative analysis of media data and the findings from my ethnographic fieldwork.

Chapter Five: Temporary Shelter Housing Scheme (TSH)

INTRODUCTION

As time goes by, the proportion of older residents at the temporary shelter housing has increased, as shown in Chapter Four. As of January 1998, exactly three years after the earthquake, about 25,000 people were still living in temporary shelters (Asahi Shinbun newspaper, 17 January 1998). Younger people had moved out and half the residents of all temporary shelters were older people living alone. The proportion of people aged over 65 in temporary shelters in Hyogo prefecture was 30.3% in February 1996, one year after the Earthquake. By 1998, the average age of temporary shelter communities was over 65 years old. There were more women still in temporary shelters than men. These demographic features of the post-quake population in shelter housing were reported as being similar to the demographic projection for the whole of Japan in 40 to 50 years' time (Asahi Shinbun newspaper, 2 April 1998).

BACKGROUND OF MYTSH FIELD WORK

As explained in the Methodology Chapter (Chapter Three), although I visited three other PRHs and two other TSHs which I also make some comparisons with in my analysis, my main fieldwork took place at the Natsu-Aki PRH, the Fuyuyama PRH, and the Haruyama TSH (which is near the Natsu-Aki PRH).

The Natsu-Aki PRH and the Haruyama TSH are in the West-ward of Kobe city. The Fuyuyama PRH is in the Central-ward of Kobe city. Although the West-ward was not the area directly hit by the Earthquake, it was the area mostly affected by the process of life reconstruction after the Earthquake. The population increased by the relocation of people to the temporary shelters created mainly in the West-ward.

Table 5.1: Population of the West-ward of Kobe city before and after the Earthquake

	Total West-ward 1 October 1994	Total TSH 24 May 1996	Total West-ward 1 February 1996
Population	199,951	11,116	213,531
Households	63,051	4,437	-
Aged 65 and over	15,796	4,437	20,428
% Aged 65 and over	7.9	39.9	9.6

Source: Hyogo Prefecture College of Nursing (1996: 7)

Here, I explain about the Haruyama TSH fieldwork site. Background of PRHs will be introduced in Chapter Five on PRH.

Haruyama TSH was one of the largest TSHs. Haruyama TSH had three compounds. The first had 66 households, the second had 750 households and the third had 500 households. The proportion of those aged over 65 was 44.2%, 26.3%, and 7.1%, respectively, in May 1996. The higher proportion of old people in the first compound may reflect the fact that the priority of allocation was given to older people. I conducted my fieldwork in the Second Haruyama TSH compound.

Table 5.2 : Population of Haruyama TSH in May, 1996

Haruyama TSH	The number of households	Total Population	Population aged 65 and over	% 65 and over
I	66	95	42	44.2
II	750	1108	291	26.3
III	500	785	56	7.1
West-ward Total	8941	11116	4437	39.9

Source: Hyogo Prefecture College of Nursing (1996: 10)

The building was the single storey apartment style housing. (See the photos in Appendix.)

ANALYSIS ON TSH

The typical temporary shelter housing (TSH) scheme is *Nagaya* type housing of only one floor hutted apartments. One building has 5-10 households with one or two rooms each.

The majority of those left behind in the temporary shelters were elderly people. On the other hand, those who were able to move out from the shelters faced new problems in their new living situation which was often not what they wanted and far from satisfactory. The repeated relocation is not easy for older people. The new places were often located in inconvenient suburbs far away from where they used to live. It makes it difficult to commute to the medical facilities they used. Older people feel particularly isolated because accessing social services and activities takes greater effort for them. Just to meet the basic needs such as grocery shopping is hard for elderly people, when they often do not drive.

Some who never lived in the shelters moved to their relatives and often caused some stress to both sides as their stay became longer and longer. Some elderly people found a place to be hospitalised and kept finding medical reasons to stay there as they had no home to return to. Some were neither able to move to TSH nor hospitalised. It was difficult for volunteer workers to reach those who had moved to a new place other than TSH because they were spread out into communities of much-less-deprived people.

When allocating the temporary housing units, to be fair according to Japanese values, the allocation was made by lottery. However, to take into consideration the high proportion of older people who the public administration thought needed to be sheltered as a priority, the allocation lottery had a quota for older people in the earlier lottery rounds. This priority setting reflected the values of Japanese society. However, this priority setting was done due to the abstract image of older people and the weak (*Jakusha*) such as the disabled. It also reflects that the Japanese values treat older people the same as other weak or vulnerable types. Then it created more problems. By placing old people and the weak together, concentrated in one area of temporary shelter housing, they created an isolated area of people with greater needs (Ogino, 1999: 340-341)[1]. As mentioned in Chapter One, in life at an evacuation

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[1] Ogino, Masahiro 'Chihō jichitai no Taiō to Jūmin' (Local municipality's response and local people), pp.326-344, IN 'Hanshin Awaji Daishinsai no Shakaigaku (Sociology of the Great Hanshin Awaji Earthquake)' Vol. 2: Hinanseikatsu no Shakaigaku (Sociology of evacuation life), edited by Iwasaki, Unobuhiko. Ukai, Kozo. Urano, Masaki. Tsuji, Katsuji. Nitagai, Kamon. Noda, Takashi. Yamamoto, Takeo. Showado, 1999.

centre, older people are reported as having a more difficult time, e.g. not wanting to use the temporary toilet outside in the middle of the night and so wake up people sleeping nearby, older people ate less and drank less water. Japanese old people are often not outspoken but rather quiet and try not to be a burden to other people. They do not come out and proclaim their troubles and seek help unless people come and ask privately, individually. Older people were not the first to go and receive water, food and other emergency supplies when these were delivered to an evacuation centre. So giving a priority to older people yet allocating the housing by lottery was considered fair in Japanese society.

When allocating apartments in PRH, again basically these were allocated by lottery. Those who got an apartment where they wished were happy, whereas they who did not win the lottery were unhappy. They kept applying for the second choice and third choice in the next rounds. Some people committed suicide when they received the refusal letter in the third lottery. Some people were unhappy but just took it as bad luck.

Characteristics of people in TSH

The main features of people in temporary housing include not being covered by a pension or having only a small pension; elderly people living alone; owning no house; and alcohol dependency among those who were late in moving out. Many people shared more than one of these features.

Although the above common features were observed, elderly people living alone in the shelters had different backgrounds. Some had never married. Some lost their spouse in the earthquake. Some got divorced after the earthquake or after hard times following the earthquake. Some were widowed before the earthquake. Some had no children and for others their children could not afford to have them in their homes due to the limited space and/or the possible tension or conflicts. Some children visited their old parents living in the temporary shelter regularly to give them help. Some never visited. The problem of treating older people as one homogeneous group was not looked at much. Even among the old people in my study population who must share some similar characteristics such as nationality, locality, language, education

background, employment and class, they actually had diverse backgrounds. I tried to find out during my fieldwork the reason why some older people who had children did not live with them. Some reasons I found out from the older people themselves but family relationship can be sensitive. I found out mostly from other people who had worked at the community long enough to learn the situation of each case. Some children could not afford to have their indigent parents because they themselves were poor. Some indigent parents were reluctant to go to their successful children. Because they had less opportunity due to their low education, they tried to provide their children with a better education. Post-war educational opportunity was relatively equal in Japan. The level of high school and college education varied, but they varied according to individual achievement rather than family background. People feel they did not belong to the same class and society as their children.

The residents at TSH saw and heard their neighbours outside through the windows. They dropped by to share cooked food, "I cooked too much. Please help me to finish this." "I tried to cook something new. Please try." This was a way of meeting people and exchange as a step of making friends. Eating habits were also important for maintaining a healthy nutritional intake as it was important to maintain a balanced diet, especially when living and eating alone. Eating habits will be further discussed in the following chapter as it is important in Japanese culture and values.

Some people in TSH were good at organizing themselves and negotiated with the public administration to enable them to move together as a group to the same PRH compound. This was not for physical health reasons, but to enable them to stay close to their friends and neighbours at their new living environment. This was seen as a success story after learning of the negative effects of allocating people to housing by lottery in their previous practice and in consequence the difficulty of developing a community in the new living environment (Interview with Director of Department of Health and Welfare of Kobe City, 1999).

Problems in TSH

In TSH the elderly people had to live isolated in ordinary temporary hutments. Furthermore, because elderly and disabled people were initially given priority in the

distribution of temporary houses, this well-intended scheme produced a community of elderly and disabled people living alone (Tanida, 1996: 1133-5). Because those given priority were assigned early, their houses were located at the end of the shelter housings, farthest from the community centre and the exit and entrance of the TSH area. This created inconvenience for those elderly people in the first allocations. Sometimes it took one hour for an elderly person to walk from her shelter house to the area exit to a street to catch a bus, although the distance was only ten minutes' walk for younger people. Also, this plan of giving priority to elderly and disabled created the situation where those who needed support lived in a concentrated area rather than spreading into a community. A survey conducted in late September 1995 showed that 40% of temporary houses accommodated elderly families by themselves and a half of those were single person households?

As those who could move on in their lives left the temporary shelters, gradually the areas were left to the most vulnerable members of society, such as elderly and disabled people and low-income families. In June 1996, 49% of these houses were occupied by families over 65 years old, and 28% were occupied by single people aged over 65 (Tanida 1996). Asahi News of March 1998 reported the results of a health survey of the TSH conducted by public health nurses of Kobe City in autumn of 1997. The major problems reported were aged dementia, mentally and physically handicapped person, elderly people *netakiri* (the bedridden), mentally ill, and alcohol dependent syndrome (Table 5.3).

Table 5.3: Health survey at temporary shelters in Kobe

	no. of people
Aged dementia	120
Mentally and physically handicapped	304
The bedridden elderly people	146
Mentally ill	85
Alcohol dependent Syndrome	144

Source: Asahi Newspaper, March 1998

Comparisons between TSH and PRH is an area of conflicting statements in the media. Some reports said that the life in temporary shelters could worsen people's health. Others said that it was not bad for health. Life in temporary shelters was too hot in summer and too cold in winter. TSH were far away from people's doctors so they could not see them regularly. This increased the anxiety among older people in their daily life. Health is often a major concern in old age. They wanted to make sure they had reasonable access to medical services if something should happen to them.

Mr Minamimori said in his TV interview talking about their Group house plan,

> When I am fit and healthy, it is OK to live alone. But if something happens, ...you know..." (2000/01/11/Tue/22:00-22:45 NHK Edu Ch 12 ETV Features "Five years after the Earthquake. The path of mind since the morning. 2. Old people at the Temizu Temporary Shelters – Collective house, special type for the disabled and old people)

Especially in Japanese society, the health clinic has been reported as a main venue for social occasions for old people. When they have attended the free medical services, they go to health clinic to meet with other old people in the waiting room. The famous joke about old people going to a health clinic almost everyday is that if one does not come, others ask each other, 'What happened to him/her? Did s/he get sick?'

One TV programme reported that for the case of Mr Hiroshige Takehara (71), living at a temporary shelter was affecting (*mushibamu*) his health. (1999/01/10 Sun/24:15-24:45 Yomiuri TV Ch.10 NNN Documentary 'Four years after the Earthquake')

Another TV programme reported that Mr Yasuo Uematsu (70) lived in temporary shelter for two years. A draught there worsened his asthma. (1999/01/14 Thu/21:30-22:00)

NHK Ch.2 Close Up Modern Society 'Isolated old people Report from a public reconstruction housing after the Earthquake. Re broadcast of the programme Dec. 5 Sat. and The four years after the Earthquake.)

In 1999, TV reported that life in TSH was worsening people's health. When I did my fieldwork, people put an emphasis on the positive impact on their health, assuming that I had already heard about the media report. Some explained that what was reported in the media was true in some part, but in fact the true impact was positive. They rather gained good health when living in a mountainous area with clean air and having to walk a long distance. Walking is good exercise to maintain one's health, they said.

Ms Ueda said in a TV programme in 1999 that she did not like living in a temporary shelter and it made her feel lonely to see others leaving. But in a 2000 programme, she looks back on those days in TSH with a thankful feeling, saying that she learnt from the experience that people need one another.

HAPPINESS OF OLDER PEOPLE

TV programmes discussed happiness in TSH life. In 1999, most programmes showed TSH life as a happier living arrangement for old people.

In 1999 TV reported on an old woman who had moved to PRH.

"It is six months since I moved to this public reconstruction housing. But I have made no friends here. I do not feel positive any more. I feel a lot of anxiety. A day goes without any chance to talk with anyone. I watch TV all day and just sleep."

Mr Kawabata was happier in temporary shelter housing. After moving to the public reconstruction housing, he felt lonely. He has no one to exchange words. No one to share food. It was difficult to make new friends with neighbours. He said that when you are old it was difficult to make new friends. He saw old age as a factor in the difficulties. 1999/01/13 Wed/22:00- ABC TV Ch.6 News Station 22:55- 23:10 3 day series of Earthquake Closed space the final housing of the Earthquake evacuees · (recorded Video vol.1-13)

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I have no energy left to say hello to my new neighbour. The life in the temporary shelter was much better. Everyone here closes themselves in their home. It is impossible to have any communication. In this kind of place, people just briefly see each other. 1999/01/15 Fri/16:05- ABC TV   Ch.6   Wide ABCDEsu   18:00-   'Living at a temporary shelter was much better than at a public reconstruction housing' Why Alcohol dependency.

This programme states that the life in the temporary shelter was much better. People miss good things in TSH, but one can only say so when one has moved to a permanent place. After all they wish to move out from TSH. The media tone was ignoring this baseline. Their interpretation was not correct in saying that people want to move back to TSH because PRH is a horrible place.

In another TV programme, Ms Sachi Yamamoto (age 76) was introduced.

"But...no one to make friends with here [in PRH]. I say hello to a neighbour. I go out to participate in a cleaning activity of the housing community. Three months after I moved in, I started to feel not good. I feel depression.   It is difficult to express this feeling. When I moved in, there were some deaths, one after the other in this building. Someone jumped from the top of the building to commit suicide. A 67 year old woman living alone. The life at the temporary shelter was good. I miss those days. I often make a visit to my former temporary shelter. I wish they repair the shelter a bit and let me live there."

1999/01/17 Sun/01:43 - ABC TV Ch.6   'In the fifth year of the Earthquake' Desperation of temporary shelter people left behind.

However, the temporary shelter is no longer the same place. Mr Jiro Sezoko (57) was introduced in the same programme. Although he cannot make a comparison as he has not yet moved out, the TV reports that he is not happy living at the temporary shelter. He says he does not feel at ease. What he wants is to move out of TSH while he is still alive.

Ms Yoko Fujikawa (50) appeared in a few different TV programmes. She still lives in a temporary shelter. And she talks happily about her friends who moved to public reconstruction housing but often come back and visit her and say, "It's better at a

temporary shelter." This may be true for some reasons, but those friends might be being kind in saying this so as not to make her envious of those who have already moved out. 1999/01/17 Sun/10:00-11:00 Mainishi TV Ch.4 Tick Jan 17 that time. With testimony of 30 people Has your attitude to life changed after the Earthquake? (Video Vol.5-3 48min.). Would the information Ms Fujikawa receives discourage her from moving out? Would it lower her expectation of her future life at public reconstruction housing? Would she be better prepared for the new living place? Having friends that people made during life in temporary shelters keep visiting each other was a good support network and kept them happier. Physically they could still visit each other. But for those who were physically weak, they could not travel long distances to visit one another.

> The sons of Mr Kiyoshi Nagata (82), Takeshi, decided a temporary shelter for his bedridden father would be best because they thought there would be people around. They expected that at a temporary shelter housing, no-one would be left alone. And they valued this aspect.
> 1999/01/17 Sun/11:00 NHK Ch.2 Four years since the Earthquake Examine the current Kobe with Reconstruction maps (Video Vol.5-4 50min.)

They also could not find another financially affordable place. Temporary shelter was free, there is no rent - although the media do not report on this, as if it is taboo. But one could live in TSH only when TSH was opened, and this did not last long. All the TSH were closed finally in April 2000.

The same programme introduced a couple, Mr Kunio Fujihara and Mrs Fumiko Fujihara, who commuted to the temporary shelter housing where they used to live. They said the public reconstruction housing was well-built but in life they were less happy. They were not living alone but still they miss the human contact, *Kōryu, Fureai*, they had with their neighbours at the temporary shelter housing.

A TV programme said that PRH life was worse than temporary shelter life. An old woman leaving a temporary shelter felt lonely to leave there, after living there for some years. Two men who had not been able to move out said that they had the impression that those who moved to a high-rise public reconstruction housing were suffering from depression. They had heard of two cases of suicides in PRH, one old

woman and one middle age man; and another case of an old woman who went missing when she received the news of winning a public reconstruction housing as she did not want to leave the temporary shelter. (1999/01/17 Sun/18:00- Mainichi TV Ch.4 Special Features 'Four years after the Earthquake - the last winter at a temporary shelter')

In media reports in 1999, those who had not yet left the temporary shelters talked like they already knew that they would be unhappier at the public reconstruction housing. This would be partly because they had heard this from their friends who had already moved, or they heard it from these TV programmes. Friends would say things to comfort those still in TSH. They would not say that they were happier in PRH and show off what they got when their friends had not been successful in finding a permanent house, or winning the lottery for allocation to PRH. It would also be partly because the people still in TSH would say this to ease their own feelings, to tell themselves that their situation, being unable to move out from TSH was not that bad.

Another factor in this was that TV reported what it wanted to report, and it did not necessarily reflect the true feelings of the people.

> Ms Chieko Uemoto (74) 1998/01/08 Fri/21:30-22:00 Sun-TV EYE f (three years in temporary shelters and a New Year at a public reconstruction housing) was introduced as a positive case for PRH. She is happy with the public reconstruction housing she won after the seventh trial. This is inconsistent with the general tone of media coverage as detailed above.

WHETHER ARE OLD PEOPLE WELL TAKEN CARE OF?

Because of the volunteers and public administration's attentions, TV reported that old people were taken care of better at TSH, despite the poor housing condition.

What made the older people at TSH feel taken care of well may not have been the housing itself but the programmes and the people who came in to help the residents, both financially and practically with their daily life arrangements. The general media tone was denigrating of PRH in comparison with TSH as housing for an ageing society. What TSH and PRH meant not only the housing scheme itself, but the whole living arrangement and community. Yet the housing scheme was in fact reported as

the important factor.

MAKING FRIENDS

The *Sawa-kai* (tea party) was a major common community event in TSH in the post-Earthquake communities. It was introduced as such on TV. Such an event is something visible and easier to identify as an activity. It is where a media reporter might go more easily than to an individual's private apartment. Also, it is a good example of what a simple event can mean to a community. It was one of the main research sites and events during my fieldwork both at TSH and PRH. These tea shops are a place for information exchange, to make friends, to go out.

People may not make a friend by just one time visit but I observed people have an opportunity to exchange and start talking after they attend for some time. Some people who talked last time do not necessarily talk to each other at the next time. But familiarity and friendship may develop over time.

Several residents at TSH seemed to look forward to a weekly tea party as an event they cannot miss. Residents at TSH often mentioned about a weekly tea party when exchange greetings.

According to one TV programme detailed above, Mr Kawabata was happier in temporary shelter housing. He felt lonely in PRH, finding it difficult to make new friends, and blaming old age for this difficulty.

> (1999/01/13 Wed/22:00- ABC TV Ch.6 News Station   22:55- 23:10   3 day series of
> Earthquake Closed space the final housing of the Earthquake evacuees)

There were also some reports on attempts at "Collective Houses". A number of arguments have been put forward to encourage "Collective Houses" (Asahi Shinbun News, 13 July 1999). Some TV news headlined such as "Group Home, a housing scheme good for aged people suggestions from experiences at temporary shelters" (Mainichi TV, 13 January 1999). First, in these 'collective houses' they did not need young people to take care of the residents; the residents could take care of each other

as each person has a different function, and they could complement and help each other. This way each person felt that they were useful to others, not just a "burden", and this became their *Ikigai* (worth living, life enrichment, value of life). This will be explored more in the later Loneliness Chapter (Seven). Also, they did not have to feel pressured to keep up with the pace of younger people. Second, in a collective house, a smaller number of health care workers and helpers can cover a larger number of older people than is possible when individuals are living separately. This way, the cost of the care of ageing populations was expected to be smaller.

SOME IN-DEPTH LOOK AT PUBLISHED REPORTS

Noritoshi Tanida (1996) has drawn attention to older people who he says were left behind in temporary accommodation, and argues that special attention and continuous care is necessary for elderly and vulnerable people after such disasters. Tanida's article acknowledged that the Japanese government set up special temporary houses for disabled and elderly people with 24 hour support by carers in late February of 1996, but claimed that the numbers were too small and many elderly people had to live isolated in ordinary temporary houses. He also points out some problems which he says are unlikely to be solved in the near future. The first problem is the difficulty of community generation for elderly people at their new living environment in the temporary houses. He says consequently only 30% of temporary housing areas were able to found a self-governing body by July 1995. Although this was only a few months after the temporary shelters were built and it may be necessary to wait before making any decisions on this, he noticed the problem of the difficulty of forming a community and sees it as something to do with old age. The second problem he argued was that many older people are found to have died unnoticed in temporary houses and the high rate of suicide by older people. *Kodokushi* (dying alone) was discussed as a problem in the post-Earthquake society and the media used the number of *Kodokushi* as an indicator of this. This will be discussed further in Chapter Eight. Although Tanida's article was written only one year after the Earthquake, it pointed out the trends in migration and in residents of the temporary houses. People who could leave had left, and over time the most vulnerable members of society remained, such as elderly and disabled people and low-income families. He also explained that

staff and people who cared for elderly people in ordinary life were themselves victims and could no longer provide care.

Yosuke Hirayama (2000) introduced the characteristics of housing damage in the Great Hanshin Earthquake and pointed out that they reflected the geographically divided situation which had been growing prior to the Earthquake. He argued that the Earthquake itself was a natural phenomenon but the inequality of housing damage was generated socially. Similarly, the people left at the temporary shelters and public reconstruction housing in my study were from the lower-income class. Hirayama also pointed out that the process of recovery was not uniform and had deepened the socio-spatial polarisation and divided the city. He described how the temporary housing promoted the grouping of victims and created a group in need of welfare, a high proportion of which were those with low incomes and the elderly.

He pointed out the problems of temporary housing design at each unit and as a whole area. Differences in floor levels caused problems for older and disabled residents. He said that the shortage of common space, green areas and living-related facilities was striking. I will argue later that the second problem of housing design he listed was also a factor in the difficulties in generating a community. His article considered the mental health effects on the residents. He said that many camps were constructed in fenced parks and sites isolated from neighbourhoods by main roads. He used the word 'camp' here. From my fieldwork, I found that the fenced camp triggered traumatic memories from war time for many older people. He argued that these circumstances were thoroughly effective in causing the dwellers to become depressed, mentioning the increase of lone deaths, suicides and accidental deaths, and alcoholism in middle-aged men and malnutrition of aged women.

The article explains the distinction of Ministries responsible for the temporary housing and the public housing. Rent-free temporary housing was provided by the Ministry of Health and Welfare, based on the same idea as public assistance. Public housing was provided by the Ministry of Construction.

In the following two special reports on TSH and PRH communities in Kobe city West ward prepared by the Department of Health and Welfare of the West-ward of Kobe

city, no distinctions were made on the basis of gender but rather on age and single occupancy (living alone). Age 65 was the line drawn to categorise people as "old". "Age over 65 and living alone" was a category describing the most vulnerable population, such as "the handicapped", and this population, therefore, required attention from the public support system.

Hyogo Prefecture Nursing College (August 1996)

This report mentions in the beginning that "*Kodokushi*" was being discussed as a problem (by the media) and that the public administration/government (*Gyōsei*) is expected to take measures to address it. They said that what they aimed for, however, was more than preventing another case of *Kodokushi*, but to support the disaster-affected people to reconstruct their life and to maintain their health.

The report points out that the characteristic that makes the community unique is the people's shared experience of loss caused by the Earthquake. It also points out, however, that these people came from various communities and this new community in temporary housing is supposed to be just that. The report highlights the high proportion of older people at temporary housing.

It divides people in temporary housing into three categories. The 'coping' group are those who have accessed professional support for health and welfare. The 'potential' group was those who did not currently need professional support but whose health level could be lowered in the future. The 'healthy' group were those who were relatively healthy and who could expect relatively easy life after reconstruction. This report said that community development in the temporary housing aimed to prevent the health level of the 'potential' group from going down.

This report was meant to be a research report of research conducted from April 1995 to March 1996 by the nursing college, analysing support activities by public health nurses and the researchers who were also nurses.

The activities included were surveys to identify those who needed care, information exchange of interested parties through conducting the survey, and public health

activities. Public health activities were not only medical and health care counselling. The report discusses the community development and the importance of community events as a first step to *Renkei* (collaborations), and the development of a self-governing body. The report emphasises the importance of information exchange between *Gyōsei* and volunteers, and among volunteers, and other forms of collaborations among them.

Department of Health of the West-ward of Kobe City, March (1998)

This report recorded the community development activities in the West-ward of Kobe city. The report was written as a consequence to the report above with the Hyogo Prefectural Nursing College. The report described the mental health of people living at the Haruyama Temporary Housing over three years from 1995 to 1997. It highlighted the problems of the first year as insomnia, anxiety and loneliness, especially due to relocation to a new strange place, the difficulty of maintaining privacy and the noise of neighbours in temporary housing. In the second year, it noted both the good relationship between neighbours and the troubles between neighbours and the difficulties of relationships in temporary housing. It also states that some people lost their health due to the prolonged stay in temporary housing, especially due to the severe climate and temperature change in temporary housing. It also noted the anxiety of people who were still left in temporary housing when people started to leave. In the third year, the report describes that the anxiety of those still left in temporary housing is becoming worse, while it notes the anxiety of those who were leaving temporary housing for permanent housing. This did not coincide with the media tone of describing temporary housing as a better place than public reconstruction housing.

The report also introduced the activities of nurses in the role of life support advisor and health advisor, and of volunteer nurses.

This report was meant to be an action research report to study the process of healthy community development at Haruyama and Natsu-Aki from April 1995 to March 1998. The first two years were only of the Haruyama Temporary Housing as

residents started to move into the Natsu-Aki Public Reconstruction Housing in June 1997, when the area observed shifted to the Natsu-Aki Community.

The report emphasized the need to develop a community when considering health issues in order to build up the support system for the elderly and the disabled. And it observed that community activity that could be done in a short period of time would not necessarily last for a long time, so there was a need to think long term.

The report made an observation from community development at the Haruyama Temporary Housing that volunteers were key actors in forming a supportive community in temporary housing. It also said that those who continued the activities after the first three years were residents of local neighbourhoods and that this, therefore, emphasised the importance of understanding and activities by local neighbours in order to establish community systems in temporary housing. On the other hand, it pointed out their limitation in coping with health problems. It said the current capacity of public health nurses and nurse volunteers could not cope, and recommended more organized activity based on public health centres in order to protect the health of those left in temporary housing.

The report emphases the importance of *Renkei* (coordinated collaboration) between the public administration, especially Department of Health, and the local community, the continuing support from neighbouring residents, welfare commissioner, and volunteers conducting Yūai home visit and Tea party, and support from the self-governing body.

Further, the report suggested that the experiences of health community development in post-Earthquake communities were developing into the issues for our ageing society.

SUMMARY AND CONCLUSION

This chapter explained how the allocation of residents at TSH was made and how the low-income class and elderly people were polarized and brought to society's attention

through the process of recovery from the 1995 Great Hanshin Earthquake in Kobe. People moved from an evacuation centre to TSH several months after the Earthquake. Those who could not find housing themselves, and without family to help them find new housing, moved to TSH. The large proportion of them were poor older people without a functioning family. To be fair in Japanese values, allocation of TSH was mainly made by lottery while giving priority to older people.

Older people was the major focus in the 1998 – 1999 wave, but while they were kept as a main focus in 1999 – 2000 wave, the emphasis and focus showed a shift to other issues, such as the struggling middle-age group and children/Earthquake orphans, how to prepare for the next disaster and emergencies, and looking ahead to the fifth anniversary of the Earthquake, rather than looking at the past and complaining. As Chapter Three showed, total time spent on reporting about old people (550 minutes) made up 33% of the total time covering Earthquake-related topics (1675 minutes) in the January 1999 wave, the fourth anniversary, but in January 2000, this percentage had dropped to 8.4% (200 out of 2335 minutes), while the total length for the Earthquake was longer as it was the fifth anniversary.

Media tone was analysed together with a gender perspective. Older women were reported to have coped well and they were good at making friends, but problems lay with men living alone.

According to the media in 1998 PRH were mostly unhappy places and TSH were better in terms of having relationships and human contacts, despite the poorer housing conditions in the latter. In 1999-2000 the media kept this tone, but it also started to encourage people in PRH to look ahead to the future.

The media was critical of the public administration in many ways, if not all the time. But it is rather in the nature of the media to focus on problems and be critical. It may be necessary to consciously look at the positive side before making a judgement and to pursue a balanced view to see the real world.

Professionals' studies had their own discourse while they shared some similar views. Hirayama's article points out that the post-Earthquake recovery process deepened the

socio-spatial polarisation of low-incomes and older people, and divided the city by promoting the grouping of victims and created a group in need of welfare, a high proportion were those with low incomes and the elderly.

Two Special Reports on Community Care at the TSH and PRH were prepared by the Department of Health and Welfare of Kobe city West ward. The TSH and PRH were selected for the research sites in 1996 and 1998. Both reports gave data by age and drew attention to older people and those living alone. The Department of Health noted the anxiety of those who were still left at TSH as a main mental health issue.

When people left TSH, looking back, they may remember only good memories, but TSH was only temporary housing and they had many problems. What made TSH life better was not the architecture but other things like volunteers coming in and receiving attention and free help. The media reported that life in TSH worsened people's health, but at TSH I heard a different story which will be discussed below in this section.

It was not that people did not want to move to PRH; it was more a case of the anxiety of moving to a new place. People who were left behind at TSH were suffering from anxiety and some were anxious about moving to PRH because of the change in environment and community. But many were actually happy to be given a nice apartment with such low rent with heavy subsidies. The media did not talk about the heavy subsidies of PRH and free TSH but the rent was a big issue in people's personal finance. Even with heavy subsidies, people who stayed at TSH until the end were worrying whether they could pay the minimum rent for PRH.

The media's stories did not necessarily reflect what I hear from people. While it might be true that the people at PRH would miss temporary shelter life, it should not necessarily mean that they were not happy about their new life at better housing. The factors what TSH and PRH made the old people happier at one place and less satisfied at another include their housing type and community. Professor Sachiomi Kishimoto of the Osaka Education University commented in TV news, "People in a public reconstruction housing do not complain much about the new housing. (Only 18% in his survey complained.) But they complain of the worsening opportunities for

relationships with their neighbours and acquaintances." (Mainichi TV, 14 January 1999, "Wants to maintain the relationships – Life reconstruction of old people and Collective Housing".)

TSH has both negative and positive impacts on health. TSH was intended to be used only for one year, but many of the residents lived in it for three to five years. The buildings did not remain in good condition for long but started to cause health problems. When not built well, they were too hot in summer and too cold in winter. Another issue of concern was the remoteness. Most TSH was built in remote areas. This was first reported as inconvenient, but later, residents started to report an improvement in their health because they lived in clean mountain air and had to walk a long way to get public transportation. This was good exercise for them and stimulated their circulation systems. Volunteers came in to help the residents in the post-earthquake community. With the encampment type housing, it was easier for volunteers to visit each household.

What made TSH life better was not simply architecture but other things like the presence of volunteers, attention and free assistance. Although the TSH design was recognized as easier for community development, there were complaints about the design in terms of lack of privacy.

Media introduced people at PRH expressing their wish to return to TSH and missing their community life at TSH as well as people still at TSH hearing about their former neighbour friends who had moved to PRH visit them at TSH and tell them they miss TSH and PRH is not that good place. But what I learnt from my field work was that it was not that people did not want to move to PRH but it was more of the anxiety of moving to a new place. People who were left behind at TSH were suffering from anxiety. In my field work, many were actually happy to be given a permanent place to live. Also, some looked happy to be given a new nice apartment which was made available with low rent with heavy subsidies. The media did not talk about the heavy subsidies of PRH or say that TSH was free but the rent was a big issue in their personal finance for the respondents in my fieldwork.

The media did not change its tone to coincide with the changes of tones heard and observed in my field work. The media was late in looking ahead for PRH. Some people at TSH were worried about whether they would be able to pay the rent for PRH when they moved to PRH. Some people in GH complained that those people who had been living at TSH for five years were not paying any rent but got the space for free and were occupying the land. Some people at PRH said that people in the neighbourhood did not talk to them because they knew that they were living at the new nice apartment building PRH with the minimum rent, for example JPY6,000 per month for a JPY 170,000 worth apartment. The rent was decided by the income of the resident. Some people at PRH found it very lucky that they were able to live at the nice PRH and they looked as if they did not want to be asked how much they were paying.

TSH was where majority of the residents at PRH had lived before moving into PRH. In the next chapter, the stories at PRH will be examined.

Chapter Six: Public Reconstruction Housing Schemes (PRH)

INTRODUCTION

A typical post-earthquake Public Reconstruction Housing scheme (PRH) is a group of modern high-rise apartment buildings. They have a computerised emergency call system. They have no common space or facilities in the same building. There is one assembly hall but it is not big enough to include all the residents and is located outside the buildings to be shared by the residents of all the buildings.

Ageing populations were taken into consideration in the design of these new PRH, although PRH is in general meant for all ages. Housing built specially for older people is a relatively new phenomenon. "Silver housing" PRHs were also built. The program supplies an elderly resident with daily support by the provision of a specially designed dwelling and care by a "life support adviser (LSA)". Its entrance door is a Japanese sliding door. One LSA is in charge of as many as 60-100 old people, so they cannot make daily visits. The Silver Housing[2] programme was launched as a joint policy effort by the Ministry of Construction (MOC) and the Ministry of Health and Welfare (MOHW) in the early 1980s. The Silver Housing scheme is planned by the Housing Department and the Welfare Department of the local government. The concept is derived from sheltered housing in the UK. Silver Housing is public housing for rent to provide physically independent older people with a barrier-free design and with care services such as a life support adviser (LSA) and a day care centre. Silver Housing is a costly project to serve a smaller group of older people. Despite the initiatives and guidelines of the Central Government in 1980s, and project approvals by various local authorities in the following years, it remains a low priority due to the limited resources of many local authorities (Izuhara, 2000: 131).

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[2] Since the fiscal year 1987, the Silver Housing Project has been undertaken with liaison between the housing and welfare services. The project involves supplying rented public housing and offering such services as emergency aid, care during illness, counselling and guidance on daily life. In addition to the services of life support advisers (LSA), welfare facilities are either attached or located adjacent to or in the neighbourhood of the Silver Housing (Enomoto, 1996).

MEDIA ATTIDUTES TO PRH

MEDIA REPORTS ON OLDER PEOPLE

The media has drawn attention to the need to protect the health of older people living alone. They indicate that 30% of the elderly will be living alone in PRH in Kobe and soon in the ageing society in Japan as a whole. The central and local government cannot protect senior citizens living alone by merely building decent houses for them.

In 1999 TV reported on an elderly woman who moved to permanent housing in PRH.
"Six months ago I moved to this public reconstruction housing. But I have made no friends here. I do not feel positive any more. I feel a lot of anxiety. A day goes without any chance to talk with anyone. I watch TV all day and just sleep." (17 January 1999, 24:15-24:45, Yomiuri TV (Ch. 10) Documentary '99: Four years after the Earthquake)

This will be discussed further in this chapter for neighbouring and community support network and in Loneliness Chapter (Seven).

Media reports do not necessarily represent the real perceptions of older people themselves. Changes in media tone were slow in reflecting the changes of the real perceptions of some older people. The media focused on negative aspects in 1999 and became positive in 2000 looking to the future. The media tone in 1999 does not necessarily reflect the feelings of the older people in 1999. As stated with the case of TSH in Chapter Five, the time gap in the changes between the media tone's and the overall voices I heard in my fieldwork were also observed at PRH.

A TV programme reported the case of Mr Hiroshige Takehara (71). For him, living in a temporary shelter was affecting (mushibamu) his health. (1999/01/10 Sun/24:15-24:45 Yomiuri TV Ch.10☐NNN Documentary 'Four years after the Earthquake')

Another TV programme reported that Mr Yasuo Uematsu (70) lived in temporary shelter for two years. A draught there worsened his asthma. (1999/01/14 Thu/21:30-22:00) NHK Ch.2 Close Up Modern Society 'Isolated old people' Report from public reconstruction housing after the

Earthquake. This programme was a re-broadcast of the programmes of 5th of December, Saturday, 1998, and the Four years after the earthquake.)

The Media reports in 1999 were very negative and rather biased. On the other hand, the media change to a positive tone in 2000 was drastic. The year 2000 was the fifth anniversary of the earthquake and the turn of the century. The media's tone changed partly because the Fifth year anniversary in 2000 was a *Kugiri* (separation time), *Fushime* (bamboo joint), to start a new outlook. The media decided at this point that its policy was to look forward to the future positively.

MEDIA TONE ON HOUSING TYPE

Tetsu no Tobira (Iron door), which is made of iron and used at a modern apartment, not of wood in a traditional Japanese house, was often used as a buzzword in reporting on isolated living arrangements such as in a PRH high-rise apartment.

The media reports high-rise apartment building as a failure: "Another problem of living in the modern high-rise building is that an old woman lives alone. She was alone for whole three months (talking about Ms Nakagawa (85)." (24 November 1998, 18:35 Yomiuri TV, Channel 10 News) This news programme asked the *Gyōsei* (public administration) to take more responsibility. The target of the article's blame is the *Gyōsei*.

The Governor of Hyogo Prefecture stated in a TV programme that he sees it as a success that Department of Construction decided to construct high-rise apartment buildings so that they could meet the number of housing units for those who needed to move into PRH. Life in a high-rise apartment building may not have the features that one-story tenement type housing has, but what other choice did they have to meet the required number of units.

1999/01/14 Thu/21:30-22:00 NHK Ch.2 Close Up Modern Society Isolated old people Report from a public reconstruction housing after the Earthquake 'Re broadcast of the programmes Dec. 5 Sat. and The four years after the Earthquake.

This TV programme refers to the life reconstruction (*Seikatsu Fukkō*) process in temporary shelter housing as a success. It asks why people at PRH have not learnt from the experience of temporary shelters in order to apply the lessons to the public reconstruction housing communities.

In the same TV programme, Professor Konishi, responding to the cases introduced which claim that temporary shelter was better, explains what temporary shelter is and analyses beyond. He discusses community development. He says it is easier with *Nagaya* type houses, which is what some lived in before the downtown earthquake and is the design of the temporary shelters. Professor Konishi also points out the role of volunteers and says they were a help in the process of community development. He asks if the learning experience of community development in TSH can be taken into the new challenge of community development in public reconstruction housing.

In this same TV programme, another case is introduced from Silver Housing. Ms Toshie Murata, a resident at a PRH, thinks the design of the temporary shelter was better because it had a window through which she could see her neighbours walking and could make human contact with them. But in public reconstruction housing, she has no exchange with her neighbours. Public reconstruction housing comprises high-rise buildings and problems can therefore be expected. But the Silver Housing she lives in is on the ground floor. She still does not see people through the window. This is because there are not many people around outside. It may be because not many neighbours were going out. They *Tojikomori* (stay at home). They may not receive visitors at PRH. Unlike TSH, no volunteers come in at PRH. This is a big difference. In the USA where elders are often housed in tower blocks, broken lifts can lead to serious isolation, depression and inability to leave the home (Wilson, 2000: 106). Even when the lift is not broken, *Tojikomori* became an issue among elderly survivors at PRH in Kobe. Each apartment is bigger and spacious so that the distance to the next apartment door is a long way. With thick walls and a heavy door, you do not hear your neighbours go in and out in the way you used to hear them at a temporary shelter with thin walls. This could influence to the feeling of the residents.

Professor Murosaki, Kobe University, commented in a TV programme, "Support from community and neighbourhoods mean a lot to older people. These are broken

up every time they move. It is difficult for an old person to start from the beginning....to adjust to a new environment. We must think of housing not only as a container. We have to look at reconstruction from economic, job and employment perspectives."

1999/01/17 Sun/10:30-12:00 NHK Satellite I. BS7 Four years after the Earthquake, Search to make a new town how to make a new living

FIELDWORK IN THE PRH COMMUNITIES

BACKGROUND OF FIELD WORK

As explained in the Method section of Chapters Two and Four, although I visited three other PRHs and two other TSHs which I also make some comparisons with in my analysis, my main fieldwork took place at the Natsu-Aki PRH, the Fuyuyama PRH, and the Haruyama TSH (which is near the Natsu-Aki PRH). The Natsu-Aki PRH and the Haruyama TSH are in the West-ward of Kobe city. The Natsu-Aki PRH comprises the Natsuyama PRH and the Akiyama PRH. The Fuyuyama PRH is in the Central-ward of Kobe city.

The community leaders, actors, and the community care dynamics were different in the two public reconstruction housing communities. While similar actors could be identified in both communities, such as newly created public staff like LSA (Life Support Advisor for old people living alone), the major difference between the two was in who was taking initiatives and giving leadership. The large suburban community had active welfare commissioners and volunteer groups from the neighbouring community, who had moved to the area before the Earthquake as the planned new town developed. The smaller section of three buildings had a self-governing body and a chief of the self-governing body. The other nine buildings were having problems establishing their self-governing body and no chief of the self-governing body as official representative had emerged. The smaller urban community had a chief who was an active leader. Although he was officially representing the two main buildings, he was also taking care of the silver housing scheme because they had not established their own self-governing body.

Natsu-Aki PRH (Natsuyama PRH, Akiyama PRH)

Natsu-Aki PRH is a city government public housing scheme in a suburban new town in the West-ward of Kobe city.   The new town started to develop on the East side of Natsu-Aki station two years before the Earthquake.

The central area of this town is around the station.   They have basic town facilities such as a supermarket, shops, bank, post-office, and a town community centre. Housing types vary such as houses and nice apartment buildings.   Residents are better off on the East side.   They started to move into this area a few years before the Earthquake.   When the East side was designed and built, it was expected to be a dream new town for the middle-class on the model of the Senri New Town in Osaka (Fieldnote, 16 February 1999).   It was only two years after the East side was built that the Earthquake occurred.   The East side was still developing its own community.   Then, 1,500 households of those dependent on subsidies were suddenly brought in, without consultation, to the modern housing in this neighbourhood. Temporary shelter compounds were built next to the new companies and factories on the mountain side, then the public reconstruction housing was built to the West side of the station.

The West side mainly has three kinds of areas: two groups of public reconstruction housing at Natsu-Aki PRH (Natsuyama PRH and Akiyama PRH) and one group of *Kōdan* (public corporation apartment).   The Natsu-Aki PRH Compound has three buildings for 500 households in total and the Akiyama PRH Compound, which is just next to the Natsuyama Compound, has 11 buildings for 700 households in total. Fuyuyama temporary shelter compounds were located in the lands opened in mountains in the west of the East side new town.

So those in the East side bought an expensive but nice new residence and moved in a few years before the Earthquake.   Then several months after the Earthquake, several thousand lower class people moved to temporary shelter compounds nearby, and then three to five years after the Earthquake into the very nice modern high-rise apartment buildings in the West side with heavy subsidies.   Their rent is as low as a monthly rent

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of JPY6,000 (GBP30). The temporary shelters were meant for one or two years but it took five years for the Fuyuyama temporary shelter compound to be closed down and removed. Some people moved to other public reconstruction housing compounds in the same West Ward or to other wards such as Nagata, Nada, Higashi-nada, Hyogo, Tarumi, Suma, and Chūō (Central)-Ward. Some moved to the Natsu-Aki PRH compound. These areas are administratively within the same district of the West Ward of Kobe City.

On the West side, the residents in the Akiyama PRH moved in after the Earthquake earlier than the residents in the Natsuyama PRH by more than two years. They were people who really wanted to leave TSH. They were family groups and younger. The residents in the Natsuyama PRH were mainly older people living alone. They were older and there were more disabled people among them. They were late comers to the Natsu-Aki area in 1998. They were those who did not win the lottery for other public reconstruction housing in urban areas and finally won this place. They were not those who were eager to move to this place. The design of the housing is different. The Akiyama PRH has bigger apartments with more rooms, designed for a family. The Natsuyama has small apartments, often a single room, designed for those living alone. The Natsuytama PRH has four different types of apartment: Silver Housing, apartments for couples, apartments for disabled people, and apartments for single people.

Silver Housing[3] is a rental housing scheme for older people aged 65 and above or older couples of at least one person aged 65 or above. It is linked to a special old people's home (*Tokuyō: Tokubetsu Yōgo Rōjin Home*). To apply for silver housing, one needs to meet certain requirements.

Silver Housing is designed with the concept of being barrier-free. The entrance door is designed to be accessible for wheelchairs. It is a sliding door, not the Western style

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[3] Since fiscal year 1987, the Silver Housing Project has been undertaken, under (sic) liaison with the housing and welfare services. This project involves supplying rental public housing and offering such services as emergency aid, care during illness, counselling and guidance on daily life. In addition to the services of life support advisers (LSA), welfare facilities will be either attached or located adjacent to or in the neighbourhood of the Silver Housing (Enomoto, 1996).

push and pull door usual in a modern apartment. There is no step, there are hand rails on the wall for safety and an emergency call button linked to the LSA office[4] (Wilson, 2000: 148). This housing has two rooms only: dining kitchen and living bedroom. One type has the kitchen closer to the entrance while others have the kitchen at the back.

Kobe City has been trying to introduce a new system and expand staff such as the Life Support Advisor (LSA) and Life Reconstruction Advisor for Older People, and making a special fund available for subsidy. Among the staff, LSA are most visible because of staff numbers and the frequent media coverage and because they have an office at the PRH. Local government entrusts the LSA from the Social Welfare Corporation (*Shakai Fukushi Hōjin*). They make regular home visits and give daily advice to older people aged over 65 living alone and those resident at Silver Housing.

The apartments for couples have an entrance space, a kitchen dining room and three rooms. The kitchen is wider than that of the silver housing type. This type of apartment is also equipped with an emergency call button but the service functions are less than for Silver Housing.

The apartments for the disabled are on the ground floor. At the back of the residence, there is a slope for wheelchair access to the back balcony (veranda). This type is designed with the concept of being barrier-free. The entrance has a sliding door. Beyond the entrance space, there is a main room with kitchen. There is a *Tatami* mat room with *Kotatsu* (Japanese winter table with foot warmer). The floor in the *Tatami* room is higher than the rest of the apartment by about half a meter so that one can easily move from a wheelchair to the room. Beyond the *tatami* room, there is a bedroom, which is the same height as the main room. There is also a bathroom.

The fourth apartment type is on the higher floors for people living alone. These are not designed with the barrier free concept but they have more emergency call buttons

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[4] The LSA office has an emergency system. A resident of the apartment for old people can make an emergency call from their room. If a resident does not use water for more than 12 hours, an alarm is activated. The LSA can go and check. The system is also linked to an ambulance.

than other family apartments. On the left hand side of the entrance is a small room which has several closets. Straight ahead is a kitchen and dining room. On the left beyond is a room with *Kotatsu*.

Fuyuyama PRH

The Fuyuyama Public Reconstruction Housing Compound was built in the Chuō (Central Ward), the central part of Kobe City. The compound was built on land where a private girls school used to be. It was much smaller compared to the Natsu-Aki PRH. It had only two high-rise apartment buildings and a community centre. They were built next to the Nakayama Catholic Church, and next to a couple of city-run old apartment buildings. The apartment buildings were for *Dōtai*, a special programme for the issue of *Dōwa*[5].

This compound was built in April 1998. It has 550 households and 839 people in total. Among them, 220 households are Silver Housing for older people living alone. These households are taken care of by four Life Support Advisors (LSA)s[6].

> "Life Support Adviser (LSA) offers the following services: overseeing residents' safety; responding to emergencies; temporary assistance in housework; counselling and guidance on daily life activities; offering various information; liaison and coordination with related agencies; and all other services and assistance required in daily life. An assistant offers such services during holidays and at night etc." (Enomoto, 1996)

Those eligible for LSA services are people aged over 65 and living alone in non-Silver Housing apartments. But to move into the Silver Housing apartment, one needs to apply for it and has to be selected.

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[5] *Dōwa* means Same and Harmony. It is the movement not to discriminate against *Burakumin*, the outcasts. They were the untouchable lowest casts in the class system in the Edo Era. The notion was legally abolished a few hundreds years ago but they still tend to live in the same area, do not receive high education, and engage in certain occupations such as butchers, shoe-makers, and rubbish collectors.

[6] See Enomoto, 1996 for further details.

ACTIVITIES

The two PRH communities of my field sites are different in their location, size, key actors, and activities. The events and actors are summarised in Tables 6-1 and 6-2. The main activities at the Natsu-Aki PRH are the lunch service, the mini-day care service, health promotions and tea parties, the *Yūai* home visit, ground golf, BBQ and summer festival. The main activities at Fuyuyama PRH are the breakfast service, health promotion, handicraft service, karaoke and festival.

Lunch Programme

The lunch service takes place twice a week at the Natsuyama PRH. This is a simpler activity than the others. People come out from their apartments to have lunch with their neighbours. They exchange information. The atmosphere is warm and friendly. The atmosphere is one of the measures used by an organiser to see if the activity is successful. No confrontation, no fights, no arguments, but a harmonious and friendly atmosphere is favoured. What is important is if the activity leaves everyone with a good feeling and people enjoyed it.

The lunch service provides human contacts. The purpose of the lunch service is not only to provide a balanced diet, but to provide human contact. There is a charge for the lunch box, but tea is provided free. The ultimate goal for all the community activities is to provide an opportunity to make friends. I will return repeatedly to this point later. As to the lunch service, volunteers are needed not only to serve lunch but to sit and talk with people, and to facilitate communication with other residents. Not everyone is social. Someone may come out from their apartment to participate in the lunch service but he or she may sit alone without talking to anyone. They may be waiting to be talked to. For example, one old man complained that the lunch service was the same as eating alone.

> "Once I went to your lunch service programme. I thought I could talk to other people.
> But it was just eating lunch quickly and everyone left quickly. There was no reason for

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me to go. I had expected that we could talk for one hour or two." (Old man living alone. Age 70+. 1999/07/08)

Tea Party

The *Sawa-kai* (tea party) was a major common community event in TSH in the post-Earthquake communities. People at PRH expect for the similar opportunities to meet people and make friends as they did at a tea shop at TSH.

At the Natsu-Aki PRH, Mrs Sakura and Ms Ume, a Life Reconstruction Advisor for Older People, expressed on different occasions the difficulty of making a success of developing a mini-day care service because of the competition between their community-run mini-day care services and a private professional day care service. The day care service run by the professional group of the old people's home had a bathing service. The Japanese love bathing. The bathing service is a most important activity in the services for old people in Japanese society. When schedules conflicted, the older residents choose to go to the service offering bathing, even though they have to travel to the home as they have a big and relaxing bath. This example shows that problems that face small charitable programmes (Wilson, 2000: 133). They need monopoly in order to secure participation of the local community residents. This will be discussed later in this chapter (page 160).

Home Visit

In the *Yūai* (friendship and love) home visit programme, volunteers visit old people living alone to have a chat and to check if the old resident is doing fine. At the Fuyuyama PRH Compound, Life Support Advisors (LSA) do *Yūai*. At the Natsu-Aki PRH Compound, a group of volunteers was started at the initiation of a *Minsei-Iin* (welfare commissioner). The LSAs at the Natsu-Aki PRH have not been doing this systematically, partly because it is difficult for an inexperienced young person (Keith, 1982; Wilson, 2000: 7) and partly because the number of residents to cover is too large. Mrs Sakura said that it took six months for the volunteers to be accepted by the residents. When *Yūai* goes to visit each home, and knocks on the door, they

answer, "I am fine." But they do not open the door. It is not as easy as in an evacuation centre or temporary shelter housing where people tend to be more eager to exchange information about disaster relief and so on. An outsider cannot just walk into a person's residence. A pushy salesman selling expensive things and targeting older people living alone has been reported as a problem. This is not a violent crime like the Chicago case (see Literature Review Chapter) but still this turns to be worries and concerns for the sense of the community security. Older people are cautious not to answer to such salesmen. They open the door if a welfare commissioner comes along. A welfare commissioner has a trusted status in Japanese society.

Mrs Sakura takes a step-by-step approach. The first visit is meant for *Kaoawase* (showing her face) and she does not stay long. She aims to develop human relationships gradually. In the *Yūai* visit, it is not unusual to find someone who had no one to talk to all day. Some say they have not talked with anyone for three days. They might have talked with someone but it is not the kind of conversation they count as talking with someone. It may be just a superficial exchange of words out of necessity or a formality. Such an exchange does not imply that one cares about the person. It is not a part of a developing relationship or the process of making friends. It shows the importance of providing an opportunity for human contact. The *Yūai* visit may bring human contact but it is not enough. Other activities such as the lunch service programme are needed to create such an opportunity for human contact. Mrs Sakura sees this as a start point for community generation. Mrs Sakura, Natsu-Aki PRH, is aiming at more than this. Rather than just the carers reaching out to them, she wants to see the old people themselves 'come out' to do things.

Outdoor Activities

Outdoor activities such as BBQ, ground golf, and festivals have been organized. How the Ground Golf started at the Natsu-Aki PRH compound was as follows, according to Mr Takada, a *Minsei-Iin* (welfare commissioner). Welfare commissioners initiated it the first time with coordination from *Gyōsei* (the public administration) to borrow the equipment, and see if people became interested enough to continue or to organise it as a club. The aim was to try it out first and then modify to form a club in an appropriate way for the needs of the community members. Then the disabled people

came with their interests. This evolved into another club for disabled people. Both groups are now independent. Over time this Ground Golf Club may evolve to an old people's club beyond just a sports club.

As seen above, most activities are focused on the older people and give priority to those living alone. All the regular activities do. PRH housing was not built as older people's homes but for the poorer people who could not rebuild their homes from their own personal finances. But as stated in Chapter One, the Earthquake led to the creation of a high-rise apartment buildings compound with a highly aged population, with a high proportion of those living alone. As stated at the beginning of this chapter, this can be said to be an experiment to prepare for the future of Japan and many other countries. The Kobe case can be said to be a forecast of what is to come.

Although most activities are targeted at older people, Mrs Sakura opposes the tendency to see older people alone as the ones with problems and needing attention. Younger couples or younger families with children have different problems of their own. She says there are people in their 50s and 40s and younger people who receive no attention but actually need more support to get their life going.

Table 6-1: Activities at the Natsu-Aki PRH

	Purpose	Who runs it	Target popln	Place	Frequency
Lunch service	- Eat with others - Going out - Meet people - Balanced diet	-Welfare commissioner -Life Reconstruction Advisor for Older People -Volunteer group from the East side	Old people living alone About 20 people	Akiyama Community centre	Twice a week
Mini day care service Physical exercise Entertainment Lunch Game Afternoon tea	- Relief carers burden - Meet people	-*Minsei Iin* (Welfare commissioner) -Life Reconstruction Advisor for Older People -City official -Volunteer group from the East side (mainly housewives) -Nurses from the Dept. of Health of the West-Ward	Disabled old people and their carers About 20 people	Akiyama Community centre	Once a month
Health Promotion and Tea party Health counselling Blood pressure measuring	- Health promotion - Meet people - Info exchange	-Dept. of Health, Public Health nurses -*Minsei Iin* (Welfare commissioners) -Volunteer group	Residents About 50+ people	Natsuyama and Akiyama Community Centres and Kōdan Aki	Once a month at each Community centre
Monthly birthday party	- Celebrate birthday for the month	Volunteers	Residents aged over 65 living alone	Natsuyama Community Centre	Once a month
Yūai Home visit	- To make sure an old person living alone is doing well - To initiate	-*Minsei Iin* (Welfare commissioner) -Volunteer groups from the West side	Old people living alone who answered "yes" to receive *Yūai* visit	Entrance of each apartment	Once in two weeks

			in Survey. Twenty people. Ten by each team.		
Sport (Ground Golf)	- Healthy physical exercise - Enjoy with friends	Initially organized by Public Administration and *Minsei Iin* (Welfare commissioner) and helped by the East side Old People's Club but now run by themselves	Old residents of Natsuyama. About 40 to 50 people. Separate group for the disabled people.	Ground park next to the compound	Once a month
BBQ	-				Twice a year
Summer Festival	-				Once a year

Table 6.2: Activities at the Fuyuyama PRH

	Purpose	Who runs	For whom	Place	Frequency
Breakfast service	- Meet people in the community	Self-governing body volunteers Catholic Church nuns and volunteers. 12 in total	Residents	The Catholic Church dinning hall	Once a week
Health promotion	- Promote healthy life	Dept. of Health, public health nurses, nutritionists, a doctor	Old people living alone	Community Centre	Once every two months
Yuai home visit	- Make sure that old people living along is doing well	Life Support Advisor (LSA)	Old people living alone	Entrance of each apartment	
Handicraft Class	- Enjoy	Volunteers (Sōkagakkai Religion group)		Community Centre	
Karaoke	- Enjoy	Residents	Residents	Community Centre	
Morning Radio Exercise	- Healthy life	*Jichikai* (Self-governing body)	Residents	Ground in front of community centre	Every morning 6:30 am
Festival	- Activate community - Enjoy	*Jichikai* (Self-governing body)	Residents	Ground in front of community centre	Once every few months

The importance of festivals in community development is argued in the report on Haruyama and Natsu-Aki Healthy Community Generation by Kobe City West Ward Department of Health. Working together in preparation towards a festival, the

mechanism of coordinated collaboration with different groups develops and information sharing goes smoothly. One epidemiological study in Japan (Cockerham & Yamori, 2001) identified that whether the community has a summer festival or not is a key to longevity in Japanese society.[7]

Apart from these activities, *Minsei-iin* (welfare commissioners) conducted a household survey at the Natsu-Aki PRH at the request of Kobe city in 1999. Life Reconstruction Advisors for Older People and volunteers continue to help with the survey. The welfare commissioners claim that the planning for all the activities and who to invite were based on the results of the survey. The main criterion is older people, especially older people living alone. For the selection of who is visited by the *Yūai* visit programme, those who answered yes to the question if they want to receive a *Yūai* home visit were selected. Although it is true that the invited participants were selected on the basis of the survey result, given the small number of participants in the large community, a question may remain in how they were selected. At the time of my fieldwork, the survey has not yet been completed.

The community assembly hall used for other activities is too small to prepare seats even for 100 people because of the large size of the compound. They started activities on a small scale and tried to expand the programme with a think-as-you-go approach. But the space issue is something that has to be resolved. Having a recreation room for common use is important in community generation. A common room is where people start to gather and then start something together.

COALITIONS

An important function at the Natsu-Aki PRH is the regular *Mimaomori* (Watch with caring) meeting. An expert discussion on a TV programme in 2000 reported that many *Machizukuri Kyōgikai* (town development committees) had been formed in

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[7] Japan enjoys the longest average life expectancy in the world. Among regions, the life expectancy varies. This study examined the factors in the variation. The most significant factor concluded in the study was a summer festival, not nutrition and diet or healthy habit.

Kobe after the Earthquake (NHK Earthquake Special. 2000/01/16). The chair was Mr Tamura, NHK Kobe. The experts were Mr Kaihara, Hyogo Prefecture Governor, Mr Kazuto Uchihashi, Economist, Ms Hiroko Shirono, Nurse, Representative of "Shimin Kikin Kobe (Citizen Fund Kobe), and Mr Yoshiro Fujiyoshi, NHK Editorial Writer. 150 of the *Machizukuri Kyōgikai* were formed voluntarily. The expert discussion saw it as symbolic. The *Mimamori* meeting at the Natsu-Aki is one of the functions of *Machizukuri Kyōgikai*.

In my field work, attendants of the Mimamori meeting were welfare commissioners, volunteer groups, *Jichikaicho* (Chief of the self-governing body) from the Akiyama PRH compound, *Yakuin* (committee members) from the Natsuyama PRH compound, Kobe city officials and life reconstruction advisors.

Those in charge of activities report on how their activities went in the past month and discuss things and issues they notice about the community. If a new group or organization wants to come into the community to do something, they want to be informed and want to discuss the aim and purpose of the group activity.

The *Mimamori* meeting provides the floor to enhance *Renkei*, coordinated collaboration, which is a key for community generation and which will be discussed later in this chapter.

The US Centers for Disease Control and Prevention (CDC)'s Principle in Community Engagement (1997) has a section on Coalitions[8]:

> Engaging the community will very often involve building coalitions of diverse organizations. A community coalition can be defined as "a formal alliance of organizations, groups, and agencies that come together to work for a common goal" (Florin et al., 1993, p.417). Coalitions are usually characterized as "formal, multi-purpose, and long-term alliances" that "fulfil planning, coordinating and advocacy functions for their communities" (Butterfoss et al., 1993, p.316, 318). They can be helpful in a number of ways,

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[8] No page number can be provided as referred to the electronically available document at: http://www.cdc.gov/phppo/pce/part1.htm

including maximizing the influence of individuals and organizations, exploiting new resources, and reducing duplication of effort. While the literature reveals that coalitions have not been systematically studied and contain little data to support their effectiveness, funding sources have been giving serious commitment to developing coalitions as an intervention to address health issues (Butterfoss et al., 1993).

ANALYSIS OF COMMUNITY WORK

LEARDERSHIP

The two PRH compounds have the same kind of actors, as *Jichikaicho* and LSA, and different kinds of actors, such as different volunteer groups and welfare commissioners. However, the leadership is different between these two most active PRH compounds. The Fuyuyama PRH has a one-man leadership in Mr Tanaka. The Natsu-Aki PRH has more actors who share the leadership but the key person is Mrs Sakura.

Mrs Sakura takes multiple official roles. None of the roles are paid work. She is an active welfare commissioner (*Minsei Iin*[9]) of the East side and the Vice Chief of the welfare commissioners. She also leads the volunteer groups from the neighbouring community on the East side. She is the chief of the self-governing body of the East side. She is the Chief of the United Self-governing body of the District. *Minsei-iin* is not paid work but volunteer work. Yet, it is a honourable status with a long-held trust in Japanese society. It is different from "volunteer" in the Western sense. They work with the municipal government and are from the community.

Mrs Sakura has a clear set of aims and goals in her mind. She has a philosophy and policy on what is important in the long run, how to develop community, how to protect your own community. I want to discuss four points here. Firstly, she takes a

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[9] As Hashimoto explains, "*Minsei-iin* are statutory voluntary workers. The Welfare Commissioner Law of 1948 stipulates that *minsei-iin*, designated by the minister of health and welfare, monitor the needy in each town district. *Minsei-iin* are unsalaried (i.e., reimbursed only for expenses), but they carry prestige and exercise discretionary power in the community." (Hashimoto, 1996: 45)

bottom-up approach while she has a strong leadership. This bottom-up approach may be a female thing, as discussed later in this chapter. Mr Tanaka, on the other hand, takes a more top-down approach. When he explained an idea for an activity such as the handcraft class, he likes people to come voluntarily. "No top-down, 'Do this. Do that.' I do not oppose loudly but I cannot agree with that kind of approach. I am very sad that there are many of these approaches." On the other hand, he uses the word, 'train others'. He said, "I need to teach my community people. I need to train them", "What I trained at the temporary shelter with all that effort, now I have to do it again here at the permanent housing and it is really challenging." Listening to his saying the word, "train", I felt he was from the older generation. Train a soldier? Train an unskilled employee? We are not talking about school education. This is a local community. While he also had democratic approaches and understands their importance, the use of this word makes him sound like a one-man leader. An accountant of the self-governing body of the Fuyuyama PHR said,

"Mr Tanaka knows everyone related to *Gyōsei* (public administration). It is not that good. I am not saying that I doubt him. But there should be witnesses. He should bring other witnesses for meetings to observe. He is old. Nobody can listen to any talk 100%. He does not record the talk. It is better to go with two or three people to discuss an important issue. He is a man with a sense of responsibility. He is a bit pushy, though. But he is a man of fairness. I like that in him. Of course, we are human beings. Once I start to talk from my personal feelings, there is a lot to say." (He did not continue to talk on this topic.)
(1999/02/10 10:00-11:00)

Mr Tanaka goes to meetings with *Gyōsei* alone and does not bring other *Yakuins* (committee members of the self-governing body) along. It is a one-man style. Also, the informant says Mr Tanaka is a bit pushy. This indicates that Mr Tanaka may tend to adopt a one-man leadership style based on his understanding of what needs to be done and to 'train' other residents. However, he is not a dictator. Despite this approach, *Yakuin* sees that he works out of a sense of responsibility and fairness. When we bumped into a very angry complainant on the street, he patiently listened to the trouble-maker's complaint and encouraged the man to bring up his concerns at a meeting.

Mrs Sakura always talks to people, "Let's do something together." She talks a lot about her ideas but she does not tell people what to do. She introduces examples of how one can help others and help each other in daily life. She suggests an idea to organise some community activities and events. She facilitates with suggestions of concrete action, "Shall we do *Hanami* (Sakura flower watch picnic at Cherry blossom bloom) in April? It is very different eating outside from eating here inside. It will be a good feeling to eat on grass outside when it gets warmer. Then what shall we do for March? *Hina-matsuri* (Girl's festival)?" Here, a question remains as to whether the old people want to do what a rather dominant leader is suggesting for their community.

Secondly, Mrs Sakura wants to work on her own community so that she will be able to spend her old age comfortably. Mrs Sakura is conscious of our ageing society. She says, "This is a model of an ageing society. I am sorry to say that we are testing on them. But I think this is a test. We are experimenting on them. If it does not work here, how can we cope with the ageing society that we will all be facing soon? This place is far ahead in Japan in terms of the ageing society. 300 households here are aged households. I think if things go well here, then Japan's ageing future will go well. This ageing will happen in Higashi-machi (the East side, where she lives). It will happen within ten years." (Fieldnotes, 16 February 1999). Looking from the government side, her leadership has a bottom up approach from the community side. But looking at it within the local community, this may not be so as she is chair of everything.

She makes a distinction between 'outsider' volunteers and 'insider' volunteers. She resists on receiving 'outsider' volunteer groups to come and work in the community. Here, she may become controlling. She looked very happy and content when volunteers from the West side Natsu-Aki came to start the *Yūai* visit activity in February 1999.

She is also cautious about a professional care service coming in to a community. A large PRH may need more of community service centres. But when professional profit-making organisations with good resources for better services come in, they could destroy the development opportunities for spontaneous community

development programme and dynamism. These often lack competitive resources and there are no financial foundations to compete with the professional ones in the start-up stage.

Immediately after the Earthquake, 'volunteerism' was seen as a great development in Japanese society. One of the good outcomes of the disaster was that people started to learn to work as volunteers, to go out to help others in need. However, she now sees these volunteers, who helped those at evacuation centres and temporary shelters, as a problem at public reconstruction housing. These volunteers come when they can but as outsiders they can leave whenever they want without taking responsibility. They also keep making people feel that they are entitled to receive free help because they lost their houses and they do not need to try to be independent.

When activities are organised at the Natsu-Aki PRH, 50 yen (25 pence) is charged for a cup of tea. But some people who are used to receiving free tea and food complained, "Are you saying you are collecting money from the poor Earthquake-affected people?" Mr Tanaka shares the same view, "Many volunteers came to help at the temporary shelters and that made people very dependent."

Thirdly, Mrs Sakura believes that working for others is happiness rather than needing to ask for other's help. Asking of others makes you indebted and puts you in their power. She also says, "I do not want to become an old complainer when I get old." Happiness will be discussed in Chapter Seven in relation to loneliness.

Lastly, Mrs Sakura emphasises how important human relationships (*Tsunagari*: being related to someone) are. This will also be discussed in Chapter Seven.

A Kobe city official who comes to help regularly told Ms Ume, a Life Reconstruction Advisor for Older People, "There is a place (*tochi*: land) where it is easy to raise volunteers and generate community, and there is a place where it is not as easy." Ms Ume does not know the reason why there is such a difference but she thinks, "There are many people who want to do something but there are not many who take the leadership. This PRH community is more active but at the other PRH community I am in charge of, nothing is happening". This shows that she feels a lack of initiative

from the residents at the other PRH where she works, a lack of personnel to take leadership in a moribund community.

Leadership remains critical for community generation. The leader needs to understand and hold together the group as a whole in order to let the community evolve (Vanier, 1989). Leadership with good coordination is the key.

RENKEI (Coordinated collaboration)

Renkei, which can be translated as coordinated collaboration, works well in the Japanese system when the same key actors take multiple roles. The field work illustrated cases where good *Renkei* was achieved in two ways, by good communication between representatives with responsibility, and by having a key person taking multiple roles. The mechanisms promoted better integration, collaboration, and coordination of resources from the multiple community sectors.

For example, a Life Reconstruction Advisor for Older People was helping the survey and participating in the *Yūai* home visits so that she knows many things about individual residents that the lunch service volunteers do not. The chief of lunch service volunteers thinks that having the life construction advisor at the lunch service programme makes a difference in stimulating people's conversation. This shows that coordinated collaboration and good communication are important.

Good communication is necessary to mobilize and utilize resources: to locate already existing resources, to see the flexibility of applying them, and to know how to access to the resources. At the Natsu-Aki PRH compound, the health promotion programme and tea party take place together. The welfare commissioners and volunteer groups organise a tea party in the same hall when a public health office employee comes for the health counselling programme. People can talk with others over a cup of tea while waiting for their turn for health counselling. Or people can just come for a cup of tea if they are not seeking health counselling. The welfare commissioners coordinate with volunteer groups such as Co-op and Yamabiko to join their activity. These are some of the same volunteer groups working at Haruyama TSH. The

community and volunteer groups liaise with the Department of Health to make their work more effective.

At the Fuyuyama PRH, the chief of the self-governing body does *Renkei* with *Gyōsei*. In comparison, because the self-governing body has not yet been formed at the Natsu-Aki PRH, people like Mrs Sakura are taking a key role in *Renkei* with volunteer groups and *Gyōsei*. The Natsu-Aki PRH is relatively active thanks to the interventions from people like Mrs Sakura and volunteer groups from the East side but there is a limit to what they can do without having their own representative self-governing bodies.

The Natsu-Aki PRH needs to form a self-governing body to represent the community's views and to take responsibility. The Akiyama PRH has been struggling at this stage for more than a year. When I asked why it is taking such a long time to form their *Jichikai* (self-governing body) and whether it has failed because the residents are 'old', Mrs Sakura said "No", and listed other reasons. But on another occasion, she mentioned that it is more difficult to establish the self-governing body because they are 'old'. It seems that she thinks the old age of the community members is not the reason for the difficulty in forming the *Jichikai* but it is an inter-locking factor. She thinks the other reasons are money, the attitude of the residents, and the size of the community.

Mrs Sakura answered my direct question:

> "I do not think it is a matter of age. They are all from temporary shelter housing. They lived like that for four years. They received support from Kobe city government. They can no longer stand on their own feet. They remember how things were at the temporary shelters. They know how to spend money given for free. They know how to get together and have a party with the subsidies they received. There are too many of these *Yakuins* (committee members).
>
> It is annoying these *Yakuins* (committee members) become suspicious if we, the volunteers, are receiving money. We do not. This is no longer disaster relief life at an evacuation centre or a temporary shelter.
>
> After all, it is a matter of money. I know money is not everything.

Still if you have money or not makes things different.

They talk as if they were managing a place of 120 or 200, so it is different from the real situation here."
(1999/07/08 17:15)

Being old in itself is not the reason why it is difficult to form a self-governing body. The last sentence indicates that the size of the compound is an issue. And this large compound was built all at once, not gradually. It was not a small town which developed into a larger city over time. The main reason, however, is the lack of a floor for transparent communication and the lack of leadership to manage the communication to encourage their voices.

At the *Mimamori* meeting, Mrs Sakura argued,

"You need to form a *Nin-i dantai* (voluntary appearance group). Those who want to join do join; those who do not want to do not join. A *Rengō* (union). Any name, just name it. Invite everyone and make everyone listen. To those who mis-interpret we cannot afford to pay attention. Ignore them. But try and invite them to one place. This is the key. If they talk separately, it will never finish. If one does not want to join, then go without them. If they join, then go with them. Then those who do not come also have a responsibility. Guilty. They need to stand up and speak out themselves.

If one starts to interrupt and then fights can start. Have them finish first. Have them listen to the end first. Remember the *Jichikai* (self-governing body) is not for *Yakuin* (committee members). No need to restrict *Yakuin*s, invite all those voluntary people. Then *Jichikai* is almost formed, but then always it gets destroyed. Discussion is most important. Make them talk and listen.

Anyway, you need to form a self-governing body. We need someone who is strong and can control. The person says, Listen! If they know what it is all about to form *Jichikai* (self-governing body), then they would not get into such trouble. Remember, there is not unanimity (*zen-in Icchi*). Don't seek the impossible. Isn't that true? (laugh). You are the expert! You need to start from gathering together and then listen. Ignore those who do not come to the meeting. Why not ask what you can do now?"
(1999/07/09 10:00-12:20)

As stated earlier, it is important that a *Chiiki* (local community) has its self-governing body, otherwise the *Renkei* with *Gyōsei* is difficult.

Chief Nurse from the Department of Health and Welfare who came to supervise a monthly health promotion programme at the Fuyuyama PRH compound said,

> "I thank Mr Tanaka. He does very well. It is very difficult for us to just come in to organise a programme like this one. Mr Tanaka first did *Jinarashi* (ground-leveling) here as the self-governing body. Without it, we cannot just come and do this. The first *Jinarashi* is the difficult part. It will be too much for us to do *Jinarashi*. *Gyōsei* (public administration) alone cannot do it. There needs to be *Ugoki* (movement and dynamics) of the community and local society. *Gyōsei* is to support them, right?"
> (1999/02/10 10:00-11:00)

The Director of Department of Health and Welfare of Kobe city also said,

> "The self-governing body is being established at each public reconstruction housing. This enhances the health and welfare project development."
> (1999/01/26)

He himself does not work at PRH but it shows that messages from those actually going there to work have been passed up to Kobe city level, although there was a gap in the perceptions and understanding at local communities, Kobe city and Hyogo Prefecture levels, and the Central Government level in Tokyo[10].

Good *Renkei* can be achieved in two ways, by good communication between representatives with responsibility, and by having a key person taking multiple roles. This promotes better integration, collaboration, and coordination of resources from the multiple community sectors.

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[10] In Kobe, the PRH is still an issue after five years but not in Tokyo. While they still face many problems in Kobe, there are more difficulties in getting attention and financial support from the Central Government as time progresses and the Central Government has other problems to handle. One incident which took attention away was the Aum terro attack at the Tokyo subway in March 1995, three months after the Earthquake. In Kobe, however, job creation was becoming more of a priority as the economy of Kobe has been in decline since the destruction of the city and port by the Earthquake.

Renkei includes Working Together. The US Centers for Disease Control and Prevention (CDC) Principles of Community Engagement state that researchers have demonstrated that a population can achieve long-term health improvements when people become involved in their community and work together to effect change (Hanson, 1988-89).

Heywood et al. distinguish different levels of working together as follows: understanding each other, cooperation, collaboration, coordination, networks, and partnership, using the example from the area of housing, health and social services (Heywood, Oldman and Means, 2002: 137-139). According to their model, the first step is a care manager who has a knowledge of housing. A housing warden contacting health and social services on behalf of a resident is a form of cooperation. Collaboration is when professionals and agencies begin to work together on specific issues, joint projects and shared cases such as to reduce the isolation of older people on an estate. Coordination is working together to achieve agreed objectives. Networks involve meeting together informally to exchange views, improve mutual understanding and to develop cooperation and collaboration. They can be a precursor to formal coordination arrangements. Government may expect health and social services to work in partnership.

GENDER and COMMUNITY POLITICS

Leadership is the key to successful community development. Those who take such key roles are not always men. Women are often involved in vital but largely unrecognised work in their role in their communities (Moser, 1987). A male welfare commissioner at the Natsu-Aki and Director of Department of Health and Welfare said at separate interviews that the power of women is a driving force for community generation. As suggested in Chapter Four, although both old men and women residents are introduced on TV programmes, the reporter and commentator always say, without any exception, that men need to try as hard as women. Women's work was recognized. However, there was a gender issue. Women actors tended to be seen as a group unless men were working directly with them, when they might be mentioned by their individual name. Levels of activity also tended to be different. Official representatives' roles tended to be taken by men. Community management

roles and work were primarily undertaken by women at the community level, whereas formal community politics roles were undertaken primarily by men at the community level (Moser, 1993).

In my fieldwork, Mrs Sakura, the female leader at the Natsu-Aki PRH compound, was taking both a community managing role and a community politics role. She was one of the few exceptions. Often the official representatives of most communities and groups are men, even where their real leadership and decision-making is taken by a woman or women. By taking multiple roles, Mrs Sakura, the female community leader, coordinated all the groups well, both between public administration and the local people, and the local people among themselves, but the general view was that things would go more smoothly if they had a man as a representative. Mrs Sakura and Ms Shirono, a nurse volunteer leader at another TSH, where I visited a few times but did not conduct my main fieldwork, said that when they argued at meetings, men said, "You are just a woman, shut-up." Or "Why is your district sending a female representative?" These two were highly respected in their community and people counted on them, but it was not common to have a woman as a representative. At another PRH which I visited but did not conduct my main fieldwork, the chief of the self-governing body was a man but everyone knew that the vice chief, who was a woman, was the one making all the decisions. Especially among the older generation, the belief is that any group has to be headed by a man; women were to support the men wisely but invisibility is still believed to be a virtue and elegance.

Coming back to the case at the Natsu-Aki PRH Compound, Mrs Sakura knew the resources and limits of the public administration. She had ideas about how to complement each other and collaborate. In the policy making process, women's roles were critical in a bottom-up approach. They allowed policy to directly reflect the needs at local level. Mrs Sakura talked to the residents directly on a daily basis, encouraging them to start a community activity and establish a self-governing body. She listened to them patiently. She helped to resolve conflicts when an issue arises. She was available and gained the trust from residents that she was working hard for them. People came and consulted her on various matters. She was not working for her own personal interests. She was seeking what was important in the long run and seeking ways for the members of the community to be independent. This was a

characteristic of the successful caring community generation. Community development was successful when a women's group takes a major role - though this does not mean it would be a failure if men were in control. But what made the Natsu-Aki PRH compound outstandingly active among other PRH compounds seems to have been the presence and active participation of Mrs Sakura, the female leader who took up both traditional men's posts and women's role with women's groups.

PEOPLE'S VIEW ON THE MEDIA FOCUS AND TONES

In my fieldwork, people occasionally talked about the TV reports about the life in TSH and PRH. It is no doubt an important information source. Yet, people do not necessarily trust or agree with what is said in the media.

The change of this tone is behind the change observed in my fieldwork. During my field visit to the PRH in summer of 1999, Mr Kamiyama, *Jichikaicho* (Chief of the self-governing body) said, "Our goal is that those who had such a difficult time will think, 'I am happy that I lived here'." The positive attitude did not seem to be unique to Mr Kamiyama, he said that he felt that it was the general attitude of people in summer 1999 and not as negative in the way media reports. People working for local community activities in PRH said several times that they were no longer in a post-disaster emergency situation; people were now back in normality and they had to stand on their own feet. A few exceptions were those who complained loudly, asking for more government subsidies.

Mrs Sakura, a *Minsei-Iin* (welfare commissioner), was often critical of the media for tone and focus of its coverage and what media reporters ask for when they come to the community. They asked her to introduce them to the most miserable and unhappy people. They just focus on old people. She criticises them for not staying to find out the true situation, but already having scenarios in their mind when they come to film and interview people.

Mrs Sakura explained,

"The size of the housing this side is larger. This is for a family. Because these were planned before the Earthquake, when this was completed, the city allocated this to a family first. I know the mass media complains that many older people were left in temporary shelters. But I believe it was good to move a family first. I see things from inside. A family cannot live in a temporary shelter room for that long. It is built for two years. It is limited. It may be hard but it was reasonable to ask an older person living alone to put up with the single room temporary shelter for a little longer than a family.

In a temporary shelter, a family of four members lived in one shelter. Facing each other for a long time caused problems such as domestic violence. They needed to help to get them out first. I think it was right that the public administration move them first into the large flats which were built first. The mass media say that it is a cruel that the public administration left those old people living alone in a temporary shelter that long. I do not agree with the media coverage."
(1999/02/04)

Mrs Sakura looked annoyed by the media,

"NHK (Japan's BBC) comes to cover here as a one-time shot. It is so annoying. They come and ask, "Is there anyone who is miserable? Depressed?" They already have their own scenario in their mind. They should see the reality and facts. They should take a long time to do that. They try to find things by their *atama* (brain, mind). Not by their *Ashi* (foot). We are the ones who they should feel sorry for.

It has been reported a lot by mass media. But three years ago, I was more sorry for the family of four or five living in a temporary shelter than those old people living alone there. Where I visited around, there was a secondary school pupil throwing stuff at the mother. The child is not a bad child, but it is so irritating to live as a family in such a small shelter. Facing each other's face for such a long time. No space. I fully agree that we provide housing for them first. I do not agree with the mass media coverage, oh, poor, old people left alone in a temporary shelter.

Senri New town in Osaka must be the same in terms of ageing, but it will have gradual change and then they have some base to cope with the change. But here this aged society is brought in, as one, from the beginning.

The other day, a professor was brought by NHK here to deliver a lecture. He came brought by a car and sent by a car. His talk was OK. But people here were saying, "They do not understand. It is something beyond our reach. Take a long time to know the reality and find out the reality and write a good report."
(1999/02/16)

What we see on TV does not necessarily reflect the reporter's intentions. In TV station planning committees, each reporter has to fight to put a report onto the agenda. A reporter at NHK Kobe said in my personal interview,

"What is happening here is experimental. It is worth getting attention from all over Japan. But the issues related to the Kobe Earthquake are dealt with as local news. It used to win the attention of the central station of Kobe but no longer. It used to be given priority whatever we write and report, but now no longer. I am unhappy with this attitude of the central station. I do not understand why they treat our news as local news. This should be national news. This is what the whole of Japan has to look and think about together towards the ageing society."
(My interview with a NHK Kobe reporter, 1999/05/31)

Among all the information they collect, what will be taken up on air is decided by the TV station committee. Related to this, a local TV station will not only have more coverage of the Earthquake affected people, but the tone of the messages may become more sympathetic to stand at the side with the people affected by the Earthquake and blame *Gyōsei*.

MEASURE OF SUCCESS

Older people who lived previously in a temporary shelter

This section discusses two points: the first is changes over time, and the second is media focus. Changes in the perceptions of success in post-Earthquake life reconstruction by old people were observed over time, especially in the first year after moving from TSH to PRH. The difference in nature between TSH and PRH has to be noted when comparing the two. There is not only a difference in the design of the building and the town planning. The temporary shelter was meant to be accommodation for only a short period of time. So moving out from a temporary shelter and moving into a permanent housing represents a success. Yet it is not this straightforward. Older people who had lived in a temporary shelter reported missing several things they enjoyed while living in the temporary shelter. But these statements changed over time.

People first lived in TSH and then moved to PRH, and this time order should be noted. This means, firstly, that anywhere one once lived becomes one's home. They started to be accustomed to TSH, and tried to make it a home, at least. Secondly, the anxiety of moving to a new place they do not know would occur whether the new place was better or not. Thirdly, the people at PRH lost the special treatment and help as post-Earthquake relief and were faced with higher costs at the same time as TSH was free although PRH is still heavily subsidized.

Gyōsei (Public administration)

The measure of success has shifted significantly over time. The focus shifted from quantity to quality, that is, the amount of housing to the quality of life the residents could have in each type of housing. In the first year following the earthquake, providing temporary shelters to those who had lost their home was the most urgent task of the public administration. Temporary shelters were planned to be lived in for only a year or two, or at most three years. But it took five years from the earthquake to close down all the temporary shelter communities. The main measure of success at the first years following to the Earthquake was the number of homes they were able to provide. To achieve a quantitative measure was a priority. Yet as time went on, they started to pay attention to the quality of life in these homes in response to the public opinion expressed in various ways; from the media, those who actually worked there, and the findings of the survey they conducted on the people living in the homes.

As the measure shifted to the quality of life, the public administration started a new scheme, helping people to use both the existing health and welfare system and the new schemes funded by the special post-Earthquake reconstruction fund. They planned and built silver housing, public housing specially designed for old people. They also increased the number of LSA and hired new staff such as Life Reconstruction staff for older people as introduced in the section of NatsuAki PRH earlier in this chapter (page 146). They make regular home visits and give daily advice to older people aged over 65 living alone and those residents at Silver Housing.

Kose introduced the Kobe case as one of the first cases which built local government initiatives (Kose, 1998: 125-139). In other words, the process itself was capacity building. The Earthquake resulted in a process to facilitate bottom-up approaches, rather than top-down approaches from the Central Government, in coping with the aftermath of the Earthquake.

Life care communities are now being constructed by several local governments. Kobe City built one of the first of these. The project contained a special nursing home and a day-care centre on the lower floors, with 31 dwelling units for independent elderly persons on the upper floors. A unit is provided for the caretaker or "life support adviser (LSA)." The floor area of the unit for a single elderly person is 35 m sq, with two rooms and a kitchen. The unit for a couple is 48 m sq, with two rooms and a dining-kitchen. The LSA periodically checks the safety and health of the elderly resident and helps in case of need. The LSA also acts as a consultant for daily living to improve the quality of life. The day-care centre provides services such as meal preparation, bathing, rehabilitation and recreation. The nursing home can also accommodate short stays in case of need.

Community leaders at PRH

Mr Kamiyama agrees with the tone of the media report about the impact of housing on people in the beginning but he says it has changed over time. In the beginning, his observation is consistent with the media tone: that the residents at a new PRH get

depressed living in a modern isolated place compared to the crowded temporary shelter.

> "First they were happy to move into permanent housing, then they realised that they were shut in by the heavy iron door. The temporary shelter was not well-built (*Gata gata*) but there was a closeness to other people. In a good sense, this is well-built (*Gacchiri*). Yet the sense of isolation and loneliness increases here.
>
> When the strong winter wind blows in the direction opposite to the door, old people cannot open the heavy 'Iron door'. But, they also cannot sleep at night because they remember the sound of closing the heavy 'Iron door' (*Gan!*), they complain."

But he feels that things have changed over time in a good direction. People are finally settling down. At the same time, he finds other challenges to improve the community. The rising challenge is how strangers can help each other. In the new community with its ageing population, they seek to start a cooperative community life. There will be several severe problems which need to be solved. People need to be independent.

The size of the housing community matters in community development dynamics. Mammoth housing is difficult. Mr Kamiyama said that he himself had never lived in a place like this before in his life. The size of the community as a difficult factor for community development was mentioned by other actors as well: Mrs Sakura in my field note and Prof Konishi on TV.

The size of a housing complex is important. Community development does not work well if the community is too big or too small. If it is too big, it is difficult to reach an agreement. It is difficult to pay attention to or to reach those who are not active or who abjure/avoid community activities. If it is too small, it is difficult to expect the dynamism to be big and vital enough to keep the momentum of the community development going and to maintain the interesting and helpful activities that will lead to an important and reliable community network.

When the size of the community is too big, it is difficult to form and manage a self-governing body, but as explained above, if a self-governing body is not formed, the community will not have an official representative and it will be difficult to collaborate with the public administration and other representatives. This is a critically negative factor in constructing healthy community living.

When a community is large, more actors could be identified. In my fieldwork, identified actors are as follows: *Minsei Iin* (community welfare commissioner), *Jichikai* (self-governing body), *Gyōsei* (public administration, local govt. Dept. of Health and welfare), *Jūmin* (residents), volunteers, women's groups, NPOs, and media (TV).

One of the special features of public reconstruction housing is its large size. There has been public housing of four story apartment buildings, but to meet the enormous demand for apartments, a group of high-rise apartment buildings with ten to eighteen floors was built as PRHs in Kobe city and other cities in the Hyogo Prefecture after the Earthquake.

Mr Takada, a male welfare commissioner at the Natsu-Aki who was a welfare commissioner in the Tarumi Ward in central Kobe city for twelve years, said:

> "When I moved to the East side of the new town of the Natsu-Aki before the Earthquake, I thought I was going to retire and spend time by myself at the nice new house I had bought. But Kobe city contacted me to ask me to work as a welfare commissioner again, as they thought it would be better to have a male welfare commissioner and I am experienced. One year here now, but the work is much harder than the previous place. In the Tarumi Ward of Kobe City, there are not many older people living alone or bedridden. In other areas, these kinds of people may increase gradually. But here, it was like one day suddenly this large number of households showed up. It was like suddenly a large number moved here."

None of the activities observed at any field sites were able to cover all the residents. The community centre was large enough to have one-tenth of the residents. The size of the housing community matters in community development dynamics. Mrs Sakura,

who also considers size to be important, does not try to cover everything at once from the beginning but tries to have their activities evolve gradually over time.

EARTHQUAKE VOLUNTEERS

Volunteers played a major role in the dynamism of community development in TSH communities.

In Kobe, after the earthquake, people discussed the meaning of 'community' (as it is in English). There was even an NGO named "Community Support Network". Several symposia on Community Development have been held in Kobe. Healthy communities have strong social networks, providing opportunities for residents to pursue a social life. Many studies suggest that there is a relationship between social support and social network, and physical and psychological health status (Bowling, 1991: 68-83). In the Kobe case, such a network might replace the losses due to the earthquake, such as the death of families, and friends, and the loss of houses and local communities. The Kobe case is an experiment of a community support network in a non-Western context where Christians are not the prevalent group. When we learn about community care and care for old people from Western countries, the destination of the study tour often could be a hospital with a pastor/priest and volunteer groups from Christian church working together. Japan is not a Christian country. Buddhism and Shintoism are the common religions in Japan. In comparison, Buddhism and Buddhist temples provided such functions. However, such practices no longer serve the community much in modern urban Japanese society in the way they do in some other Asian contexts such as Thailand. There are studies and reports in recent years on how Thai Buddhism temples are taking major roles in providing community care and increasing awareness for HIV/AIDS (UNICEF, 2001).

The housing type has a significant impact on the access of volunteers. Human contact is what is most frequently reported as missing from life in PRH. Human contact from volunteers may have brought a sense that someone cared for the residents of TSH. For various reasons, volunteers did not work in PRH in the same way that they did in TSH. First, life in PRH was supposed to be normal, and no longer emergency relief

after the earthquake. Therefore, the earthquake volunteers at TSH are no longer considered to be required in PRH. This was not only due to the will and policy of volunteers, but because government subsidies for their activities finished. The special funding for post-Earthquake reconstruction ended after three to five years. After three years, extensions were made year by year.

Secondly, it was easier for a volunteer or a neighbour to make a visit in the tenement type housing of TSH, but it is not easy in the high-rise modern apartment building of PRH, with heavy iron doors (*Tetsu no tobira*). Once the door is closed, one is shut out from the outside world. One does not hear the neighbours. Through the windows, one can see only sky in PRH whereas one used to see people passing by in TSH. This will be further discussed in Chapter Seven.

Although volunteers disappeared from PRH, other types of actors such as Life Support Advisers (LSA)[11] appeared. But LSA do not always work as well as the volunteers did, although LSA are given more official status. Various reasons for this could be pointed out. First, the number of LSA is much smaller than the number of volunteers. The extent to which a LSA can reach out and give cover is limited. Second, some LSAs are too young and inexperienced to develop trusting relationships with older people. Using the sharing of experience to build friendships is a necessary social-work skill in work with older people (Bornat, 1997: 31). Third, in becoming official, although this has some merits such as having an office at PRH and the security of a salary, there are some demerits as well. For example, there are regulations on what a LSA should not do. These could be a barrier to developing human relationships at more than an official level when residents want more than that. Some staff said that deciding the distance of the relationship is something that has to be learnt. They want to support the residents, but they know that they themselves are not resident there and may not work there when the contracts end. It will be more difficult for the residents when the staff leave if the residents develop some emotional attachment to them. The regulation prohibits them from receiving any gift, even a cup

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[11] The LSA offers the following services: overseeing residents' safety; responding to emergencies; temporary assistance in housework; counselling and guidance on daily life activities; offering various information; liaison and coordination with related agencies; and all other services and assistance required in daily life. An assistant offers such services during holidays and at night etc. (Enomoto, 1996:144-145)

of tea or a sweet from the residents. This is because it would encourage the residents to compete for what to give. But when one old man gave a small gift to a staff member, saying that his only daughter died in the earthquake and he had no family and no one to buy a souvenir for after his trip to a hot spring, she could not refuse the gift.

COMMUNITY AND PUBLIC HEALTH

HEALTH PROMOTION AS A PATHWAY OF COMMUNITY GENERATION

When I met with the Director of the Department of Health and Welfare of Kobe city, without my asking any questions, he started to talk as if he knew what people wished to study; it is 'Local community development and health promotion'. This seems to be a common assumption.

In both PRH compounds, some activities are carried out in collaboration with the Department of Health of the Ward of the public administration. Health is a major part of self-sufficient and independent life. Elders themselves frequently see health as the main determinant of the quality of their lives (Wilson, 2000: 15). Health promotion activity is often an effective pathway for community generation. The Japanese are highly health conscious. They enjoy the longest average life expectancy in the world. Older people, especially living alone, said that what worries them most when thinking of life in old age is health-related issues and making arrangements for the time when it goes wrong. A community leader such as *Jichikaicho* (a chief of the self-governing body) says the same, worrying about old people living alone in their community. Health issues are what makes it easier to get social support to launch and implement activities. The Department of Health can start activities in cooperation with a representative of the local community. It is important to have *Jichikai* (a self-governing body). It becomes an official representative to collaborate with local government and this enhances health and welfare work. *Gyōsei* just cannot walk in successfully where a community is not active or without a representative body with a leader as a coordinator.

Health promotion programmes are to promote health, but not only health. This is a place for community development. Health promotion programmes are carried out in collaboration with *Gyōsei* and the local community. The local community might have an official representative such as *Nin-I dantai* (a voluntary group) or *Jichikai* (a self-governing body). In order to have a health promotion project, a community needs to provide official representation. In order to receive the intervention of the *Gyōsei*, a community needs to be accountable and reliable and have the necessary capacity. On the other hand, community development also takes place through health promotion projects. Community development and health promotion programmes have a strong correlation. Health promotion is a major tool for community development.

This tells us something about *Gyōsei*. The local community needs to help the Government work, to participate. People cannot just sit and wait for *Gyōsei* to do all the work for them. Also, this is a chance for people to work for what they want from *Gyōsei*.

Hyogo Public Health Survey for the Earthquake-affected households shows, by how categories are made, that special attention is paid to the diet of old people living alone. It states that the Department of Health pays attention to nutrition, diet, and eating habit education in the programme. Eating habits receive high attention in Japan in general. A good diet is also considered as something difficult to maintain well when an old person lives alone, especially in a suburban area away from markets and restaurants. In the Survey, for both TSH and general housing, the proportion of the diseased is higher among 'old people' and 'old people living alone'.

The Director of the Department of Health of Kobe City explained,

> "We provide a place and an opportunity for community development through a diet class and a physical exercise (physical activity) class. We invite in people from the local community to work together. Among those who are doing fine now, as they tend to be old already, we are concerned with any change in their condition which would happen in near future. We believe that a community development is a must. The community needs to develop a base and a capacity to accept those who can no longer be independent. Those who have lost their health and have a difficult time interacting with their neighbours, now we can develop a system to help them. We incorporate *Asobi* (play, fun,

game) into our health promotion programme, *Asobi* such as *Origami* (paper folding). We cooperate with the self-governing body (*Jichi-kai*).

(1999/01/26)

NUTRITION AND EATING HABITS

When someone lives alone, they tend not to eat regularly or have a balanced diet. In Japanese society, eating well is considered to be a basic rule for a healthy life. There is a Chinese-Japanese saying, *ISHOKU DŌGEN* (food and medicine from the same source). Older people tend to eat less than younger people. This results from various factors. Medically, daily nutrient intakes are lower in those who have fewer natural or functional teeth and ill-fitting mandibular dentures than those who have more teeth and have no such problems (Marshall, TA et al. 2002). Social and psychological factors also influence. Older people may eat with fewer other people present (de Castro, JM 2002). In my fieldwork, some older people mentioned that when living alone or as a couple, they tend to cook one dish at a time and eat the same dish every day for a while. This will be further discussed in the next chapter. Older people tend to consume a more monotonous diet (Fanelli & Stevenhagen, 1985). This will lead to an unbalanced diet. Even in prosperous countries where malnutrition has supposedly abolished, it is possible to be undernourished in later life (Wilson, 2000: 105). While older women often perceive eating in a fellowship as a pleasure, older women living alone tend to simplify cooking and eating (Gustafsson, K 2002). The same was mentioned from older women living alone at my fieldwork. Physiologically it is also known that weak appetite in elderly people ties to hormone as a hormone known to suppress appetite is more abundant in older people (Science News, 2001. MacIntosh, CG 2001).

For community development, an activity related to eating balanced healthy food is popularly carried out by the public administration, the Department of Health, a local community volunteer group and the self-governing body. It also attracts participants.

Japan has four seasons and each season has special food. The Japanese enjoy being gourmands. This is a programme which finds it easy to attract people's attention and

interest. The basics of diet we now all learn at primary school. But poor older people may not, as many might not have completed primary school due to the war. However, there are many cookery programmes on TV and they are always popular. All the households I visited had a TV. Cooking and diet articles frequently appear in newspapers and magazines. The emphasis on a balanced diet as common knowledge may be an important factor in why Japanese live so long (Cockerham and Yamori, 2001. Suzuki, M et al. 2001).

It is commonly considered that older people living alone may not eat well. The public administration, particularly the Department of Health, is concerned with the health of older people living alone and they organize monthly health promotion programmes at PRH communities where they can collaborate with the self-governing body, or other local representatives if no self-governing body has been established. The purpose of the programme is to increase the awareness of the importance of a daily balanced diet to maintain good health, and to encourage older people living alone to follow a healthy diet. It is also to provide an opportunity for them to come out from their apartments.

The chief of public health nurses at the Department of Health of the Central Ward of Kobe City, covering the Fuyuyama PRH, explained,

> "This programme is organized by the Department of Health. The Department of Health does *Junkai Sōdan* (Patrol and counselling). This is a kind of *Fureai Kenkō Sōdan* (Human contacts Health counselling). A doctor also joins in. Today's programme is for old people living alone. We show how to eat a healthy diet, with real dishes as examples. We cover counselling in the areas of Health, Medicine, *Kokoro no Care* (Mental Care), and Nutrition. One small dish is counted as one point. (At the reception desk, an old person is given a sheet of paper with a chart of a nutritious diet and a table displaying each kind of dish prepared in that day's programme.) Afterwards, we do *Kenkō Taisō* (Health Exercise: Physical Activity).
>
> These are health promotion programmes, but not only for health. This is a place for community development.

This is aimed only at households of older people aged over 65 and living alone. Those who live and eat alone are particularly vulnerable to loss of interest in cooking

(Wilson, 2000: 105). If you live with someone, you probably prepare meals well. But when you live alone, you tend not to prepare meals so well. You just finish quickly and easily. You tend to eat the same food. It is an unbalanced diet.

Chief Public Health Nurse of the Department of Health of the Central District of Kobe city said at a health promotion programme at the Fuyuyama PRH,

> "We can do these activities thanks to Mr Tanaka, the chief of the self-governing body. Without a representative from the community, we cannot just go in and do this. He makes things much easier for us to carry out these programmes. He did foundation building before we came in. We cannot do everything because our resources are limited." (1999/02/25 Wed 12:00-13:20)

OLDER PEOPLE LIVING ALONE AND HOUSING

Hitorigurashi or *dokkyo* (living alone, solo living) is a key factor in determining and evaluating housing impacts. This is especially so when looking at housing for old people, and particularly so in the Japanese context. Japan has an exceptionally high cohabitation rate of older people with their children among the industrialised countries. Yet as seen in Chapter One, population ageing and various social changes have coincided with a decline in cohabitation. More and more older people will not be living with their children in the coming years. Campbell (2000) notes that these are the people perceived as having to rely on the government. The commonest term for elders needing special attention around 1970, when a generous old-age policy expanded in Japan, was *hitorigurashi*, "living alone" (and in common parlance this category was blurred with elderly couples living independently) (Campbell, 2000: 86). My research confirms that the categories for the weak and vulnerable, that is, the priority target group of the health and welfare system of Japan, remain the same. All the surveys examined, i.e. Hyogo Health Survey, two reports from the Department of Health of the West ward of Kobe City, and tables introduced in a newspaper, made categories of old people, and 'old people living alone'.

HOUSING AND LONLINESS

It seems that when living in poor housing conditions, people come out and socialize, and when living in a good housing conditions, people stay at home and become lonely. "Loneliness" was often emphasised by the media as the reason why life at PRH is worse than life at TSH. Some people see 'old age' as a factor in 'loneliness'. Chapter Seven will discuss "Loneliness" in more depth.

Life-style differences between old and young people are factors determining what kind of housing suits which better. Younger people who go out to work during the day may feel more comfortable living in a high-rise apartment building in an urban city. However, things would be different for older people who spend most of their time at home. Community life may become more important to them.

Insecurity and loneliness may be the main push factors which make older people willing to move into some form of institution (Wilson, 2000: 151). The attempt to group isolated elders into collective house was also observed in Kobe. Some made friends with other residents and were able to lessen their sense of loneliness. Some made friends but when the other became demented and left the collective house to a nursing home, they lost the friends and left with the sense of loneliness. Some were just sharing the house but not really being friended with other residents but at least it provided a sense of security.

IKIGAI (worth living) AND WORK TOGETHER

When talking about an ageing society, the argument is often that it is necessary to involve young and healthy people to support activities. Often, older people regret that the younger generation is spoiled and selfish and do not respect older people in the way that they did when they were young. But the Kobe case has shown that older people need not necessarily be taken care of by young and healthy people. Several people such as Ms Kuwahara, a LSA at Group home type TSH, Mrs Nakayama, the Director of the old people's home in Ashiya City, and various TV programmes explained that those who are still able can help each other. Older people can live

happily and with a little assistance they can stand on their own feet. This way they feel they are contributing to the community and feel life is worth living. Mrs Sakura seems to believe that anyone, no matter how old or disabled, should be able to take an active role in community care development. She was asking elderly residents and disabled people to participate in community activities and in the self-governing body.

HOUSING

Housing is not only a major determinant of the standard of living and quality of life through material condition, it is often a major asset (Hughes, 1995). And housing ownership is often the determinant of wealth and quality of life in old age. And vice versa. Housing provides protection and opportunities. Special housing and communities for older people are a recent phenomenon. Various attempts have been made to date and it is expected that there will be more. It is a major concern for ageing societies. Various studies from the USA and Europe are available on this topic (Drake, 1998; Steinfeld, 1981). Highly visible segregated housing options, "special" housing for the elderly, became a significant component of the urban landscape in post-World War II USA (Rowles, 1994). As a result segregation increased and, 'While the majority of older people continued to live in community settings, the proliferation of alternatives, particularly high-rise edifices in the central areas of large cities, began to convey an image of the elderly as somehow separate and in need of special services and housing arrangements. Although the actual number of older people involved were small, the high visibility of the elderly high-rises conveyed an image that the normative pattern for the elderly was the abandonment of their homes and a movement into "supportive" settings where they could obtain types of assistance that were not available in their homes. Reflecting the ethos of the time, many of the housing and long-term-care options for the elderly assumed a willingness to relocate' (Rowles, 1994: 115-126).

Steinfeld analysed the meanings of housing in old age (Steinfeld, 1981). He discussed housing from several aspects; first, housing as a symbol of self in old age. Second, housing as a symbol of social change. Most housing is built as a type of dwelling, for example apartments, town houses, single-family detached dwellings.

Housing for the elderly, however, is built as a type of dwelling (usually apartments) as well as exclusively for a particular group of people. And third, housing is a shaper of identity

Housing for old age is an important determinant of what type of health care is used. Old people's homes may provide some functions similar to a hospital. On the other hand, the selection of housing is not determined only by the convenience and security of access to medical care. Palmore notes:

> Because housing is more than a place to live, it can have many functions: a symbol of independence, a focal point for family gatherings; a source of pleasant memories; a link to the community; a focus of useful activities such as hobbies and crafts, gardening, and home improvement. Because of these many functions, age segregation in housing can have major consequences. (Palmore, 1999: 140-151)

Health in later life would be greatly improved by a housing policy (Wilson, 2000: 106).

SUMMARY AND CONCLUSTION

For *Gyōsei* (public administration), there is little choice but to build high-rise apartment buildings as PRH when they needed to provide 40,000 housings in a short time. Their measure of success was the amount of housing they were able to provide in the early stages of the reconstruction process after the earthquake. The impact of the housing type on the quality of life started to receive attention from *Gyōsei* in the later stages of the reconstruction process. Partly this was due to the influence of the media; public officials are sensitive to what is reported by the media. Partly it was due to communication between *Gyōsei* and the local community. The change was led by staff, such as public health nurses, and others, such as the self-governing body and *Minsei Iin* (community welfare commissioner), working at local level. It can be said that this change was made mostly by bottom-up approaches. It can also be said that *Gyōsei* is sensitive to the demands of communities.

When one refers to housing as TSH or PRH, it does not mean just the housing type itself. It means more than the housing type. Something beyond the housing type matters, and that is the way the whole community is established and what the community can provide. People would prefer access to services and resources and opportunities. When community development cannot be established, no matter how nice the apartment provided, the housing itself is less important. The leader of the volunteer nurses working at a TSH said, "I do not understand why an old person living alone moves to public reconstruction housing. What are they going to do there?"

PRH is a high-rise modern apartment buildings with a high proportion of old people living alone in an urban city. This is a future model of an ageing and urbanised society. It will become more common in the coming decades. Society is trying to learn from the experience of community generation at the TSH in order to incorporate, with adjustments, what worked in low rise type housing into the new experience at the PRH. Kobe was a pioneering case.

Following six findings were drawn from looking at the media and public reconstruction housing and the surrounding issues. First, it was observed that there are conflicts and struggles about what to put on the agenda, e.g. between central policy and local station, public and private TV stations, and between national coverage and local stations.

Second, it was found that the media did not talk about the heavy subsidies of PRH and rent-free TSH but the rent was a big issue in people's personal finance at my fieldwork. Many people at PRH were rather happy about having a nice apartment they would have never been able to afford if not for the Earthquake public housing. This reflects the fact that there is a huge gap between the number of destroyed houses and the number of PRH provided. Those who did not move to PRH were dispersed to general housing, some by their own choice, some gave up winning the lottery for PRH and moved to rental apartment with no heavy subsidies that PRH receives. The priority of the right to move into PRH was given to those who would otherwise be unable to afford to move.

Third, the media's change of tone did not coincide with the changes of tones heard and observed in my fieldwork. The media was late in positively looking ahead for PRH. The media's tone changed partly because the Fifth year anniversary in 2000 was a *Kugiri* (separation time), *Fushime* (bamboo joint), to start a new outlook.

Fourth, what the media reports is not necessarily the dominant voice you hear from people when you visit them - the media does not necessarily reflect what people in PRH think currently. Their anxiety about a new life at PRH is interpreted in a way so as to criticize the public administration and housing design and so on. It is important to remember that a time gap exists when in transition from emergency disaster relief at TSH to a supposed-to-be normal life at PRH.

Fifth, the media focus was on older people, but PRH was not meant to be an older people's home; it is public housing. In consideration of the proportion of older people, they built silver housing as part of PRH but PRH is not itself an older people's home. In fact, *Gyōsei* may expect to attract younger people to move in once these older people die. (The apartments for single people are designed to be easily renovated to combine two or three to make a family apartment.) Then PRH may not remain as an example for an ageing society. We do not know. But what we learn at this stage is a lesson for an ageing society.

Finally, while it is true that the ageing population is an issue and concern, the older people aged over 65 may not be the most vulnerable. Those in their 50s may be more vulnerable as they are not old enough to receive the benefits for older people but it is more difficult for them to find a new job than younger people when they lost their workplace, business and jobs in the Earthquake. In Japan, often job advertisement has age restriction such as 'under age 35'.

Regarding community development, is the community in PRH not active because it is highly aged? No, there are active highly aged communities. Has the establishment of the self-governing body (*Jichikai*) been a problem at a highly aged PRH community due to the age of the residents or to other factors? Old age may be a

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factor but there are certainly other factors - previous experience at TSH (partly this may be due to age but not only to age), the size of the community due to the housing, etc. What factors affect community development?

The determinants of community development dynamics include leadership, actors, communication, collaboration, resources, mobilizing resources, size of the community, network, and housing.

The *Renkei* (coordinated collaboration) between the *Gyōsei* (public administration) and local communities is the key to developing a successful community care system. In Japan, *Minsei Iin* (the welfare commissioner, official volunteer) is often a key person who has already established trust and respect in a community. Another important actor is the *Jichikai* (self-governing body). This is an official representative which collaborates with local government and enhancing health and welfare work. *Gyōsei* cannot just walk in and be successful where a community is not active or has no representative body with leadership and coordination.

The size of the compound and the number of households are seen as the difficulties in generating a community. Staff interviewed were of the opinion that large developments were more difficult to organise. They felt that people behaved irresponsibly when they lived in a big place and consensus was difficult with too many people.

Health promotion programmes could serve as a catalyst. The Department of Health can start activities in cooperation with the representative of the local community. Health is considered to be a major part of self-sufficient and independent life in Japan. Japanese values are highly health conscious. Thus, it is easier to get social support to launch and implement activities in the health field.

The role of the government in supporting an ageing population is controversial. Local, municipal, and Central Governments have a major role to play in assuring a healthy life for citizens. Kobe City, in the process of reconstruction from the 1995 Kobe Earthquake, became the first to show outstanding local government initiatives in constructing life care communities in cooperation with local communities.

PRH community development is an experiment in such arrangements. Because it makes massive demands, the government cannot provide enough silver/collective housing. Still, Kobe (Hyogo Prefecture) has far more public housing than any other prefectures since the Earthquake, and they are very modern and much nicer apartment buildings.

In Japan, volunteer activities have often been regarded as self-sacrificing activities. The Earthquake experiment changed this view. It made the Japanese people think of how to make life worth living and that they should consider belonging and their contribution to society. When a TSH closes, volunteer groups who could still offer their time looked for a PRH to go into. There was a kind of tension over the territory between volunteer groups. Also, there was some resistance from insiders to outsiders coming into a PRH.

A different approach to gender issues would lead to a better community development policies. Gender and community politics have been discussed above. Another aspect of gender in community generation will be discussed in Chapter Seven.

The US Centers for Disease Control and Prevention (CDC)'s Principle of Community Engagement (1997) states that a community engagement process is more likely to be successful when true equality of community leadership is intended and applied, as opposed to an authoritative or top-down approach. From the experience in Kobe, it has not yet been figured out what approach will work in Japanese society.

The CDC Principle also states that the community creation process can be difficult and labour intensive and requires dedicated resources – time, money, and people – to help ensure success. On the basis of numbers and the size of the compounds, what has been done with the two leaders in the two PRH communities appears not to be too successful in community creation but it is surely much better than nothing. And these two PRH compounds are the most active ones among all 76 PRHs. The problems of the future are unsolved and more needs to be done.

In the next chapter, loneliness will be looked at in more detail.

Chapter Seven: LONELINESS

'I am lonely' was the most frequently used expression to describe older people at TSH and PRH. Why did they use this? 'I am lonely' - what does this mean?

In the first few years after the Earthquake, the measure of success lay in the number of houses the *Gyōsei* (the public administration) was able to provide to those who lost housing in the Earthquake. But as time passed, the measure of success shifted from hard, quantitative facts to soft, qualitative ones. "Loneliness" was often emphasised by the media to explain why life at PRH was worse than that at TSH. A TV news item introduced Mr Keisuke Kawabata (60) as being happier in TSH and feeling lonely after moving to PRH:

> 'When I lived in a temporary shelter, always someone dropped by and offered to share some food, "I made miso soup. I made Nikujaga (Japanese traditional home cooking with beef and potato). But now here in public reconstruction housing, I often feel lonely. Days when I have no exchange of word with anyone...continue. When a person gets older, it is not easy to make a new friend like in their younger days.'
> (1999/01/13 Wed/22:00- ABC TV Ch.6 News Station 22:55-23:10 First of three day series of Earthquake "Closed space – the final housing of the Earthquake evacuees")

He has no one to exchange a word with at PRH. He has no one to share food or eat with. It is difficult to make friends with neighbours at PRH. He says that when one is old, it is difficult to make new friends. Stevens (2001) wrote 'Friendship is a type of relationship that can become difficult to sustain as people age. Age-related changes in health, relocation and retirement influence older persons' access to actual and potential friends' (Stevens, 2001: 183-202).

The interviewees reported on TV who say "I am lonely" always state "I am alone", "I have no one to talk to", "It is difficult to make friends here", "I have no wife". Loneliness is described as whether or not one has company.

Loneliness and older people

The media reports often relate "loneliness" to "old people". In his comment, Mr Kawabata sees old age as a factor in the difficulties of loneliness and making new friends.

As discussed in Chapter Four, the tone of the media in January in 1999 implied that PRH was the source of the loneliness. The reports tended to blame *Gyōsei* for planning and providing inhumane housing schemes such as massive high-rise buildings. The media focused on the "loneliness" of older people living alone and pointed it out as a failure in the post-Earthquake *Seikatsu Fukkō* (life reconstruction)[1]. The media also featured older people who wanted to go back to their old homes. The media featured older people living in the PRH who commuted back every day to the TSH where they used to live or the flattened land where nothing was left. The media stated that these older people were lonely and their post-Earthquake reconstruction would not end until they could go back to where they had lived before. This was the case even with an older woman who had already moved to her PRH apartment, which was supposed to be her permanent residence as her original home and hometown had been completely destroyed and the same town no longer existed. However, from the fieldwork, I learnt that the residents saw it as a feeling of anxiety or uncertainty that occurred at a time of transition when they were leaving one place and starting a new life at another. Of course, they felt lonely remembering the good old days but they accepted they no longer existed.

Mr Tanaka at the Fuyuyama PRH explained the feeling by singing, "Usagi oishi ano yama.... (running after rabbits in that mountain)". This is an old song titled *"Furusato* (home town/ village)" we all learn in the first year of primary school in Japan.

The older people admit loneliness but they accept it as a natural process. This does not mean that they are not looking for a new life in the new house. As explained in Chapter

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[1] *Seikatsu Fukkō* (Life Reconstruction) was the word I heard every day on TV and read in newspapers during my fieldwork. As introduced in Chapter Five, some posts were created with the post name, *"Seikatsu Fukkō Shien In* (Life Reconstruction Support Advisor)". However, I was surprised to be asked by a doctor in Tokyo what my research was about, "*'Seikatsu Fukkō'?* Does such a word exist? I have never heard it." It seemed this word was not familiar to people in Tokyo. It was one of the new words which began to be used after the Earthquake.

Four, the tone of the media had shifted towards being more positive in general by the following January, 2000.

"Loneliness" was the media's focus as a failure of the PRH, but also, during my own fieldwork, "I am lonely", kept coming up. I therefore decided to write a chapter on loneliness.

In the literature on old people, loneliness is not unique but rather adopts great importance. Onyx and Benton (1995) introduced the discussion by Fennel et al. (1988) on a pathology model of ageing which focuses on poverty, bereavement, social isolation, loneliness, role loss, illness, handicap, apathy and abuse. Heywood, Oldman and Means (2002) write that loneliness is a serious problem in old age and claim that loneliness may be one of the most important housing issues of all, whether married or not. Loneliness is bigger for those who have lost someone who shared their home. On the other hand, those who may be used to coping with living alone as an adult can suffer worse loneliness as their ability to go out or to ask people in diminishes, or as loss of hearing or sight reduces their ability to be sociable.

Loneliness and Social Isolation

In a different text, Enomoto (1996)[2] says,

> "The method of link services has benefited Icelandic elderly persons greatly, improving their security and safety, increasing their opportunities to exchange with others and enjoy themselves, relieving them from feeling isolated, lonely, or useless, and encouraging them to lead self-supporting lives, feeling that life is worth living."

'Link services' is a system developed at an old people's home in the Iceland. 'Link Service' is the name of service. But the word 'link' here also means what Mrs Sakura says: 'Tsunagari' (being related to someone, human relationships). This one sentence of Enomoto's contains several key words and phrases that can be found in other literature and in my own research in Kobe. These words and phrases include, 'an

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[2] Japanese 1994, English 1996

opportunity to exchange with others', 'isolation', 'being useful to others and feeling one is still useful' and 'worth living'. Giddens argues,

> Personal meaninglessness – the feeling that life has nothing worthwhile to offer – becomes a fundamental psychic problem in circumstances of late modernity. (Giddens, 1991: 9)

Hochschild (1973)[3] introduced an "unexpected community" of 43 old people living in collective housing as a solution to one of the most crucial problems of old age – loneliness. She begins a discussion on 'isolation' that leads to 'loneliness'. She discusses 'separation' and 'integration', but above all the main theme of her book is 'isolation'.

The isolation that the population in my study experienced had more specific aspects which could be called 'discrimination' and 'segregation', which could also breed 'loneliness'. An old woman at the Fuyuyama PRH said, "Living here, the people around us say, 'They are paying low rent'. No neighbours from the original community talk to people like us. I feel so miserable. I often feel I want to die soon."

Hochschild (1973) says that there are problems related to older people, such as poverty, poor health and loneliness. This is similar to the way the media coverage and the *Gyōsei* (the public administration) interviewed in my research saw the general problems of older people. While this may be true in general, there are people in their fifties and sixties who are less healthy than older people in their seventies. Some explain this phenomenon as the survival effect (Bowling et al, 1991: S20-32; Bowling et al, 1997).

A 60-year-old man I visited at the Haruyama TSH while accompanying a public health nurse volunteer, was alcoholic and died before I finished my fieldwork. He was a cook at a restaurant and lost his workplace in the Earthquake. When I visited him in April 1998, three years later, he was drinking but not eating at all. His room smelled bad and the bathroom was a mess. His life had always been difficult as he was a war orphan.

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[3] the original PhD research in 1969

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His parents died in the bombing towards the end of the Second World War. We cleaned the bathroom and the main room. We cooked for him but he did not want to eat alone. He wanted us to stay while eating. But we had to go and visit others and as a volunteer there was line to draw. He was losing the will to live but he was still interested in looking at a cookery book. But he had lost hope. He died of malnutrition related to alcoholism. He died of malnutrition in affluent Japan.

"Eating alone" is seen as a symbolic act of being alone and lonely. Hochschild introduces the meaning of "neighbouring" as "having meals with", used by an old resident. Neighbouring did not include borrowing a butter knife or asking for the telephone number or talking over a TV programme. I will come back to this, as 'eating alone' or 'eating with someone' kept coming up in my fieldwork.

After listing the problems related to older people, Hochschild continues, "but health and housing are basic problems. The more serious problem is 'rejection'. The old are not needed by society". In my fieldwork, older people often said, "I am fine because I have a good son. I have a good daughter." I also met a number of people who looked and sounded desperately lonely because they had a child or children who did not go to visit them and they did not send them any news. It was painful to them when they did not have a good relationship with their children, who were supposed to be closest and relied on in times of need. Some of them blamed their daughter-in-law or son-in-law for their relationship problems with their own children. This will be discussed further later in this chapter.

Some people started to have serious relationship problems with their children or other family members at the time of the Earthquake. They discovered a differing of priorities among them in coping with the emergency situation. What was most important to one was not to other family members. Some lost trust because they were not the first people to be dug out when buried in destroyed houses. Some lost trust because their family members did not try to reach them to check if they had survived after the Earthquake and to see if they were all right. Some people started to close in on themselves when they lost trust in the closest people or supposedly closest people. In my field work, I

heard stories of break-down of families and, to the contrary, stories of reaffirmation of family ties. Many divorces would not have occurred if it had not been for the Earthquake, while some broken families got back together to support each other through the difficult times, or people met and got married while working together to rebuild their destroyed community or to help those affected by the Earthquake.

Being alone often occurs in the context of loneliness. But being alone does not necessarily mean one is lonely. Similarly, someone with many people around them and even with their own children and grandchildren can be very lonely. It may be because no one understands them well, even though they enjoy good relationships with others.

Hochschild reports differences in findings due to methodology. In the surveys, half answered that they were alone. But in her field visit, she observed these older people receiving many phone calls and wondered if it could still be said that they were alone?

In the media, as discussed in Chapter Five, older people were seen as a symbol of *Jakusha* (the weak), people who required special care, were lonely and unhappy. TV programme titles showed this. For example, a NHK special feature was titled, "Isolated old people – Report from a public reconstruction housing project after the Earthquake". (1999/01/14 NHK Close-up Modern Society).

The Director of the Department of Health and Welfare of Kobe city said,

> "For the post-Earthquake public reconstruction housings, priority is given to the weak (*jakusha*) such as old people, disabled people, and those on low income with many children." (1999/01/26)

This would be satisfactory and avoid media criticism of *Gyōsei*, yet after the main part of his talk, when it became more informal, he said frankly,

> "Employment has dropped significantly in Kobe. We need to promote employment. This is what I believe we need to give priority to. We need to create jobs for those unemployed in Kobe. To spend money on small things... I believe we need to spend to create jobs. It is the time for job creation. As a post-Earthquake reconstruction issue, job creation is now a priority... You know

340,000 households lost their homes. (28,000 apartments were built.) The rest are trying to stand on their own. They have large debts. They are paying a monthly rent of JPY15-180,000. Those young couple with small children also need money." (1999/01/26)

He does not say that older people received enough attention, or that they should not give priority to helping older people. But what he says means a relative shift of priority from public support for old people to support for the middle-generation. As presented in Chapter Four, this coincides with changes in the tone and focus of media coverage from 1999 to 2000. But the timing of change was late in the media by nearly one year. There was a gap in the timing of changes and interactions among (1) the media regarding tone, focus and priorities, (2) the voice of *Gyōsei* regarding priority change and policy direction, and (3) the voices heard in my field work. Generally speaking, those who moved into PRH were working class. The chief public health nurse who attended this meeting mentioned later,

> "They have modern equipment (in a PRH apartment). It is a modern bath (not traditional Japanese style). It is a Western bath with Japanese modern technology. You can fix a bath with computerised buttons. They cannot figure out how to use them. So a support staff or advisor needs to explain it to them. With this type of bath, you do not say, 'Heat the bath (*wakasu* – the traditional Japanese style bath)'. But you say, 'Fill up the bath tub (*Yu wo haru*)'. You know…those who did not have their own private bathroom at home and went to a public bath before the Earthquake." (Interview notes 1999/01/26)

This last sentence shows they are lower class. But throughout the meeting, they did not call them the poor. In the equal society of post-World War II Japan, where 90% of the population consider themselves middle-class, it may be a cultural value not to openly distinguish one from the other by economic status. The local government officials avoided calling these people economically poor. Poverty may be an issue related to being old. In my fieldwork, there were people who seemed to have been better-off in their younger days. TV also introduced some people who were now alone but who were used to having many people around them when their business was going well.

As introduced in Chapter Four, in the Hyogo Prefecture Health Survey in the Earthquake-affected area, one of the questions asks how to manage stress. One of the provided multiple-choice answers was 'increase time spent alone'. 25% of people at

TSH chose this answer and 15% at PRH. Those who answered 'poor health' from a previous question tended to choose this answer, whereas those who answered to have 'good health' chose the other answers such as 'work hard' and 'enjoy leisure activities'.

Loneliness and lack of meaningful relationships

Hochschild (1973) says that for old people in the absence of work and family obligations, what are important are residence, neighbourhood, and friendship from residents. Those old residents housed alongside young people experience more isolation due to the mutual lack of interests.

Hochschild says that residence is more important in the lower class than in the middle class. It may be the same in my research in terms of life style and relationships with neighbours. The loneliness among those people in my fieldwork who are lower class and live in TSH and PRH was clear. In comparison, from my limited interviews, while I was still identifying the places for my fieldwork, I learnt that in the better-off areas, Nishinomiya and Ashiya, their detached individual houses were rebuilt within a year. Hirayama (2000) called this phenomenon the "polarisation in Housing Recovery". He showed the peak of new house building was July 1997 and then it slowly started to decline (Hirayama, 2000). The town scenery was significantly different from the areas where TSH were built and then later PRH compounds. This made the difference between those who had money to rebuild their house and those who did not stand out. The middle class people were not used to living in *Nagaya,* one floor long housing shared by several households. They had their own circle of friends with similar backgrounds and interests of activities. For them, one does not need to live in a neighbourhood to form a community.

As stated in Chapter Four, the first year survey of the three-year annual Hyogo Health Survey for the households affected by the Earthquake was conducted on the households in temporary shelters and in general housing. The second year survey was conducted on the households in temporary shelters, in public reconstruction housing (as it started to

be built) and in general housing. But the third year survey was conducted only on the households still in temporary shelters and those moved to public reconstruction housing, not on those in general housing. This reflected the views of the Department of Health that no longer saw the middle-class people not living in PRH as a disaster-affected population requiring attention for public aid; rather, they were seen as having recovered and being back to their normal life.

Being alone and feeling lonely

Living alone does not mean the older people are cut off from their children. Several examples in the literature suggest that, more importantly, most old people do not want to live with their children. Hochschild (1973) states this in her study. Hashimoto (1996) analysed Japanese older people and showed that some older people prefer to live separately from their children so that they gain independence and remain on good terms with their children rather than being a burden to them.

Hashimoto (1996)'s study introduced a case of Japanese woman in her late 60s who is still professionally active as a nurse. She cited her comment,

> "People are always asking me if I don't get lonely (*sabishii*), living alone."
> (Hashimoto, 1996: 8)

In the Japanese value system, it seems to be common to think one must be lonely if one lives alone.

I now want to return to 'eating alone'. As discussed in previous chapter, the justification for the lunch service and other services offered by public health nurses and nutritionists from the Department of Health is that those who eat alone tend to have an unbalanced diet and eventually lose their good health. In the media coverage, eating alone was a symbol of being alone or having no friends. Eating in one's room is unhealthy behaviour but eating in a dining room, a common space, was reported as a healthy life style. But eating alone means more than these elements. When eating alone

with no exchange of words, no chat, and no sharing of food, some older people said that any food is tasteless.

People feel lonely when there is no opportunity of offering hospitality. At TSH, in my fieldwork, I heard about older people who were happier because they cook a lot of food and share it with their neighbours. I heard about old people who were happier living in remote and mountainous TSH than in their downtown homes because now they had land to grow vegetables (although it was illegal to grow vegetables there) and pick mountain food to give to their neighbours. But these people became unhappy again when moved to a PRH.

In the media, a few TSH group homes were featured as rather successful cases. But for a permanent resident, a group home with no large room for common use does not work. A room where one may join the others to eat together is necessary. A large recreation room for common use is a must, as discussed in Chapter Six; it is where residents start to exchange, *Fureai,* to relate to each other, *Tsunagari,* and therefore where a community starts to generate. The media introduced a private group home built after the Earthquake for eight old women. They said they were happy because they ate with others every day. They chat and share laughter while preparing food and eating together in the shared kitchen and dining room.

Loneliness and the sense of loneliness

Special to the communities at TSH and PRH is that all the residents have lost their housing, many of them their work, their life style, some even family members.
Ms Chieko Ueda (she did not tell her age but looks around 70) was followed by a local TV programme over time and the videos from 1995 to 2000 were introduced in a TV programme in 2000. In the video from December, 1999, she said,

> "I have lived in a temporary shelter alone for three years and five months. People there have experienced the same kind of hurt feelings. They can understand. They care about each other. They were gentle."

(2000/01/07 Fri/21:30-22:00 Sun-TV Ch.36 EYE ƒ "Two years in the public reconstruction housing. Towards the life reconstruction.")

The residents in TSH and PRH share a similar experience of loss. The TV suggested that those who moved to a general house felt lonely from isolation. When they were among TSH residents, they had similar people around but after having moved to a general house, their being among non-similar people led to isolation and that bred loneliness.

On the other hand, the overall sense of loss that everyone at TSH and PRH had might have enhanced the sense of loneliness among themselves. The general sense and atmosphere of the locality is important. When Mrs Sakura reported to the *Mimamori* committee (coalition watch meeting), she explained that the lunch programme was going well, rather successful and she listed as the first reason, 'The atmosphere was good, friendly and harmonious." The atmosphere of friendliness and cheerfulness seems to be important to connect people to each other and generate community. Stevens wrote in the study of a friendship enrichment programme for older women in combating loneliness:

> What they have in common, the fact that they are lonely, does not make them attractive to one another as relationship partners (Stevens, 2001: 183-202).

This may be another reason why residents at the Natsu-Aki PRH go to the commercial day care service, even when they have to make a trip, rather than the mini day care service offered at the Assembly Hall of the PRH compound. They might want to meet people outside the resident community of PRH. The welfare commissioner and other staff said they are losing to the competition because the commercial service has a bathing service and has resources which their local non-profit making programme does not have. Taking a bath in this situation is not just about cleaning and relaxing and washing off all the tiredness and anxieties, but also about meeting new people in the relaxed environment of the Japanese bath. Public bath houses are mostly found in poorer areas and used by older people who value sociability in Japan (Twigg, 2000: 21). The residents of PRHs are from low-income class. Many used to live in *Nagaya* without their own bathing room and going to a public bath house was a part of life style.

Older people's relationship with adult children

Hochschild (1973) introduced an old English saying, "If you have a daughter, you have her for life. If you have a son, you lose him to a wife." This used not to be the case in Japan[4]. A change in social norms is observable. The first son of the family was to inherit a family house. But the family law enforced by the post-war occupation abolished the *ie* system, mentioned in Chapter One, which bound a household economy to a first son. The status of the wife of the first son is no longer attractive to women in the younger generation. To a National Census question asking single younger people what factors they consider when choosing their marriage partner, 79% of women respondents answered the possibilities to live with in-laws as a reason not to select the man (*Jinkō Mondai Kenkyū Sho* (National Institute of Population and Social Security Research), 1998)[5]. Now, it is not easy for an only son or a first son to find a wife unless they promise not to live together with his parents or promise to find housing closer to the bride's parents' home (Life style Research Institute, 1996)[6]. Also, when a younger woman continues to work after marriage for financial reasons or for *ikigai*, which will be discussed later in this chapter, or other reasons, they need to live closer to their parents to get help to care for the grandchild. This reflects the change in the National Census for sex preference for the child in 1997 (*Jinkō Mondai Kenkyū Sho* (National Institute of Population and Social Security Research), 1998: 17): it used to be a boy who inherited the family name and house and so on, but now it is the girl who stays closer to her parents and cares for an ageing parent.

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[4] In my grandmother's generation, once married a woman could not return home other than for a New Year greeting. The Japanese white wedding kimono dress means a dead person, not virginity, as she dies once to marry into a new family.

[5] *Kokuritsu Shakai Hoshō Jinkō Mondai Kenkyū Sho* (National Institute of Population and Social Security Research, Ministry of Health, Labour and Welfare (MOHLW) home page is:
http://www.ipss.go.jp/index.html.
Dai 11 kai Shussei Dōkō Kihon Chōsa: Kekkon to Shussan ni kansuru Zenkoku Chōsa (Fūfu chōsa no Kekka Gaiyō) (The 11th fertility trend basic survey: national census regarding marriage and childbirth, survey results for married couple (http://www.ipss.go.jp/Japanese/doukou11/doukou11.html)
Dai 11 kai Shussei Dōkō Kihon Chōsa: Kekkon to Shussan ni kansuru Zenkoku Chōsa (Dokushinsha chōsa no Kekka Gaiyō) (The 11th fertility trend basic survey: national census regarding marriage and childbirth, survey results for single people (http://www.ipss.go.jp/Japanese/doukou11/single.html)

[6] Survey on opinions about co-habitance and living in neighbourhood with one's own parents and husband's parents (http://www.dai-ichi-life.co.jp/LDI/report/rp9609b.htm#2) in the Life style Research Institute Home page (http://www.dai-ichi-life.co.jp/LDI/ROOT.html).

But contact with family members does not necessarily mean an elderly person is not lonely. Hashimoto cited the cases of Japanese old women who have an overwhelming sense of loneliness despite the frequency of contact with their family (Hashimoto, 1996: 87).

As I mentioned earlier in this chapter, I want to come back to the loneliness caused by having bad or not very close relationships with children. Loneliness and social isolation may come not from living alone but rather from the absence of meaningful relationships (Russel and Schofield, 1999: 69-91).

Ms Sato, an old woman I met at the mini day care service at the NatsuAki PRH said,

> "I had two daughters but they got married into families. A daughter of mine is married, and with her husband they bought a house in Aoyama-dai. We, the three of us, lived together...but I care about their feelings (*ki wo tsukau*). I do not say things unnecessary to say to them. The son-in-law says nothing...but it is difficult to live with another person. I can see greenery through the windows here...it is beautiful...but here I am lonely. My daughter drops by every day. She cleans. She brings some food to eat. The son-in-law is in hospital now but he will come back home. I am alone. I am lonely. We, the three of us, lived together. But I won the lottery for this place. So I told them I would move. It was me who said that I would move. I am on the second floor apartment of building number 2". (She looked as if she wanted me to remember where she lived so that I would visit her sometime.) "My next door neighbour... goes out everyday. The apartment on the other side, it is empty...no one lives there." She looked around the room at people sitting around the table for lunch. "I used to live in a place like that...with this many people." She smiled. "Now this is a beautiful clean place. I thought this would be a good place...but...I am lonely. When I close the door, I sit alone in my home. I want to live with my daughter. You know...I live in building Number 2."
> (Field notes NatsuAki PRH 1999/07/19 10:40-14:10)

This is a case of an old woman who has lost her daughter to her son-in-law. They once tried to live together but it did not work out. Ms Sato says she avoided confrontation and was careful not to cause any trouble. By saying, "I am the one who said I would move," she tries to show that she was not rejected by her daughter and her family. She repeatedly says she is alone and she is lonely. Despite being given a nice clean modern

apartment, she sounded desperately unhappy as she was lonely. Also, here again eating with others means a lot to be happy and being accepted by others.

This was the only encounter I had with Ms Sato. Later, Ms Ume, a life reconstruction advisor for older people (LRA), told me about this old woman,

> "She does not like her son-in-law. I did not hear it directly from her but the LSA told me so. Since she has established trusting human relationships (*Ningen Kankei Dekiteirukara*), Ms Sato says such things to her. The other day, when she was *Guchiru* (grumbling) …she started to get angry, 'My daughter is wrong…she left me alone at this place!' She is always like that. She says, 'I hope a pick-up will come soon (pick-up from the other world, which means death)' But I think she was very happy that you, Otani-san, sat next to her and talked with her. She wants someone to listen to her grumbling."
> (Field notes NatsuAki PRH 1999/07/19 10:40-14:10)

I said,

> "It was not grumbling. She did not complain about her son-in-law…although I sensed that she is not totally comfortable."

The LRA continued,

> "She has *Amae* (behaving like a spoiled child – coquettish). I do not think she had a headache. But it was her way of trying to get attention from others. If she says so, and says, 'I am leaving,' then people come and ask her to stay. She is *Shinpai-shō* (a symptomatic habit of worrying about things). When she lived with her daughter, she went to her daughter at 3 a.m. and woke her up and asked the same question repeatedly once she started to worry about something. She is also *Binkan* (sensitive). She cannot hear well but she can sense if people are talking about her. She may pretend that she is not hearing…but she senses it…sometimes to the extent of *Higai-mōsō* (persecution mania). So we try not to talk about her in front of her."
> (Field notes NatsuAki PRH 1999/07/19 10:40-14:10)

Although she may be the one who said that she would move to her own apartment, deep in her mind she thought she had been left alone in the apartment and she blamed her daughter and probably her son-in-law too. She probably thought she would have been able to live happily with her daughter if it were not for the son-in-law. She said, "My son-in-law is in hospital BUT he will come back home soon." But from what I heard from others, the reasons why the three of them living together did not work out was not only because of the son-in-law.

At a tea party at the Haruyama TSH, where I worked as a volunteer waitress, I met Mrs Kawakami. She was aged about 60. She has two sons in their mid-30s. Both of them are married. The relationship with the first son stopped after something happened at the time of the Earthquake. She did not explain what it was. Her second son has a two-year old son, who was her only grandchild. She enjoyed having them but she was sad that her daughter-in-law spent more time with her own parents and did not bring her grandson to Mrs Kawakami as much. She said that these days a son is taken away by his wife's family. Mrs Kawakami said that she wanted a daughter who would remain close to her mother. She lived with her husband but he did not come to the tea-shop at the TSH *Fureai* community centre. Because I sat with her and listened to her, she said I was very kind and nice and she would be happier if I was her daughter-in-law. In this case an old woman had lost her son to a daughter-in-law. There were also cases where an old woman found her daughter-in-law closer and thinks of her more *kawaii* (as a favourite) than her real daughter far away and counted on the daughter-in-law rather than the real daughter.

One of the cases introduced in Chapter Six at the *Yūai* home visit at the NatsuAki PRH first said, "I am fine because I have a son. He comes to see me. He brings food to me," and was about to close the door. But when Mrs Sakura did not leave immediately, the old woman gradually started to say things which indicated that her son does not visit her that often. Mrs Sakura said later to the *Yūai* home visit volunteers that she thinks the son must be in his fifties and must have his work and should be too busy to visit so often. This shows that Japanese old people still want to say that they are fine when they have a son or a daughter. It also shows that Japanese old people may not want to admit that they do not have a close relationship with their children or even feel ashamed to let it be known that their children have left them alone and do not take care of their aged parents.

Most older people are strongly opposed to the idea of living with their children as they do not want to be a burden, even if they feel lonelier living alone or apart from their children (Hashimoto, 1996). Physical separation did not mean emotional separation. 'The absence of meaningful relationships' (Russell and Schofiled, 1999) is more of a

problem than 'living alone' in becoming lonely. But they felt ashamed to say that they were left alone at TSH or PRH. When still at TSH, the repeated failure to win the lottery for PRH was a trigger for some suicide cases at TSH. Once moved to PRH, older people still were reluctant or unhappy to say that they had children but were left alone at PRH.

Meaningful relationships with their neighbours

Here, I would like to introduce Mr Yamada who changed dramatically over the years following the Earthquake. He lived in the Haruyama TSH, where I did my fieldwork. Later he moved to the Natsuyama PRH, where I also did my fieldwork. For the first two years in the Haruyama TSH, he never spoke to anyone. He closed his door. He was about 50 years old. He was a car mechanic before the Earthquake. He had only five years schooling at primary school level. He did not receive further formal education because the War started. When he was 28, 25 years ago, he got married to a woman at his workplace, 16 years older than he was. He took care of her until she died of cancer. At the time of the Earthquake, he was a widower living alone. At the Haruyama TSH, when he saw an old woman in her seventies living near his shelter, he came out and helped her to carry big items of furniture. But other than on such occasions, he did not interact with others. Some neighbours gossiped that something was going on between them and said things like someone asked if one was the other's girl/boy friend but the woman denied it.

After three years, he started to drop by at the tea-shop at the *Fureai* Center because he started to develop a trusting relationship with Mrs Ogawa, a JOCS[7] volunteer public health nurse. After his experiences in the Earthquake, he lost trust in people as no one, even his own family members, asked him if he was doing fine or tried to reach him. Mrs Ogawa thinks that Mr Yamada is confused to see both selfish people who cannot be trusted and, in comparison, these volunteers who come to this remote neglected area to

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[7] Japan Overseas Christian Medical Cooperative Services (JOCS) is a NGO sending medical staff to developing countries mainly in Asia.

work for no benefit but to encourage forgotten people at the TSH when most of them have already left after three years. In the beginning, Mr Yamada always had an excuse to come. He brought a plastic wrapper to donate. He brought a clock. He did not believe in people's good will. His thinking was always 'give and take'. But after several visits, he came purely as a customer, and this pleased Mrs Ogawa very much as she saw it as a great step forward. Although she thought he had the potential to change, as she knew Mr Yamada came out of his shelter to help the old woman when she was in need of help, Mrs Ogawa thought it was surprising. Yet he still sat in a *Tatami* room with volunteers from outside the Haruyama TSH and did not interact with other customers from the TSH in the main room. It took some time before he started to talk with residents from the TSH.

Then he finally won the lottery to move into an apartment at the Natsuyama PRH Compound. After he moved there, he still went back to the tea-shop at the Haruyama TSH every Wednesday to talk mainly with the JOCS volunteers. He was curious why something seemed different in these Christians. He looked positively on his new life. He said that he volunteered to represent his building among the eleven buildings in the Natsuyama PRH. He explained that each building has to send one representative for discussion to establish a self-governing body. He talked about his ambitions and plans, "I am thinking of holding a weekly tea party like this one at the community assembly hall of our PRH compound. I am thinking of volunteering as the Accountant. I am thinking of becoming a building manager (*Kanri-nin*)." The volunteers encouraged him, "That's great. Why don't you volunteer to be the Chief of the self-governing body!?" He answered, "No, I know my limits (*Utsuwa de nai*). But I am hoping to do a lot of things at my new place."

When I went to the Natsuyama PRH Compound, where few people stood outside and all the old people closed the iron door and stayed at home alone, I saw him a few times walking outside just to see if there was anyone to talk to, or actually going and talking to people. His facial expression was very different from when I saw him at his temporary shelter one year ago. With this change, he will be fine. He will not be lonely the way he was.

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Human contact

There is an extensive gerontological literature on isolation as a social problem of old people (Russel and Schofield, 1999: 69-91). Their definition of social isolation is 'objective state of having minimal contact'.

As suggested in Chapter Six, 'human contacts' are seen as the key to a sense of community and community development. They are also seen as a measure of a reasonably happy and healthy life. The exchange of words with someone is seen as a measure of whether one has human contacts or not. This was a measure in the voices I heard during my fieldwork. Here, more comparisons are made with media data as follows.

Community activity prevents people from *Tojikomori* (closing in oneself. Not going-out). *Tojikomori* is seen as a problem often found in a community with an ageing population and a high proportion of those living alone. Professor Sachio Konishi of Kwansei Gakuin University commented in a TV discussion programme on the post-Earthquake reconstruction in 2000:

> "They were lonely at the beginning when they moved in. But they established relationships there in these three years. It was easier to form a community and relationships in the tenement house type residence and with a volunteer coming from outside. The question is if a community can be formed at public reconstruction housing."
> (1999/01/17 Sun/10:30-12:00 NHK Satellite I BS7 "Four years after the Earthquake, Search for making a new town – how to make a new living")

A message from Hyogo Prefecture Governor Kaihara was delivered on TV:

> "I understand that it is a lonely time just after moving into new housing in a strange environment. We, the public administration, will support people. We will oversee community formation at these new places. We will continue to provide our support to real reconstruction."
> (1999/01/17 Sun/18:00 News Park Kansai "Special Report – Four Years after the Earthquake")

To respond to the situation, self-governing bodies at the disaster-affected PRH allocated Life Support Advisers (LSA) to check those living alone and support community development. However, they did not have enough staff to cover all the older people living alone. Life Reconstruction Advisor for Older People (LRA), old people's household support staff, employed by a city with the post-Earthquake fund, looked after older people living alone not in Silver Housing but in general housing flats. One member of staff was in charge of 100 households (persons).

At some PRH communities, the LSAs took more active roles in organising activities, whereas at other PRH, they were less productive. As looked at in Chapter Five, we needed someone with good community development skills at the practical level to lead the others.

A TV reporter commented,

> "The damage of this Earthquake was biggest in the area with a traditional community of human contact. (Most fires occurred there. The destruction was most severe in the area.) And reconstruction is slow there."
> (1999/01/17 Sun/10:30-12:00 NHK Satellite I BS7 "Four years after the Earthquake, Search for making a new town – how to make a new living")

Mrs Teruki Tanimura, *Jichikai-cho* (self-governing body Chief), said at the old people's club in Nishinomiya city Edagawa-cho Temporary Shelter on TV,

> "There is no human relationship of the back alley at a public reconstruction housing."
> (1999/01/17 Sun/10:30-12:00 NHK Satellite I BS7 "Four years after the Earthquake, Search for making a new town – how to make a new living")

The TV programmes in 1999 introduced several older men and women reporting loneliness and a lack of human contact in their new life at PRH.

> Mr Keisuke Kawabata (60): "The days when I have no exchange of words with anyone continue."
> (1999/01/13 Wed/22:00- ABC TV Ch.6 News Station – First of three day series "Closed space - the final housing of the Earthquake evacuees"

Mr Yasuo Uematsu (70): (Narrative) In the public reconstruction housing, he has no human contact...Here, there is no personnel interchange (*Kōryu*). No Human contact.
(1999/01/14 Thu/21:30-22:00 NHK Ch.2 Close Up Modern Society "Isolated old people – Report from a public reconstruction housing after the Earthquake")

Ms Fumiko Hirata (85). She moved in six months ago. She has no friends here. "The life advisor comes but she does not come in. This way we cannot talk much. Everyone here shuts oneself indoors. It is impossible to make a communication. In this kind of place, we just briefly see each other."
(1999/01/14 Thu/21:30-22:00 NHK Ch.2 Close Up Modern Society "Isolated old people – Report from a public reconstruction housing after the Earthquake")

Ms Maki Nagano (85). She plans to move in March: "I will be lonely. In public reconstruction housing, once you close the door, there is no human contact with the outside."
(1999/01/17 Sun/10:30-12:00 NHK Satellite I BS7 "Four years after the Earthquake, Search for making a new town – how to make a new living")

Ms Toshie Murata moved in April 1998: "Before this, I lived in a temporary shelter, I used to see people walking past the window. I had human contact with them. But now there is no exchange with my neighbour."
(1999/01/17 Sun/10:30-12:00 NHK Satellite I BS7 "Four years after the Earthquake, Search for making a new town – how to make a new living")

The old people's apartment in Hochschild's study was built in such a way that it was almost impossible to walk from any apartment to the elevator without being seen from the series of living-room windows that looked out onto the porch. People could easily glance up through the window and see or wave to passers-by. As discussed in Chapter Five, this kind of housing design is a factor for community generation and preventing isolated life-styles, although the balance with privacy and gossip would be an issue.

Mrs Sakura shares her opinions on the importance of human relationships for community dynamics such as emphasising the importance of *Tsunagari* (being related to other people). She also analyses how community problems occur and she reports and shares her observations and experiences with the recommendation on how to cope with such problems at the *Mimamori* meeting.

Fureai

Each temporary shelter community had a *Fureai* centre. '*Fureai*' might be translated as 'interaction', 'human contacts', 'making friends with new people'. By looking at my data in English, both the transcripts of the media data and the field notes, I found that I translated this word into several different English expressions as above depending on the context or depending on what I had in mind as part of the analysis at the time of typing up the English transcripts of my field notes.

The TV reported what life was like in the area destroyed by the Earthquake and how most of the people moved to TSH and then to PRH. Film Director Mr Yoichi Yamada, who filmed one of the most popular film series Tora-san in the downtown Kobe, said:

> 'This Kobe city downtown area had warm human relationships. There was an intimate relationship between a shopkeeper and a customer. An old woman comes and shops every day. A shopkeeper says to her, "You bought this yesterday. Why don't you buy this? This is a good deal today." There is a relationship. That relationship was seen in the traditional shopping streets. This is the core of daily life.'
> (1999/01/17 Sun/10:30-12:00 NHK Satellite I BS7 "Four years after the Earthquake, Search for making a new town – how to make a new living)

At the modern PRH town built after the Earthquake, there are no back-alley type traditional shopping streets. But they have a huge American style supermarket and shopping department near the train station. The question is what could replace the human touch provided by daily shopping at traditional shops. Daily shopping for groceries is not a special programme for older people living alone. It is a part of daily routine.

A TV narration explained,

> "We try to report on the residents living in the new style of housing, 'the Collective House', those seeking a life style with *Fureai* (interaction with other people). The old people who have repeatedly moved from their old houses, evacuation centres, temporary shelter and then to new permanent housing are no longer good at *Fureai* (making friends with new people)".
> (1999/06/13 07:45-08:00 NHK Ch.2 "Reconstruction '99")

All the above media data show that the media emphasises and focuses on Human Contact and *Fureai* as an important means to reduce loneliness.

Why did volunteers mean such a lot? Human contacts are the key. The most important thing that the volunteers bring the elderly is not the hot meal, but the human contact and the sense that someone cares. Volunteers can do this more convincingly than bureaucrats, public officials and civil servants (Vaughan, 1998). As discussed in Chapter Five, housing and town planning must take into consideration what would make community activity that provide an opportunity for human contacts easier and more accessible and what would enhance the quality of human contact in daily living arrangements, especially in an ageing urban society. Social interaction is one fo the things that makes life worth living and it is a key aspect of a healthy ageing (Wilson, 2000: 107).

Ikigai[8], meaning of life, what makes life worth living, the value of life, the purpose of life

As discussed earlier in this chapter, having *ikigai* is an important determinant for being happy and not lonely. If one has things to do and feels useful to society, regardless of whether it is paid work or not, one can feel that one's life is worth living. Some people lost their *ikigai* (value and meaning of life) in the Earthquake and are struggling to find another or give up. Some people who used to have none are now given a chance due to the loss or change caused by the Earthquake. People might have lost their *ikigai* but

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[8] Campbell translated this word, *Ikigai,* to mean life fulfilment (Campbell, 1992: 121). Mathews Gordon (1996) wrote his PhD dissertation on comparative studies of Japan and USA, "What makes life worth living?" to discuss *ikigai*. Ingrid Getreuer-Kargl (1995) translated the word, *Ikigai*, as self-realization. She listed four needs in social welfare in Japan: the need for economic welfare, the need for health, the need for emotional welfare, and the need for self-realization (*ikigai*). The ikigai section started with a quotation from the Ministry of Health and Welfare White Paper starting, "Individuals themselves must prepare for old age, namely take care to preserve their health, set up relationships and ensure a meaning in life...(*Kōsei-shō* 1989, 30-31)" (Getreuer-Kargl, 1995: 162-168). Here the translation of *ikigai* is 'meaning in life'.

they could find new *ikigai*. Here are extracts, from present media data that support this argument:

> Ueda and Haruko are helping to prepare for a restaurant opening. They show the unfinished shop. When one has things to work on, one feels positive.
> "Ms Kuroda, I hear your group is also working to create jobs at the disaster-affected area."
> Ms Kuroda,
> "Yes, we are. They produce the goods by themselves (*jibunde*). They sell what they produce by themselves. And if they can feel that they are earning by what they have produced, then this becomes *Ikigai* (value of life)."
> (2000/01/15/Sun/07:45-08:28 NHK Ch.2 Earthquake Special)

> Ms Kazue Tanii (89). Her daughter, Makiko, died just after she moved into public reconstruction housing.
> "I sometimes think it is better for me to go to heaven. I am no use to anyone."
> (1998/11/10 and re-broadcast on 1999/01/17/Sun Sun-TV Ch.36 News EYE land and EYE *f* (forte))

> Mr Yamamoto is disabled. He used to complain a lot. He did not have a purpose in life. Now he has started to thank the Earthquake which shook his life and woke him up. Since the Earthquake, he has been active in a community support group. He is positive. He feels he has a purpose in life.
> (1999/01/17/Sun 18:00- Mainichi TV (MBS) Ch.4, Special Report, "For years after the Earthquake – the last winter at a temporary shelter")

Also, no matter how much an old person becomes disabled, the same applies. The 60 year-old alcoholic man at the Haruyama TSH died of malnutrition but the real cause of his death could be said to have been the loss of his job and his *ikigai*. A Director of an old people's home in Ashiya said in my interview,

> "The experience of the Group House made me realise the importance of a mixture of different kinds of disability. Those with different abilities left can support one another. When they can be of help to others, it becomes their value in life (*ikigai*)."
> (Interview notes 1999/07/22)

What does it mean 'the meaning of life'? Personal meaningfulness is one thing. Another may be what Mellor summarises about Gidden's theory (1991) - a 'practical consciousness' of the meaningfulness of our day-to-day actions (Mellor, 1993: 12). He introduces Gidden's 'ontological security' (1991: 36), refering to persons having a sense of order and continuity in relation to the events in which they participate, and the

experiences they have, in their day-to-day lives (Giddens, 1990, 1991; Mellor, 1993: 12). If someone can establish a routine in daily life which gives them a sense of security and practical consciousness, it could become their new *ikigai* in their new life.

Gender

The demographic and socio-economic data showed that the study population in TSH and PRH is the most socio-economically disadvantaged class with the largest proportion of old people, mainly women. This disadvantage was often referred to by the media and by public officials as a problem of older women. Yet public officials, media coverage, and other key informants said that women are coping better than men, despite their economically disadvantaged situation.

The Director of the Department of Health and Welfare said in the interview,

> "Women are doing well. A problem is an older man living alone. They lose their vitality and motivation. If my wife dies, imagine, I will have to worry about how to become myself. (laugh)"
> (Interview notes 1999/01/26)

There are men who are social no matter whether they are single or not. A few Japanese men may be social enough to make friends with their neighbours in modern urbanized society where men may make friends through work but could not afford time for their family and community. These men may do well as long as their wife is alive who make friends with neighbourhoods. They maintain relationships with their neighbours though their wife. But the problem could be when their wife dies first. Older men living alone could fall into isolation more easily than women.

Being a woman does not necessarily mean that you are more successful in obtaining a healthy living situation. What empowers women? That would be a link to the decision-making process, either of planning of resource allocation, and participation in

the evaluation and the decision-making process. In comparison, some women choose to be quiet and passive. They think perseverance is a better coping strategy to survive old age and to maintain their security because they can avoid argument and conflicts by not saying anything (Hashimoto, 1996). Ms Sato was this type.

In my field work, it was often said that women are better at making friends in general. Making friends is easier for women. Making friends is a major means of preventing loneliness. When one has a friend, one tends to have a healthy life and to eat well. This ability to make friends is a critical factor in gender differences. This is important in the dynamics of community development.

'Feminisation' has been reported as a phenomenon in what is a so-called weak and vulnerable population. A high proportion of residents in temporary shelters and public reconstruction housing communities are women. Another example is the 'feminisation' of care for older people. Only one out of ten residents is male at an old people's home. This may makes things difficult for men, as they are in the minority.

It was expressed at a symposium, on a TV discussion programme and in an interview with public officials that the fact that more women have been featured on TV might have led to the perception that TSH is a problem of old women. Media and high-ranking government officials referred to the residents of TSH and PRH as *'Obah-chan'* (grandmothers, old women). However, a life reconstruction advisor at the Natsuyama PRH said, "We are conducting a survey. There are not only old women living alone here. There are men. There are old men living alone."

How can men be made more involved?

Mrs Sakura said, "The key to get a man talking is to talk about sports. Talk about baseball. Find topics that interest them. When we talk about baseball, any men can join in." This reflects the fact that it is easier in general to have a chat with women but it may not be with a man. Without these kinds of communication skills and the tactfulness Mrs Sakura possessed, it tended to be difficult for men to join a group community activity. An old man at a group home used to stay in his room as he was not

good at chatting with his neighbours, mostly women, and a few men do not necessarily have things in common. But this man started to show up to fix things and to do some carpentry work. He started to come to the common room once he identified what he could do for the community. He looked happier now as he feels he was useful.

When gender is not balanced among the residents, attention also needs to be paid to bring men into the community generation process.

A TV programme introduced an old man living alone at PRH, Mr Yoshiaki Murai (70):

> He leaves his (iron) door opened on purpose so that people may drop by to say hello. "I can have a chat with a neighbour...but I cannot invite them into my apartment. No matter how old she is, a woman is a woman. It would be a problem." He teaches singing once a week at a common room. He goes out to a café to make friends. There is a café where older men get together to chat. One of the few opportunities for men.
> (NHK Channel 2. Close-up Modern Society, "Isolated old people – Report from a public reconstruction housing after the Earthquake" 1999/01/14)

What he says implies that most of his neighbours are women. He needs to go out and find special opportunities to make friends with other men.

Summary and conclusions

'I am lonely' was the most frequently used expression to describe old people at TSH and PRH. This chapter discussed what 'I am lonely' means.

The most frequently used phrase by old people both at TSH and PRH featured on TV was, "I am lonely." For example, the argument at PRH is something like 'I cannot make friends at PRH so I am lonely and PRH is not a good place. I miss TSH.' Another example at TSH and PRH is "I am alone and I am lonely." I say 'being alone' is not same as 'being lonely': 'I am old and I cannot make friends and I am lonely'; 'I am a man and I cannot make friends while women can just keep talking and easily make friends.' It seems that not being lonely is the most important challenge when one lives

at TSH and PRH. Yet if older people say, 'I am lonely', the media reported as if these older people were not treated well and it was due to the failure of the public administration.

All the activities introduced in Chapter Six serve to increase *Fureai*: human contacts, and *Ikigai* (value and meanings of life).

A community was a group of reliable and helpful people who stayed together in times of success and failure. PRH was a place where hundreds of people were lonely together. TSH was also a place where hundreds of people were lonely together but they shared a similar experience of loss and the setting was more open to exchange. They said a big city was a lonely place. But the city alone did not create loneliness. The lack of a close and familiar community would result in loneliness. PRH might be the loneliest place for the residents, where there were many people around but they did not exchange words. People in PRH lost this community by moving from TSH. If people had a choice in their place to move to, and if they had been allowed to move together as a group of neighbours, they would have felt less lonely and adjusting to a loss of community would be easier. Willingness to move was an issue. At the NatsuAki PRH and the Fuyuyama PRH, this might have been going to change as the community was trying to be active. But most other PRHs had no such dynamic and residents locked themselves in their apartment (*Tojikomori*) and felt lonely. Which PRH community one happened to move into is an important factor in finding an opportunity to be happy, to feel less lonely and find *ikigai* (life worth living). A PRH community might be able to rebuild their community and use that community as a base for developing human relationships.

Vanier said that the remedies for loneliness are mutual affection and participation in a genuine community, and to change in oneself to have active and positive attitudes towards one's community to work together to do something other than waiting passively and negatively for something to happen, someone else may make things better (Vanier, 1989). Some people are lonely wherever they go as they always focus on what they do not have and on what others have, and what they used to have but have now lost.

Some people are happy as they know how to be content and how to be happy whatever they have or do not have, and they have hope. There are individual issues and social issues.

The media reported that the old people's stays in temporary shelters in remote rural areas worsened their health. But positive effects of their new lifestyle close to nature were reported during fieldwork. In the beginning their stay in temporary shelter was of course harder than after a community had formed. Then, it was harder to start all over again to make friends and to form a community again at another new living environment of permanent residents in public reconstruction housing.

As time progresses, mental health becomes more of a concern as compared to the initial attention given to physical health. Loneliness was reported from various sources as the major difficulty and hardship faced by older people in the process of repeated relocation following the 1995 Kobe Earthquake. "*Kokoro no* Care" (Care to mind) and '*Tsunagari*' (being related to someone) became key words for activities and policy. A community centre was commonly named "*Fureai* (human contacts) Centre".

Special attention has been paid to providing care to old people in the aftermath of migration due to a natural disaster, but what has been done still leave issues which need to be improved. One of the main challenges is how to ensure that they have human contacts and build human relations in their new living environment.

Chapter Eight: CASE STUDY of *KODOKUSHI* (isolated death, death alone)

In Asahi Newspaper in January 2002 in the week of the Earthquake anniversary, the first headline on *Kodokushi* to appear was the top of the front page article in the 6 January 2002 issue, which is at the very beginning of the 2002 wave for the seventh anniversary. Again it was a headline word. The headline said, "More than forty percent are aged over 65 at PRH (30% living alone). A factor for *Kodokushi*". *Kodokushi* was another buzzword, frequently used in media coverage, in newspaper headlines and the titles of special features in TV news, as was the case in another example from Asahi Newspaper in January 2000. It was also a report title by a Doshisha University research group.

Most *Kodokushi* cases reported referred to deaths of older people. But what can you tell from *Kodokushi*? What is the social background behind it? Why is it a problem? Is this particular to the Japanese? Is it a new Japanese problem? Is this something needing looking at in order to change to the future? Following on from Chapter Seven on Loneliness, this chapter further examines in more detail the term '*Kodokushi*', as a case study of one aspect of this Japanese phenomenon. It is a case of the extraordinary absence of family.

HEADLINE GRABBING

The word *Kodokushi* was used by the media as an eye-catching and attention-grabbing word for their headlines. The number count of reported *Kodokushi* cases was the headline. It was considered as a symbol of a miserable way of dying, and again the public administration or people working in the disaster-affected area got blamed for leaving these poor older people to die alone. The word has a very sad sound. It was not a commonly used vocabulary before the Earthquake and I have not heard of it as a native Japanese person. The word, *Kodokushi*, started to be used frequently after the Earthquake. This will be discussed later in this chapter. At the Qualitative research workshop in Australia, this word caught the eyes of Prof Lyn Richard, and she asked what *Kodokushi* is and if dying alone is a problem in the Japanese culture? Of course,

everyone dies alone in one sense, but if someone dies truly alone, it is considered that this shows how this person lived, s/he was not a good person and therefore, no one cared to stay with this person when frail and dying. (But many old parents (I know these cases of my American and English friends) want their children to go with on their life rather than they quit what they are doing and come back to stay with them when they are dying, although they are happy to see them.)

Why do the media use this word as an eye-catching headline? It has remained as a buzzword for seven years after the Earthquake and probably more in the coming years. And its use is still as strong.

Kodokushi has doubled the negative images by bringing two fears together, isolation/loneliness and death. The earthquake brought 'death' closer to people. Also the word may now recall people's memories about the Earthquake and bring people's attention to the people currently living at PRH. It has become a term linked to the Earthquake.

For newspapers, *Kodokushi* is a shocking attention grabbing headline. To TV, it can be a headline for a news programme, as printed on a newspaper, but there is a limit to how it can be shown as an image on TV news. The dead body of the *Kodokushi* case cannot be shown on TV. When one is found dead, one will be reported to the ambulance service, not to a TV reporter. People who are interviewed on TV can talk about *Kodokushi* but TV cannot show the moment of dying, *Kodokushi,* and TV are not the first to find out about the *Kodokushi* case. If it was not for the Earthquake and if the person did not *Kodokushi,* then the death would not be news; it would not even be local news. These people are not public figures.

Kodokushi is a word which causes an uneasy tension. It sounds shocking. It may also be a way to display 'proper grief' by calling public attention to the sad way of dying of these unknown elderly survivors of the disaster. It could be said that as society was not able to prevent these poor people from dying in the sad way of *Kodokushi,* then at least society must pay attention to the death. And media is therefore reacting properly.

Society should feel deeply about the people who had to die in this way (Walter et al. 2000: 22).

Although the media has kept using the word "*Kodokushi*" as a headline, it has not shown or reported any story, life story, of any of the persons who died of *Kodokushi*. Is this because such a story would not be newsworthy enough for the media, though the case itself makes an attention-grabbing headline?

Director of the Department of Health and Welfare of Kobe city said,

> "The commonly raised issue of *Kodokushi*. Do you know Ms Takada? The other day when we had a meeting, she told me that she was annoyed by the way the media reported on a recent case of *Kodokushi* at the temporary shelter there. Her group has been aware that the person was at risk. They had been visiting the person everyday and paid particular attention. But the person died when no one attended. Then the media reported loudly, 'Another *Kodokushi*'. She said that it is not *Kodokushi*. No one might have attended at the moment of the person's death but the volunteer group had been making a lot of efforts to attend the terminal stage of the person."
>
> (My interview with Director of Department of Health and Welfare of Kobe City, 1999/01/26)

Ms Takada is a nurse and the leader of volunteer groups working at the Seventh Seishin Temporary Shelters. This quotation may reflect that Ms Takada sees *Kodokushi* as arising from the failure of NGO's activities aiming for a caring community at TSH. In sharing this, he might have assumed that I had seen TV or read newspapers that blame *Gyōsei* for the incidence of *Kodokushi,* so he might partly be being defensive. Their sensitivity to the media's allocation of blame to *Gyōsei* seem to reflect to their policy.

Director of Old people's home at a better-off area of Ashiya city said,

"You know *Kodokushi* (isolated death, death with no company) has been an issue at the disaster-affected area. *Gyōsei* (the public administration/ municipal government) told us not to poke our nose into it because they fear that they would be dependent and will be trouble later. I believe it is not good to leave them alone. Appropriate care is necessary and rather it will help one's independence."

(My interview with Director of Old people's home in Ashiya city. 1999/07/22)

This comment may reflect that *Gyōsei* is already sensitive to media criticism towards *Gyōsei* for the incidence of *Kodokushi*. It also shows that *Gyōsei* think they provide enough help to people living at TSH and PRH and see the people as the source of troubles.

EARTHQUAKE VOCABULARIES

The word '*Kodokushi*' existed before the 1995 Great Hanshin Earthquake. It was used as a measure of the success of community care services together with 'health'. Okamoto mentioned *Kodokushi* in her book, '*Chiiki fukushi jissen ron: chiiki fukushi sābisu 20 nen no kōsatsu to tenbō* (Practice Theory of Local Social Work: observation and perspectives of local social work services of 20 years)' (Okamoto, 1994). Japan's ageing population started to receive attention in the 1970s and particularly the health and loneliness problems of older people, especially older people living alone, in the ageing society. She explained that older people who have lived in the big family system are facing various problems in the rapid change to nuclear families. These are the loss of appropriate tension/order in the daily life, health management, and the fight against loneliness. She argued that with having not yet solved these problems, the problems of suicides, *Kodokushi*, and family destruction have appeared as social problems (Okamoto, 1994: 33). She emphasized the importance of community care that would lighten the sense of loneliness and provide something to look forward to in one's daily life. She reviews 20 years activity of the daily food service (1972-1992). She identified this food service as a part of community care and examined how it worked.

Before the Earthquake, *Kodokushi* was not rare among old people living alone. As many as 150 cases per year have been reported in Kobe city before the Earthquake (Nishimura et al, 1993: 133-136. Ueno, 1997: 152. Takayose, 1999: 92). However, it started to receive public attention when the cases were reported from TSH of victims of the worst natural disaster in the post-war history. It brought to the surface the previously unseen problems of health and welfare for the households of old people (Ueno, 1997: 152; Takayose, 1999: 92).

> Volunteer work supported the life of an older people. As the life recovery is prolonged, the role of the volunteer changes. For those older people who have no plan on how to reconstruct their life, a volunteer who just sits and talks with them takes on a critically important role.
>
> *Kodokushi.*
>
> Morning Radio Exercise programme. *Jūmin no Tsunagari* (Being related to each other of residents). Opportunity for the residents to get together.
> (1999/01/17/ Sun/10:30-12:00 NHK Satellite TV BS7 "Four years after the Earthquake, Search for making a new town – how to make a new living": Special feature with panel discussion and video clips)

In this programme, *Kodokushi* was briefly introduced between two issues, the role of volunteers in supporting old people and community activity as an opportunity to develop *Tsunagari*.

Tsunagari was one of the Earthquake vocabularies which started to be used frequently in the media and also started to be heard in daily talk in the Earthquake affected area of Kobe and Osaka. (Other Earthquake vocabulary include 'community', 'volunteer', '*Kodokushi*', '*Seikatsu Fukkō* (Life reconstruction)', *Fureai* (Human contacts), *Kōryu* (exchange), Iron door, and so on.) Most of the new-born Earthquake vocabulary is related to the topics discussed in Chapter Seven: Loneliness.

HIGHLIGHTING WORRIES ABOUT FUTURE

A report, "*Hanshin Daishinsai: Shimin ga tsukuru Fukkō Keikaku -Watashitachi ni dekiru koto* (The Great Hanshin Earthquake: Citizen-made Recovery/ reconstruction plan – What we can do)" by *Shimin to NGO no bōsai Kokusai Fōram Jikkō Iinkai* (Citizen and NGO's Disaster Prevention International Forum Executing Committee), 1998, listed three issues which were brought to the surface by the Earthquake: 1) the ageing society, with the warning to society that it is not ready; 2) *Kodokushi*, highlighting the common risks that people would have in the modern society; and 3) the weakened community and family support and the backwardness of social security (page 79). The first and third issues coincide with what was stated in Chapter One. Chapter Seven looks at *Kodokushi* as it can illustrate some of the problems of an ageing society, with no family function in the traditional sense, and highlight worries about the future.

The above report argued that men in fifties to early sixties living alone, with no family, no work, no *Ikigai*, tend to fall into alcohol dependency and are at great risk of *Kodokushi*. The report recommended certain action in order to prevent *Kodokushi* (page 99). For men in their fifties and early sixties, providing employment and helping them discover *Ikigai* are a must. Then provide support through community work such as '*Kokoro no kea* (mental care support) centre', and home-visit by a case worker, a public health nurse and a volunteer. People with alcohol dependency were to be introduced to timely professional treatment by a doctor and to a support group. For older people, the chance of contacts with community activities was to be increased through a group activity such as day-services and tea party. When necessary, the public social security service should be notified of cases needing their attention.

Here is a newspaper article titled "Isolated death and suicides 38 people in the past one year. You are not alone. Public Reconstruction Housing. Festival. Hobbies. 'Talk to each other' (Asahi Shinbun 2000/01/09/Sun Page29 with a photo of *Mochitsuki* (rice cooking to prepare for New Year) old people making together):

At a temporary shelter, "Isolated death (*Kodokushi*)", which counted over 230, became a social issue. This remains the issue at a public reconstruction housing. The proportion of old people at the public reconstruction housings is high and it has been pointed out that this is the miniature model of the future Japan's ageing society. Looking at the sudden death of their neighbours, the residents are seeking a way to help each other to live through the community development such as the formation of the self-governing body.

Prof Yuzo Okamoto, Kobe City Nursing College (Gerontology). "The residents can help each other among neighbours. But they cannot be responsible to stay with one until one dies. The death of those living alone at the public reconstruction housing shows, through the life there, the universal policy and administration issues to the ageing society that we will face soon. The public administration (*Gyōsei*) has to grasp precisely the needs of each individual who is living alone and needs to speed up to provide the support to pull out the desire and spirit of the residents to be active.

The reported cases of *Kodokushi* and suicide at the Seventh Seishin TSH raised the sense of crisis and lead to the recognition of the need for community activities such as *Yūai* home visits to old people living alone (Sugama, 1999: 311). The home visit was traditionally carried out by *Minsei-iin* but in Seventh Seishin TSH they extended them to a women's group and other volunteer groups (Sugama, 1999: 312). This extension movement was observed not only in the largest TSH community of the Seventh Seishin TSH but in several other TSHs, and later at PRHs, including my fieldwork sites of the Haruyama TSH and the NatsuAki PRH.

Doshisha University in Kyoto conducted research focused on the vulnerable people behind *Kodokushi* and published its report in October 1997. Although the title of the research was '*Kodokushi*', it is not a case study of those people who actually died of *Kodokushi* but the population they think is at risk of *Kodokushi*. The subtitle of the research was 'a small map of 'welfare state' with no security for life – Empirical study report of the life and health of *Sōnenki* (the upper middle age group of 50s to early 60s)'. The interviews took place from 25 January to 26 March 1997. The sample was 169 households at TSH. They interviewed mainly old people living alone and disabled people, and tried to find out about the people who do not socialize with others

(*Tojikomori*). Most of those who die of *Kodokushi* are men in their 50s and women in their 70s and 80s. The research group sees *Kodokushi* as the cutting point to see various social problems. The research identified the factors that have led people to *Kodokushi*, or the societal problems reflecting from *Kodokushi*, as follows: anxiety about future life, especially financial matters, housing, close human relationships and the opportunity to discuss their problems, men living alone, and mental stress. This report surveyed the TSH residents' views towards a *Fureai* community centre and volunteers. Some cases in the report mention the presence or not of a case of '*kodokushi*' in the community as the measure of success of the self-governing body and volunteers working together to increase *Fureai* (human contacts) among the residents, especially older people living alone.

The researchers argue that the problems of the lives of TSH residents result from the widening class difference due to labour migration and urbanization along with the focus of economic growth and development policy on concentrated areas. Their second point is to criticize the overall direction of the Japanese Government, *Gyōsei,* in shifting to a 'Japanese style Welfare State' to promote self-help, using 'population ageing' as an excuse.

The research points out the ageism against those in their 50s and early 60s when the system gives priority to those aged 65 and over. They show how those in their 50s and early 60s could be more vulnerable than the older people because of the age line drawn in the social welfare system, for example, they are not receiving any pension yet or entitled to have free public services for silver citizens.

The research also introduces the TSH who proudly report that they no longer have *Kodokushi* cases after they made efforts to activate the community with slogans of "Don't let the old person living alone *Kodokushi*", and "Do not let the old people and the disabled person be bedridden".

KODOKUSHI AND THE TOTAL LACK OF FAMILY

Older people living alone receive attention as a group needing special attention and supporting programme in Japanese value. A professor was introduced on TV 1999 Jan 17 looked at the death toll and came up with a research question why the older people who died at the Earthquake was staying/ living there alone and conducting a research. It can said that his question comes from Japanese cultural value of that older people should not be left living alone. Yet the number of older people living alone would increase in the future in Japan as well. Living alone does not necessarily mean that one is isolated or has no support network from one's family.

I checked 'family' in my NVivo data. There has not been a strong focus on family in the media coverage of the Earthquake, particularly in more recent coverage. Family with regard to old people was absent from media coverage in 2000. The focus here was how to establish community care in an ageing community and society. It is as if the pre-condition is that old people have no family support. And there was little media coverage of old people and family in 1998-1999.

Initially after the Earthquake, family was mentioned when talking about loss caused by the Earthquake. For example, a Chinese restaurant owner, when he was rescued, was murmuring, "I am OK. Please rescue my family first" but he was the only survivor found. His wife and children all died. He says, "I want to start a family again. Without family, I do not know why I am working hard" (1999 Jan 10 Yomiuri). Other cases mentioned also showed how a husband or father was lost in the Earthquake (1999 Jan 10 NHK). But it is not this that I am looking for in my research. These are just examples of how drastic sudden loss could happen to a family support structure.

Another report featured an old woman (80) who is alone in PRH and thinks her dead daughter is her guardian angel, but the media did not say how the daughter died. It could be by the Earthquake but may be not. She said, "I do not know why only me survived. My daughter is protecting me" looking at her daughter's picture (2000 Jan 11 NHK Edu).

Another case reported repeatedly was of a father (87) and his son (50) who committed suicide together at TSH (1999 Jan 12 Yomiuri). They were tired of living at TSH. They won a lottery allocation for PRH but the son had a debt of 1,100,000 JPY (5000 GBP) from a long time ago, and could not pay the rent for PRH. His father refused to go to an old people's home. He said it is better to be dead than go to an old people's home. This is a more radical case as both of them killed themselves.

Regarding family in today's society, what I can say is that when adult children are not married, they tend to stay to take care of their old parents. In comparison, when adult children have their own family, their parents tend not to be able to expect the family support in the form of co-habitancy. But again there are variations. In one case of a mother and daughter who lost their husband/father in the earthquake, the daughter got married and they are all living together with the daughter's new family, i.e. husband and a baby (1999 Jan 10 NHK). A factor here may be that if the daughter is working they would need the mother's help in taking care of the baby; the TV does not say anything on this, it is just my guess.

The media introduced cases of old people who lived with their family, their son and his family, for a few months after the Earthquake...but then moved to TSH when it was an option, and then on to PRH. They did not want to be a burden to their adult children and their family (1998 Nov 24 Yomiuri).

In my fieldwork, some older people mentioned their children and that they tried to live together, but moved to PRH because they did not want to be a burden or they had some friction with their own children or in-laws. Some are quite happy to live separately independently. Some initially say it is their choice, but when they talk for longer or the staff talk about them, it is more the case that they are unhappy about living alone and even angry about being left alone. They may feel in a way that their children were stolen by their in-laws. Once children are grown up and have started their own family, especially when they may live far away or too busy in daily life, older people may have to establish a social network other than their family network while family network

would remains important. Spouses and members of the immediate family are those who provide the most support in times of crisis, and that relatives, particularly daughters, are more likely than neighbours to provide long-term assistance (Bowling and Browne, 1991). When no family is available, it would lead to *Kodokushi.*

In media data, once in TSH and PRH, little mention is made of family. Some older people are couples, wife and husband. Otherwise there is no mention of family. No mention of sons and daughters. The emphasis turns to older people, and older people living alone. And to calls for community support and how to develop such community.

One couple mentioned in the media was Nakano (86) and his wife (78) who have three children and six grandchildren, although the media made no further introduction of their children. The media described how Nakano took care of his wife, who had temporary dementia triggered by the change in environment after the Earthquake but recovered thanks to her husband's devoted care. Nakano said he had experienced the "Kobe Flood", "War bombing on Kobe", and going to War himself, so "living at an evacuation centre is nothing for me. I did not suffer from inconvenience. But not for my wife" (2000 Jan 11 NHK Edu). This case showed older people who did have family, with their children and grandchildren, but the expectation and practice of family support was not the same as it used to be. The children and grandchildren may provide emotional support or *Ikigai*, as looking at how their children and grandchildren grow up was often a source of pleasure for older people. But they were not there to provide daily practical support or financial support.

In some cases, the children and their families visited their elderly parents and brought food etc. They explained and wrote down instructions on, for example, how to use the modern bath at PRH, how to set it, which button to press and how to adjust the temperature and time and so on. But they cannot take on full responsibility for their aged parents.

The Director of an old people's home in Ashiya mentioned **"Family-like life"** as follows.

> "People dine together, watch TV together in a common space. A mentally handicapped person shows a great improvement. Those who have been neglected and excluded, they can have a family-like life here. It is very at home (homey). A psychiatric doctor has been surprised to see the change when they come here."

This is family life in the sense that you spend time together and you do things together; eating together, watching TV together, keeping each other company. It is not in a sense that one is a bread-winner, earning income to support family members financially.

In short, there is some mention of the 'family of old people' in media coverage in earlier stages after the Earthquake but none in a traditional image of big family. This section has shown that media did not emphasise family as a main issue in the happiness of older people.

FEELINGS ABOUT COMMUNITY CHANGE

From Newspaper articles,

> "*Kodokushi* and suicides, 38 people in the past one year. You are not alone. Public Reconstruction Housing. Festival. Hobbies. 'Talk to each other'" Photo of *Mochitsuki* (outdoor rice cooking to prepare for the New Year) in which old people making *Mochi* together. At a temporary shelter, "*Kodokushi*" which counted over 230, became a social issue. *Kodokushi* remains the issue at a public reconstruction housing.
>
> Looking at the sudden death of their neighbours, the residents are seeking a way to help each other to live through the community development such as the formation of the self-governing body. The self-governing body

(*Jichikai*) is critical to prevent the incidence of *Kodokushi*.

(Asahi Newspaper 2000/01/09/Sun. Page 29 - Local news page)

This newspaper article said the formation of *Jichikai* is critical to prevent the incident of *Kodokushi*. The formation of a *Jichikai* showed that a community is active and that they had activities where they met with their neighbours and developed relationships. It also showed that the residents paid attention to neighbours in need or that the community had mechanisms to pay such attention.

Nobody died without other people knowing. Gichi Igata, a 92-year-old man who had lived alone before the earthquake, found himself livelier in the temporary house than before the quake...

The Great Hanshin Earthquake shed light on the solitary life of elderly people living in urban areas. Among the victims of the quake, more than 30 people died or committed suicide without the knowledge of any other people, even after they were moved from temporary homes to more permanent disaster-relief public housing.

(Editorial Asahi Newspaper 1999/07/12 - English of the same article appeared in Asahi Evening News)

These newspaper articles see *Kodokushi* as a symbolic phenomenon which shows the failure of the development of a caring community.

Although a self-governing body (*Jichikai*) was critical to prevent the incidence of isolated death, about 20% of the public reconstruction housings had not yet formed a self-governing body by the end of 1999 (Asahi Shinbun News, 9 Jan 2000, page 29). The formation of each self-governing body was the core of local community. But the reality was that the establishment of the *Jichikai* was not going as smoothly as expected.

The organization of the residents who administer the self-governing body and housings (*Danchi*) had played a critical role in the rescue activity immediately after the

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Earthquake and throughout the post-Earthquake reconstruction. At the temporary shelters, the incidence of isolated deaths triggered the formation of the self-governing body there.

Among the 220 post-Earthquake public reconstruction housings in Hyogo Prefecture, 180 reported that they had formed a self-governing body (Asahi Shinbun News, 9 Jan 2000, page 29[1]). Those who had not yet formed one are mainly in the urban areas such as Kobe city and Akashi city. Some self-governing bodies were established but then fell apart because of disputes among the residents. This showed the difficulty of running a new community which was formed rapidly in a short period of time.

The possible reasons why the formation of self-governing bodies had not gone smoothly were: 1) many of the residents were too old to participate in the activity of the self-governing body; 2) they were used to receive support and subsidies from volunteers and *Gyōsei* (public administration) at the temporary shelters, so they were not accustomed to be independent and autonomous (*Jishu Soshiki*); 3) many of the disaster-affected at PRH were not affluent and cannot afford to take care of others as the entitlement to public housing is low-income and many of PRH were built in suburban areas, which makes it difficult for a family member to make a frequent visit to take care of them.

From TV in the 1999 January wave were the following reports:

> Mr Tetsuo Matsumoto, LSA at a PRH. He found an 82-year-old women dead (*Kodokushi*) a few days after the death.
>
> Then an interview with Kobe City Home Welfare division, Division Chief, Mr Hiroshi Hayashida: "We need to create a society where old people can take care of each other. It is important to make a good community. With many old people who are no longer active, it is difficult to form an active community."
>
> The narrator continues, "The public reconstruction housings are a

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[1] In the article titled, "*Kodokushi* (Isolated death) and suicides. 38 people in the past one year. You are not alone. Public Reconstruction Housing. Festival. Hobbies. 'Talk to each other.'"

highly aged society, but this will soon be an issue in all of Japan, not only the disaster-affected area. We need to strengthen the public administration system and the local community to support the old people's self-support life style."
(1999/01/13 Wed/17:54- Ch.8 Super News Kansai 18:37-47 "Life Support Advisor (LSA) visits around (patrol) a Barrier-free housing – An ideal type housing with care that disaster-affected area try to realize through the experience")

This TV news item sees *Kodokushi* as a result of the failure to generate a caring community and that is a failure of *Gyōsei* and its collaboration with the community. This is also reflected in the following news feature:

> *Kodokushi* Lawyers Association. A group of lawyers prepared and submitted to the (Hyogo) Prefecture and Cities, "Public Administration also has responsibility for the isolated deaths which are occurring among the disaster affected people."
> Then the Representative of Nishinomiya local help network (NGO), Ms Fumiko Makino, is quoted, "The public financial aid will end by the end of March. Each NGO has to find a way of fund raising to continue their activity."
> (1999/01/14 Thu/18:00 NHK Ch.2 NewsPark Kansai "The situation of Earthquake area volunteers")

In this TV news item *Kodokushi* was seen as the failure of local authorities. The media was calling for public financial support to NGOs to continue their activities by introducing the situation and showing the importance of an NGO's work to prevent *Kodokushi*. From both clips, the media sees *Kodokushi* as a failure of *Gyōsei* and their lack of support to NGOs and their community work.

In a TV special programme, Prof Sachio Konishi of Kwansei Gakuin University, a panellist, commented,

> "All these interviews in the video clip show that their life at a temporary shelter was like heaven. But a temporary shelter is a temporary

shelter. It is too cold in winter. It is too hot in summer. They were lonely at the beginning when they moved in. But they established those relationships in the tenement house type residence and with a volunteer comes from outside. The question is if a community can be formed at a public reconstruction housing."

(1999/01/17 Sun/10:30-12:00 NHK Satellite I. BS7 Four years after the Earthquake, Search for making a new town how to make a new living)

In the discussion forum in the TV programme, Prof Konishi, responding to the introduced cases of people who said the temporary shelter life was better, explained what a temporary shelter is and analysed beyond this. He discussed the community development. He said it was easier with the low rise apartments, which was where some lived before the Earthquake in downtown and which was the design of the temporary shelters but not of public reconstruction housings. He also pointed out the role of volunteers and their role in the process of community development. He asked if this learning experience of community development could be taken into the new challenge of community development in public reconstruction housing.

In this same TV programme, however, another case was introduced from Silver Housing. Ms Toshie Murata thinks the temporary shelter design was better because it had a window through which she could see her neighbours walk and could start interaction with them. But at public reconstruction housing, she had no exchange with her neighbours. The public reconstruction housings are high-rise buildings and so this problem could be expected, but the silver housing she lives in is on the ground floor and still she does not see people through the window. Being able to see people passing by through the window was an architectural factor of Hochschild (1973)'s "unexpected community". Ms Murata's not being able to see people through her window may be because not many people were around, or because not many neighbours went outside. They may *Tojikomori* (stay at home closed). But also there were no visitors, and no volunteers came in. Each apartment is bigger and spacious so that the distance to the next apartment door is further. With a thick wall and heavy door, you cannot hear your

neighbours coming and going as was possible at a temporary shelter with thin walls. This could be the same influence to the feeling.

Media said that *Kodokushi* was not something that should have happened when residents received public attention from public and community. *Gyōsei* said volunteers and public health nurses came regularly to visit the residents of TSH, so it should not have happened. At PRH, although *Gyōsei* might claim it was no longer a post-disaster emergency period and they should have been back to a normal life and able to stand on their own, the residents at PRH were still supposed to receive attention because they were people who had lost housing in the Earthquake and the PRH was provided as part of a reconstruction process to those people. But *Kodokushi* still happened.

Hirayama (2000) listed 'lone deaths (*Kodokushi*)'[2] together with suicides and accidental deaths as increasing problems at TSH where circumstances, he claimed, were 'thoroughly effective in causing the dwellers to become depressed'.

> Nishinomiya city   Edagawa-cho Temporary Shelter.   Old people's club Jichikai-cho.   Self-governing body Chief, Mrs Teruki Tanimura says that there is no human relationship of the back alley at a public reconstruction housing. (1999/01/17 Sun/10:30-12:00   NHK Satellite I. BS7   Four years after the Earthquake, Search for making a new town how to make a new living)

TV reported that the residents at TSH were able to form, although with difficulty, a new community, similar to what they used to have before the earthquake.   But the media reported that the same people were not expecting to be able to do the same at the public reconstruction housing.   It is not only simply because of the design of public reconstruction housing, high-rise apartment building.   Starting with new neighbours all over again is seen as a factor.   They had experienced it in the post-Earthquake temporary shelters and some said they were too old and no more energy to make new friends again.   They are also concerned the fact that the higher proportion of

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[2] He did not use the Japanese term, 'Kodokushi', but only the English translation appeared in the English journal article.

the old people from the beginning of move-in to PRH from the start. It is also partly because the residents hear that volunteers are not coming into public reconstruction housing communities in the way they did to temporary shelter housing communities.

FEELINGS ABOUT OLD AGE

For this research, what caught the media and professionals' attention about 'Kodokushi' was the age distribution. It was mainly reported from men in their 50s and 60s and women in their 70s and 80s. Some of them were suspected suicides, which was also considered a very sad way of dying. And media and unhappy older residents say this shows how older people are treated unfairly. In Japanese values, older people, especially the current older people, this generation, who lived through the difficult war time and worked hard to bring Japan back to a developed country, as No 2 in the world economy next to the USA, they deserve the pay back from the younger generation who were born in the already affluent Japan. This is reflected in the Japanese Health (older people access to free medical care – which is causing a severe financial problem now after the economic stagnation began) and Welfare (generous pension and special benefits to war widows...) system as explained in the first background section in Chapter One. Thus if today's Japan is producing Kodokushi among its older people, it is not acceptable in Japanese values.

Media uses the number of Kodokushi cases and suicides cases among the number of deaths at TSH as a headline of the news.

> The Seventh Seishin Temporary Shelter
>
> Mr Mamoru Noguchi (70) Chief of the Self-governing body. 74 people died in this temporary shelter in the past three years. Two suicides. Three Kodokushi.
>
> (1999/01/15 Fri/23:30 Mainishi TV Ch.4 Caster Tsukushi Tetsuya News 23
> "Review The Earthquae and then after")

In this TV programme reviewing the Earthquake and after, *Kodokushi* is an issue that goes together with other issues such as losing health, happiness of old people, and stagnation of economy recovery in Kobe.

In Japanese society, the current older generation may fear social death. Although it is now changing, the older people are used to the Japanese life-long employment system, where once you join a company, you work until your retirement. The Japanese retiree usually found another job after they had retired and for another decade. Not many enjoy retirement in the Western sense. The Japanese life-style was so workplace centred that men felt they were socially isolated when they retired or lost their job.

Many people might have survived the earthquake but many might have felt that they had died socially, especially those in their fifties who were not ready to retire but lost their job and workplace due to the Earthquake. Or they might have lost the place of their activities which gave them the meaning of life. Or they might have lost the place to be (*Ibasho*), where they can identify themselves how they belong to the society.

FEELINGS ABOUT DEATH

Kodokushi is considered to happen to someone has no one to take care of them when sick and dying. A mentioned earlier, dying alone with no one's attendance is considered a very sad way of dying. It shows no one cares about the dying person. Also, it shows that the children of the dying person do not respect their filial duty to their old parents. "*Oyano shinime ni aenai* (One cannot attend when one's parent dies)" is believed to be the most unfortunate thing in Japanese values. The case of *Kodokushi* shows the breakdown of the family and the decay of Japanese traditions along with the social changes currently occurring in Japan, as shown in Chapter One, such as ageing population, urbanization and so on.

Kodokushi was used by newspapers as a catch-word in headlines, to shock and attract reader's attention. It has been used particularly in newspapers. In TV, it was mentioned

or was a headline of a couple of news clips in the 1999 wave but it was not taken up as a main issue in 2000.

GOOD DEATH or BAD DEATH

In Japan, when you do a bad thing, they have a proverb/saying to remind you, 'you may not be able to see your parent when s/he is dying.' It is very important to attend when one's parent is dying. If you cannot attend, it is often considered as the greatest regret in life.

Bradbury introduced a case of 'perfect' death in Britain as one who died surrounded by his family, at home. He died in his own bed, surrounded by love (Bradbury, 1999: 147). This is a good death when you say a good-bye to your loved one. This is very close to the Japanese value behind seeing *Kodokushi* dying alone as a bad death, the opposite of the 'perfect' death.

But then if the earthquake had not happened and if these poor older people were not placed at TSH or in PRH, were they going to die in a very different way? Were they going to welcome a 'good death'? Most of them lived in the low rise *Nagaya* type housing downtown, so they may have had neighbours in the community to look after them even if they did not have a functioning family to stay with them. Or were they going to die alone anyway, and they just became visible because of moving to TSH and PRH where they attracted the attention of the media? The conditions at TSH might have hastened their death earlier than their natural death. But if they were going to die alone anyway, why was *Kodokushi* such a problem?

Kodokushi is a bad death, wherever it occurs. No one wants to die alone. Old people interviewed on TV say they were scared to live at PRH alone because they were scared of welcoming *Kodokushi*. But if *Kodokushi* was a bad death, what was a 'good death'?

If someone died with no pain suddenly (*Pokkuri*), that was a good way of dying, no

matter if it was a sudden death and unexpected. Japanese often say, "I want to die *pokkuri*. I do not need to live just long. It is often said, "When I die, I want to die *pokkuri*, then I do not suffer from pain and I do not have to cause any burden to others who must take care of the dying". In a British study, a representation of the medical good death is when the dying patient is unconscious and free of pain (Bradury, 2000: 61). Bradbury says bad deaths are uncontrolled; in the struggle against death the dying persons would lose their control. She says one of the two types of natural good death is simply because it is sudden and unexpected. This is shared with Japanese views.

On one hand, you might say that you do not need to live long if you are suffering or are a burden to others. On the other hand, the good death is when a person dies in old age, after raising their children and seeing their grand-children. In Japan and Korea, still people often rush to get married when their parents become ill so that their parents can see them in a wedding dress and make their parents feel at ease. A daughter-in-law would say that the only regret is that I could not deliver a baby before my grand-parents-in-law passed away and they could not see their great-grand-children. When one dies young, especially when it was a sudden, unexpected, premature death, people often say, "They are still too young. Their life has just started...why." These comments imply that the death after short life is not a good death. But death after a long life is a good death. In Japanese, there is a saying, *"Tenju wo matto suru."* If you lived long, you have done your best and completed your duty and turn. No one can expect you to have lived longer.

Another analysis on that natural death is a good death whereas an unexpected death by accident or carelessness is a bad death.   If one dies as result of carelessness, then according to Japanese values the person did not take care of the life given by God, but wasted it in vain before completing his mission or duty to the society or to the world. On the other hand, unexpected death, when one dies without pain or placing a burden on others, is considered a better death than one following prolonged life with expensive medical costs and burnt-out family care-givers. People may want to die with dignity rather than just prolonging their existence with drugs and modern medical equipment, but not with any meaning to the life. And many would say that it is good to die while

people are still going to miss you rather than finally dying when people are waiting for your death, as taking care of your terminal stage is becoming burdensome.

Everyone dies at some point. It is unavoidable and everyone has to face it in the end. So why is death such a taboo? Why do people fear death so much? Why does death have this fearful image in general? Why we find welcoming a peaceful death or death as an event of mastery of one's life a challenge. Death is often the source of attraction to religion.

There are various good ways of life. There should be various good ways of dying.

If someone was not an old person of low-income or had not lost everything in the Earthquake, would they have been cared for by their own family members when they died? In the modern world, family members who used to care for the dying now hand them over to the public hospital (Walter et al, 2000: 15). Family members may attend at the last moment, but nurses and other workers are the ones who take care of the dying.

SUMMARY AND CONCLUSIONS

This chapter looked at *Kodokushi* (death alone, isolated death, dying alone) as caused by the total lack of family. The term *"Kodokushi"* was one of the Earthquake vocabulary. It was a favourite term of the newspaper headlines and the programme titles of TV news programmes. It was also given as the title to a sociological research study on the upper middle aged people living at TSH when the research sample was not the cases of *Kodokushi* themselves. As shown in Chapter Four, most *Kodokushi* cases were reported from men in their 50s and 60s and women in their 70s and 80s. The image of the word is shocking and negative. It leads our attention to social problems and changes in current Japanese society, such as population ageing, economic stagnation, urbanization and modernization with the loss of the sense of local community. It highlights worries for the future and may lead to calls for changes for a

better future. It reflects the feelings about community change, the feelings about old age, and the feelings about death in modern Japanese society.

'Is dying alone is a problem in your culture?' If you die alone, it is considered that it showed how this person lived, s/he was not a good person and therefore, no one cared to stay with this person when they were frail and dying. But old parents, like in America and Britain, may want their children to get on with their life rather than they give up what they are doing and come back to stay with them when they are dying. Although in Japan, it is considered very important to attend when one of your parents is dying.

CONCLUDING CHAPTER

INTRODUCTION

The present research was built on the Japanese understanding that Japan is experiencing a rapid population ageing, along with social changes in society, and that the current system would not be able to cope with the changes. There are public worries about how to cope with the new challenges and the need to seek out what will work. Taking the case of Kobe, the thesis adopted a case study approach, using data from media reports, public surveys, and fieldwork and interview notes.

The recovery process after the Great Hanshin (Osaka-Kobe) Earthquake provided the opportunity for experimentation in community development for a highly aged society of older people with non-functioning families. This is an increasingly important group in modern society, as the population ages. Kobe therefore received attention as a future model of Japanese society. This research looked at the elderly survivors of the Kobe Earthquake, especially in terms of community development where a large proportion of residents are older people and, furthermore, older people living alone in high-rise apartment buildings of Public Reconstruction Housing (PRH) and, in comparison, with the hutted apartments of Temporary Shelter Housing (TSH). The thesis has not solved all the debates regarding community development for a highly aged society with a large proportion of older people living alone, for policy analysis or as an operational framework. However, key lessons can be drawn from the exploratory micro-study research conducted in the context of Japan.

I would like to discuss here how far this case study is representative of Japan's future. My study population was not yet a representative group in current Japanese society but is receiving attention as a group that will increase in the near future, causing concern about how Japan will cope with the problems that the ageing population and social change will bring, e.g. social security system in times of economic stagnation. In demographic terms, it is said that the proportion of older people aged 65 and above being 40% of the total residents of TSHs and PRHs in Kobe is the same proportion for this age group estimated in the total Japanese population in year 2040.

Among older people, those living alone have received special attention. This is an increasing group as the family changes. Older women living alone in Japan have increased from 690,000 in 1980 to 2.29 million in 2000. The older men living alone have increased from 180,000 in 1980 to 740,000 in 2000. They are expected to increase further to 3.81 million women and 1.76 million men in year 2020[1].

However, one of the features of this group in Kobe is that they were people who were rather suddenly relocated to a new place on a mass scale as part of the post-earthquake reconstruction process. This feature, which is specific to this group, will affect its wider representativeness. In society more generally, the changes will be more gradual.

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[1] 2001nendo Danjo Kyōdō Sankaku Shakai no Keisei no Jōkyō ni kansuru Nenji Hōkoku, 2002/07/01 (Mon.) (Annual Report on establishment of the society of co-participation of men and women, Year 2001)
http://www.fukushi.com/news/2002/07/020701-a.html
[Date of Access 14 Nov 2003]

The PRH community in my research can be said to be developing along the lines of traditional Japanese communities, but with new flexible attempts to find ways for community development, with its new features such as massive high-rise apartment building and the large proportion of older people living alone, to function properly. The activities observed in my fieldwork in PRH were the same as that described in the National Report on the *Jichikai* (self-governing body) support system for older people in 2001[2], such as lunch services for older people. Key people and groups and community workers were also the same, such as *Minsei Iin* (welfare commissioners), public health nurses, nutritionists, and *Jichikai* members. One of the priority areas of *Jichikai* work is providing care and *ikigai* (meaning of life, what makes life worth living, the value of life, the purpose of life) to older people. *Minsei Iin* play an important role in providing advice to *Jichikai*. 86.3% of *Jichikai* in Japan receive advice from *Minsei Iin*. The National Report concludes that the community with *Jichikai* who are receiving advice from *Minsei Iin* has more collaboration with the older people's club and other groups and is a more active community.

All the above points from the National Report coincide with what I documented from my field work. The report suggests in conclusion, as pointed out by several local *Jichikais* in the survey, that the local communities are small scale and they have no capacity to cope with the increasing demands of an ageing population, and that it is

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[2] Jichikai Chōnaikai no Kōreisha shien ni kansuru Hōkokusho, 2001, (Report on the Self-governing Body support system for older people) http://www.ashita.or.jp/shiryou/jichikai [Date of Access: 14 Nov 2003]

increasingly important to coordinate at the *Rengō* (Union) level across *Jichikai*s for service provision and systematic collaboration. This was also what Mrs Sakura, a female welfare commissioner at the Natsu-Aki area, was working on and mentioned to me, although I myself did not follow her to the Union's meeting. Another interesting finding in the report, which is relevant to my thesis, was that a *Jichikai* which has *Yakuin*s (committee members) of both sexes has a higher rate of partnership with other groups, understands the community situation better, and performs more active, better neighbouring. The report, therefore, recommends that *Jichikai* have *Yakuin*s of both men and women, not predominantly men.

CRITICAL FINDINGS

Population group that became visible

More than half of the immediate victims, in terms of morbidity and mortality, of the earthquake were older people, measured as the number of deaths/casualties and earthquake-related illnesses. Medical professionals called attention to the needs of older people (Tanida, 1996). Government undertook a policy to prioritise people aged 65 and older, especially those living alone, as well as disabled people. The Department of Health of Kobe City and Governor of the Hyogo Prefecture noted the anxiety of those who were still left at TSH as a major mental health issue.

The media called attention to older people as a vulnerable and weak population needing care and help. The media warned that this group of older people, brought to the fore

and made visible at TSH after the Earthquake, was a future model of Japan's ageing society. Older people were the major focus in 1998-1999 media coverage of the Earthquake but, while they were kept in focus in the 2000 media coverage, the main emphasis and focus shifted to other issues, such as the struggling middle-aged survivors and children/Earthquake orphans, and how to prepare for future disasters and emergencies. On the fifth anniversary of the Earthquake, the tone became more positive and shifted away from looking at the past and complaining.

Public surveys and policy grouped older people as the weak, together with the disabled and children, and did not have any gender aspect. But the media reported that older women were coping well and were good at making friends, but older men were having more problems living alone. TV introduced more older women than older men, with both unhappy, lonely older women and older women with positive attitudes. Yet all comments made by a TV reporter on women's state of happiness were positive and comments on how men were coping with the new life were negative.

This research has also analysed the shift of focus and tone of media coverage over time in parallel with data collection in the fieldwork. The media was critical of the public administration in many ways, if not all the time. It pointed to instances where the administration was not doing enough and emphasised the problems occurring. And the public administration was sensitive to the media's reports. The media is one way to give voice to an issue, although it has its own bias and tends to be sensational. The views channelled through the media on an issue do not necessarily coincide with other views obtained, such as those through official public surveys.

On occasion, the media can help to correct the misunderstandings of government about older people. On the other hand, the media plays an important role in popularising new words and inputs to policy. Government surveys were designed with traditional thinking but the media were more enlightened regarding gender. Field workers were aware of men in trouble. The media was able to question gender but were biased against seeking information on the financial situation of individual survivors. The media also publicised new initiatives and activities, such as the news of new categories of staff, or staff expansion as part of the reconstruction effort. Some jobs existed but became better known after the post-Earthquake recovery process as numbers increased in Kobe, such as Life Support Advisors for older people (LSA).

Loneliness

The most frequently used phrase by older people both at TSH and PRH on TV was, "I am lonely." For example, the argument at PRH was something like 'I cannot make friends at PRH so I am lonely and PRH is not a good place. I miss TSH.' Some older people found a community to belong to - the community that provided care to them or the community they could make a contribution to - when they moved to TSH when they might have been lonely in their previous urban life. There were factors other than age concerning the situation of the older people at PRH such as housing type and the time and stage of the new community, as will be discussed in the following sections. In my thesis, critical gerontology questioned traditional thinking: older people cannot change so that housing relocation is bad for older people. Other examples at TSH and RPH

were "I am alone and I am lonely." (even though 'being alone' is not the same as 'being lonely'.) "I am old and I cannot make friends and I am lonely." "I am a man and I cannot make friends while women can just keep talking and easily make friends." It seems that not being lonely is an important challenge in life, especially when starting afresh in a new place. Yet if old people say 'I am lonely', the media presents these old people as not being treated well and as if this was a failure of the public administration.

Kodokushi (Death alone, Isolated death, dying alone)

Kodokushi was perceived as the case of absolute absence of family, when no one is there to take care of the isolated dying older person. This word was used by the media as eye-catching and attention-grabbing in their headlines. Counting the number of reported *Kodokushi* cases was headline material. *Kodokushi* is a critical incident and might be important to highlight risks, but it does not necessarily show the typical situation of older people or other victims. The media may be willing to announce another *Kodokushi* case when this person received care and home visits every day but happened to die when no one was there. Just such a media report had upset a public health nurse volunteer leader working in the community (Chapter Eight, page 218).

Community Development

The status of research sites was in transition from emergency disaster relief at TSH to a supposed-to-be-back-to-normal life at PRH. What was learnt through the TSH experience of community development (such as how to develop community activities,

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how to provide and use the place communally, and provide care from outside the family system, including a home visit to an older person living alone, in another words, developing a caring community) did not look immediately successful when applied to the new PRH communities. This may be a function of time and no firm conclusions can be drawn at this early stage.

Gyōsei (Kobe Dept of Health and Welfare) believed the Natsu-Aki PRH and the Fuyuyama PRH were doing better because they had someone who took a leadership role, and there were community activities and collaboration with the Department of Health and other Kobe City officials. They had someone with skills to work in partnership with the government. In my thesis, critical gerontology questioned traditional thinking that older people living alone form the most weak and vulnerable group needing care/support from the younger (of their family member in Japan). The difficulty for community development at PRH might have been due to the lack of volunteers or the fact that they were not used in the same way as they had been in TSH. Alternatively the older people themselves and less motivated staff may over time be able to build new communities.

As discussed in Chapter Six, coordination between the *Gyōsei* (public administration) and local communities is deemed to be the key to developing a successful community care system. In Japan, the *Minsei Iin* (welfare commissioner, official volunteer) is a key person who has already established trust and respect in a community.

Another important actor is the *Jichikai* (self-governing body). The *Jichikai* becomes an official representative of the housing community, collaborating with local government and so may enhance health and welfare work. *Gyōsei* may want to go into a community to do their work but it is not always easy without *Jichikai*. It was difficult to form a *Jichikai* at PRH, especially in such a mammoth new community with high-rise buildings developed in a short period of time.

The establishment of the *Jichikai* (self-governing body) was seen as a very important necessary step for community development. But the establishment of a self-governing body was reported to be difficult in a highly aged PRH community. Some said this was due to the age of the residents or other factors, such as too many former *Yakuins* (community committee members) from TSH times with their own ideas on how to do things. This may be a factor but others were also mentioned such as PRH residents' previous experience at TSH, and the large size of the community and the large number of households.

No one model will fit all situations. The leader at the Natsu-Aki PRH was a *Minsei-Iin*. The leader at the Furuyama PRH was the Chief of the *Jichikai* (self-governing body). Another rising actor in post-Earthquake Kobe was the Life Support Adviser (LSA). Chapter Six showed that LSAs at PRH were not necessarily working well, or solving all the problems, or replacing the work done by volunteers at TSH. At places like the Natsu-Aki PRH, where other people were more active and taking a leadership role, it may have been difficult for LSAs to find a critical role. But in places like the Fuyuyama PRH, the role for LSAs had a greater potential. In either place, the LSA

alone could not do all the caring community work, but she could be an important resource already available in the community to work together with residents.

Japan is a highly health conscious society and health activities are often seen as a pathway to developing a community. Some older people said the only people they talk with in their life were doctors and nurses. A health programme was one way that *Gyōsei* could find a way to get the local community to work together - *Renkei*. A health promotion programme can be carried out at a place where a local community has already been formed. On the other hand, carrying out health promotion activities could be a part of the process of community development in a society like Japan where health seeking is of high value. These actions are reciprocal to each other.

Gender and Community

The community management role and work are primarily undertaken by women at the community level, whereas formal community politics roles are undertaken primarily by men at the community level (Moser, 1993). My thesis questioned the thinking that men dominate women in the community. In my fieldwork, Mrs Sakura was taking both a community managing role and a community politics role. In the policy making process, women's roles were critical in a bottom-up approach. It allowed the policy to directly reflect the needs at local level. Community development was more likely to be successful when a women's group took a major role. Although it does not mean it would be a failure if men were in control, what made the Natsu-Aki PRH compound most active, outstandingly so, among other PRH compounds seemed to be the presence

and active participation of Mrs Sakura, the female leader who took up both traditional men's posts and a women's role with women's groups. Gender and change in the Japanese society were observed in the discussion comparing Mrs Sakura as a leader at Natu-Aki PRH with Mr Tanaka, *Jichikaicho* (Chief of the Self-governing body) at Fuyuyama PRH in Chapter Six on PRH.

Housing types and size

Housing type is one of the determining factors in community development according to the lessons from the Kobe experience. Housing type is an important factor for social network development. The community settings in particular housing environments can change the daily habits and activities of elderly people. Despite the modern housing, the residents in PRH reported problems of isolation and loneliness.

High-rise apartment buildings were not good for forming a healthy community for older men and women. They made it difficult to have human contact with neighbours. It was not easy to make friends, especially when older people were living alone. Regardless of housing schemes, the difficulty in making friends with neighbours in old age is partly because of the nature of urban life styles and the results of urbanisation. There were older people living alone before the Earthquake, but they lived in a community. In downtown low rise houses, it was more possible to live alone without experiencing the post earthquake problems of loneliness.

In the Kobe case, community development in the PRH was more difficult because all of a sudden a large number of strangers had moved in. When several high-rise apartment buildings formed a single development, the number of households was as large as several hundreds up to more than one thousand. The overall size of a housing complex matters (Power, 1999) in terms of community development dynamics. Mammoth housing schemes were seen as a difficult factor for community development by community leaders in my ethnographic fieldwork and by academics and the media. It is not easy for residents to development relationships with new neighbours among the many strangers in a large apartment compound. For anyone, either LSA or *Minsei iin*, it is difficult to find a way to cover the large number of residents in a giant housing scheme.

Large-scale high-rise modern apartment-building compounds were created as possible solutions after the Earthquake. Housing with this type of architecture may be a demonstration of the problems of an over-ambitious, over-paternal system of government and a top-down approach. The lessons learnt from the experiences in Europe after the Wars when governments provided large scale housing (Power, 1999) were not taken into account. PRH was not necessarily built for older people, although it had silver housing and had barrier-free design on the ground floor apartments. After these older people die, the residents may become younger, as in other older public housing.

In my case studies, high rise PRH technology improved safety but did not relate positively to happiness. Worries of relatives and family were reduced but the happiness

of residents might have not increased. To solve the problems of unhappiness and loneliness, more or different kinds of social work may be required. More social work helped by better architecture and town planning may be required.

In a population-concentrated Asian city, high-rise apartment buildings may be unavoidable to meet the number of apartments needed, but common space for community use, green areas, and life style facilities outside each individual's apartment need to be included. This is already knowledge, at least in Western experience (Gilloran, JL, 1968. Krieger and Higgins, 2002). Gilloran (1968) mainly discussed housing in terms of younger children but also said: "Nor are the more elderly spared. Up in the air with their only lifeline the lift, when it works, and a good view of the sky, many of them are tormented by the fear and often the experience of loneliness, which is accentuated should the individual be incapacitated in any way." Gilloran (1968) also argued that living in a high-rise flat makes it necessary to provide means outside the dwellings for some hobbies and pursuits, and for fostering the art of good neighbourliness and understanding in the community. PRH were trying to develop such occasions and community activities. .

Ideas for housing and town planning would ideally come up from a bottom-up approach, whereas the massive scale of high-rise apartments reflects top-down approaches (Power, 1999). However, a large-scale high-rise environment in East Asia may not have the same emotional impact and lack of sense of community and local belonging as high-rise in the Western context where low-rise is more common, but this kind of experience is documented mostly in Western studies and this topic is under-studied in Asia (Forrest et

al. 2002). In the context of my thesis I documented the problems for older people

caused by poor planning but some of the problems identified in the early stages may be

solved over time. Some may not, but which I cannot say, so there is a need for further

research.

FUTURE RESEARCH

In the process of reconstruction after the earthquake, Kobe City became the first to

show outstanding local government initiatives to construct life care communities in

cooperation with local communities. It could be important to examine the Kobe case

further for future research.

More research needs to look at how the *Jichikai* system, which worked in Japanese

traditional society for small-scale communities, can be made to work for a large-scale

community with an ageing population. This includes how *Rengō* (Union) of *Jichikai* is

to facilitate community development across various local communities, both active and

inactive.

Even among TSHs and PRHs in the specific settings of a limited area within Japanese

society, the dynamics of community development, and the main actors varied among

different communities. Another country, with a different social, political and cultural

context, would have a different experience, though there may be similar features among

societies whose systems may be very different. Comparative studies of community

development for the ageing community in China, for example, would give new insights and interesting findings. This is a hot topic in China as well and often receives attention by Chinese media (For example, China Daily Nov 2004). More research in broader social settings needs to look at the following roles: public and private sector responsibility for care in an ageing society; national, prefectural, and local responsibility for care in an ageing society; and community and family and individual responsibility for care and independent life in an ageing society.

The Earthquake made the economically lower classes visible. The polarization of class by housing created new aspects in community features in modern Japan. This also needs to be looked at in terms of the above questions, along with various community development dynamics. Different classes may need different types of public work and private sector work, or a different balance between the two. And what if the polarized classes are located within the same administrative district? The better-off area could facilitate and help the community development of the poorer neighbourhood, or despite the administrative division, the neighbourhoods could be segregated. The latter would be much less likely in racially homogeneous Japan compared to a multi-ethnic society. But this could not be answered in my research.

One of the questions that needs to be looked into in future research is the psychological implications of social security and the pension system, especially with the low income older people. This was one of the questions I have had in mind from the very early stage of my research, but I was not able to collect data to investigate it, as discussed in Chapter Three.

Receiving welfare does not mean that these people did not contribute to society in their earlier life, but they were not in the formal sector, and so built up no pensions or social capital that would lead them to be acknowledged and to be entitled to pension payments. As looked at in Chapter One, it is often women who have not worked in the formal sectors, or worked but not long enough or with sufficient continuity to be entitled to the pensions.

With the findings from my research I would define one question for future research to be the psychological and mental health impacts of an ageing population in various social and cultural settings, including the different types of legislation and social security systems which affect family roles and structure, including gender roles.

The loneliness and mental ill health of poor people, and the implications of poverty for isolation, form another future research theme. If one is poor and cannot afford to offer a cup of tea, then one has no opportunity to show hospitality. One could feel lonely due to the poverty. It is difficult for such poorer people to establish social networks. An old person's relationship with their children sometimes went wrong if the old person's financial situation was not good. Chapter Seven's theme of Loneliness has implications for pension levels and needs to be further looked at in future research.

After the 1985 Earthquake in Mexico, Non-Government Organizations (NGOs) were born in Mexico, with community activity initiatives taking bottom-up approaches. Church has always been there. It was said that public schools and housing were hard hit

and the corruption in the public sector was high lighted. People organized themselves and worked out what to do in response. It was said to be the year of the birth of the NGO. So it was the same with Kobe. When a disaster such as an earthquake hits a city, in the coping process, a group like an NGO may be formed. Further research on this process is required as the development of the private sector in partnership with the public sector is considered an option to cope with an ageing society.

ORIGINALITY / CONTRIBUTIONS TO CURRENT KNOWLEDGE

The originality of this research lies firstly in the media data and analysis. Media matters in Japanese society and analysis of the media reports on loneliness and *Kodokushi* has implications for social policy. Discourse analysis of the media data as part of the case studies was original.. The importance of the media has been underestimated in social policy studies. The media is important in forming policy in Japan. Secondly, secondary analysis of Japanese public health surveys was original, especially by bringing in a gender focus which has been largely lacking in Japanese public surveys. Also, my research was the first to apply the computer assisted qualitative analysis software, QSR NVivo (Qualitative Solution & Research), to Japanese field work case studies.

My thesis's contribution to current knowledge includes my interpretation of the media's discourses in comparison with my own discourses. Further specific discourse analysis was carried out on Earthquake vocabularies such as *Kodokushi* (isolated deaths), *Renkei* (coordinated collaboration), and *Fureai* (human touch, communication, making friends).

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The key factors in community development in the context of the resettlement of older people were analysed in terms of leadership, gender roles, mobilization of existing resources, working together, and public health interventions. Japan is a highly health conscious society. Some aspects of measures of success were analysed and identified the changes from hard to soft as well as from physical to mental success. Analysis was done on loneliness, *Kodokushi* – as the case of the total lack of family, with attention to older people living alone. In my thesis, critical gerontology questioned traditional thinking: 1) Older people living alone form the most weak and vulnerable group needing care/support from the younger; 2) Older people cannot change so that housing relocation is bad for older people; and 3) Gender roles in community politics result in men dominating women.

My argument from my thesis is that people who had formerly been involved in well organised traditional communities were displaced by the earthquake into new housing where the environment was technically much better but social life had to start from scratch, and there were no effective tools to do this, since this was a new development for Japanese society. I studied community development and a case study of the way that an innovator like Mrs Sakura was building new methods of working and adapting the old traditional *Minsei Iin* systems to rebuild a supportive community. She was applying the *Minsei Iin* system to a new community with new features such as the mammoth size and the high proportion of older people living alone.

Looking at the longer term impacts of the Earthquake is a contribution to current knowledge. Other reports on Earthquake impacts were either immediate impacts or one to three years impacts. But my research looked at the impacts of five years on.

IN CONCLUSION

This research aimed to look at processes following a natural disaster. These processes are likely to be present in similar disasters but there can be no attempt to generalise about the size or extent of such processes. The complexity of large natural disasters means that each case will be unique, though replication shows many common components.

This special Japanese case of the disaster highlighted the existence of unsupported elders. They were possibly there already but were low income and disregarded. The earthquake hit these people hardest and they were concentrated in camps and they became highly visible. Here was where the media came in.

Living alone in old age could be a concern to older people in Japan (Hashimoto, 1996). When healthy and fit it is not an issue, but if something happens, living alone becomes a problem. They may need family or some other service as a contact in case of emergency (2000 Jan 11 TV).

As to how to develop caring communities when a large proportion of residents are older people and living alone in high-rise apartment buildings, the main arguments resulting from the case studies lie in the importance of *Renkei* (coordinated collaboration) between public administration (*Gyōsei*) and local people, including volunteers and among themselves. Through *Renkei*, a community can better identify the resources available and how to access and utilize them.

Good work overall had been done in the case study areas as an initial stage of community development at PRH, with its massive scale of high-rise apartment building with a large proportion of older people, especially older people living alone, who had moved in all at once, but more was needed, and the principal actors (*Gyōsei* (public administration), local community, civil society) could do better next time, if there is a next time.

High-rise PRH seemed to be problematic. But from my research duration, it cannot be said if this was because of architecture, short time scale or lack of social work. The time scale is still short even now. What was seen as a problem at the time of my research may get better as time passes, but the architecture will not, and social work might not. In the limited space in an urban city, there is not much choice other than building the modern high-tech high-rise apartment building. We cannot simply rebuild the tiny single storey collective houses similar to where these low income older people used to live before the Earthquake.

The public housing provided was not well thought through (Hirayama, 2000). Several activities and community interventions were targeting older people living alone in the research sites. They revealed that older people living alone could be more active and have a great network in their community than those older people who lived with their families and tended to stay at home. Older women living alone may be more active and social than older men living alone and it may therefore appear that older men living alone are a risk group. Regardless of gender living alone is not a problem in itself, for it can be seen rather as a success for the society which has realized a long and independent life for them.

The conclusion is that Japanese society and all others that are going down the same demographic road with similar ideologies of the family will have to provide much more non-family support, will have to do so in different ways from the traditional family support system, and need to think about future housing provision in terms of encouraging community action among isolated older people. New ways of producing family care and social cohesion that do not rely on the exploitation of women are urgently needed (Wilson, 2000: 168). This is very much needed in Japan as well.

The conclusions from this evidence are that disasters are long drawn out events for vulnerable older people, especially those without money or families. Official statistics and the media make their own interpretations of what is going on and the workers on the ground reproduce many of their views and some old prejudices of their own.

Loneliness among older age groups has started to receive more attention. The second UN World Assembly on Ageing took place in April 2002 in Madrid twenty years after the First World Assembly on Ageing in Vienna in 1982. What is new in the Madrid International Plan of Action on Ageing is Loneliness, Isolation, Neglect, and Elderly Abuse. There could be more research looking at these issues.

Appendix 3-1: Field Notes List

Observation

Place	Date	Time	Length of report (words)
Haruyama TSH	3 April 1998	8:00-17:00	2062
	3 Sep 1998	8:00-17:00	2400
	18 Nov 1998	10:00-17:00	3264
	25 Nov 1998	10:00-17:00	1708
	2 Dec 1998	10:00-17:00	1007
	9 Dec 1998	10:00-17:00	1400
	16 Dec 1998	10:00-17:00	1059
	23 Dec 1998	10:00-19:00	798
	30 Dec 1998	10:00-17:00	596
	6 Jan 1999	10:00-17:00	1043
	13 Jan 1999	10:00-17:00	432
	27 Jan 1999	10:00-17:00	954
	24 Feb 1999	10:00-17:00	2750
Seishin 7th TSH	4 Sep 1998	9:00-17:00	1700
Natsu Aki PRH	4 Feb 1999	11:00-13:40	6863
	5 Feb 1999	11:30-13:40	3633
	15 Feb 1999	10:40-14:10	4544
	16 Feb 1999	10:00-13:00	6944
	25 Feb 1999	10:00-11:20	2976
	8 July 1999	13:00-18:00	3568
	9 July 1999	10:00-12:20	6364
	17 July 1999	10:30-14:30	3756
Fuyuyama PRH	9 Feb 1999	9:30-11:20	4598
	19 Feb 1999	9:00-12:10	6097
	25 Feb 1999	12:00-13:20	3208
Kobe SH PRH	1 June 1999	15:00-20:00	2807
Nada PRH	10 June 1999	10:00-16:00	1905

Typical Sample Field Research Diary Days

A Day of tea party at Haruyama TSH

7:00 a.m.	Leave home
8:20 a.m.	Kobe Sannomiya Station
9:00 a.m.	Seishin Minami Kobe Subway station
10:00 a.m.	Arrive at Haruyama TSH.
	Open and clean the Haruyama TSH community Centre and Start preparing for the tea shop
12:00	Lunch

1:00 p.m.	Serving at a tea party as a volunteer waitress
3:00 p.m.	Tea shop ends
	Cleaning the kitchen and the community centre
4:00 p.m.	Staff meeting
5:00 p.m.	Lock the community centre and return home.

A day of home visit accompanying the volunteer public health nurse at Haruyama TSH

7:30 a.m.	Leave home
8:45 a.m.	Meet up with the public health nurse at the Hankyu Umeda (Osaka) station
	Travel to Kobe together and talking with her on the train.
10:00 a.m.	Arrive at the Haruayama TSH.
	Start making a home visit to each household still left
12:00	Lunch
	and continue a home visit
4:00 p.m.	Leave the Haruyama TSH and return home

A day of a tea party and health promotion and counselling programme at the Natsu-Aki PRH

7:50 a.m.	Leave home
10:00 a.m.	Arrived at the assembly hall of the Natsu-Aki PRH.
	Sit at the tea party and observation
12:00	Interview to key informants
1:00 p.m.	Leave and return home

A day of lunch service at the Natsu-Aki PRH

8:00 a.m.	Leave home
10:20 a.m.	Arrived at the subway station and wandered around the area.
11:00 a.m.	Arrived at the assembly hall of the PRH and looked around.
	Took notes from the notice board.
11:30 a.m.	People started to come.
1:00 p.m.	Helped cleaning the dishes and room.
1:45 p.m.	Leave

A day of mini-day care centre at the Natsu-Aki PRH

8:20 a.m.	Leave home
10:40 a.m.	Arrived at the assembly hall of PRH.
11:00 a.m.	Mini day care service started.
	Physical exercise.

11:30 a.m.	Lunch.
12:30	Game
1:30 p.m.	Afternoon tea.
2:00 p.m.	Singing a song
3:00 p.m.	the programme ends
	Cleaning
3:30 p.m.	Leave

A day of one of the first Yūai Home Visit activities after a monthly birthday party at the Natsu-Aki PRH

1:30-3:00 p.m.	Monthly Birthday party at the assembly hall.
3:30 p.m.	Staff Meeting at Tatami room.
4:00 p.m.	Yūai (Friendship and Love) home visit.
5:15 p.m.	Leave for home.

A Day of Breakfast programme at the Fuyuyama PRH

7:15 a.m.	Left home.
9:00 a.m.	Arrived at the Fuyuyama station. Walked around and took some photos.
9:20 a.m.	Volunteers at the Catholic church starts a silent prayer.
9:30 a.m.	The breakfast service starts.
11:10 a.m.	Interview with a key informant
12:30	Leave

A day of Health promotion programme at the Fuyuyama PRH

12:00	Arrived at the assembly hall of the PRH.
12:15 p.m.	Observation at the health promotion programme.
2:00 p.m.	The programme ends.

Interview

	Where	Who present	Date, How long	Length of report (words)
Minsei Iin (Welfare commissioners) of Natsu-Aki PRH	Assembly Hall of the Natsuyama PRH	Mr Takada and Mrs Sakura	4 Feb 1999 11:00 am to 12:00 (1 hour)	2976
Chief of the self-governing body of Akiyama PRH	Assembly Hall of the Akiyama PRH	Mr Kamiyama, the Chief	16 Feb 1999 11:45 am to 13:00 (1 hour and 15 min.)	3135
Chief of the self-governing body of Fuyuyama PRH	Assembly Hall of the Fuyuyama PRH	Mr Tanaka, the Chief, and two LSAs	9 Feb 1999 9:45 am to 11:10 am. (1 hour and 25 min.)	4598
LSA at the Fuyuyama PRH	LSA office of the Fuyuyama PRH	Ms Suwa, LSA	10 Feb 1999 11:10 am to 12:10 (1 hour)	1897
Director of the old people's home in Ashiya	The old people's home	Mrs Ichikawa, Director	22 July 1999 10:00 –14:30 (4 hours and 30 min.)	7749
Director of the Department of Health and Welfare of Kobe City	Office of the Director	Director and three staff of his office (Chief of Health, General Affairs, and Accounting and Administration)	26 Jan 1999 11:00 – 12:00 (1 hour)	2877
NHK Kobe TV reporter	Italian restaurant near the NHK Kobe	Ms Aya	31 May 1999 12:30-14:15 (1 hour and 45 min.)	1913
Kobe Shinbun Newspaper journalist	Kobe Shinbun Office	Ms Isobe	10 June 1999 17:00-18:00 (1 hour)	1780

Appendix 3-2:   TV Coverage 1999

List:

1. 1998/11/24/18:35   Channel 10 News.

2. 1998/12/05/18:10 – 18:40   NHK "Searching for housings which we can support each other: Choice of elderly people at the time when soon will be the fourth year after the Earthquake" 発信基地 '98　「支えあえる住まいを求めて」震災4年を前に高齢者の選択 (Recorded in video tape)

3. 1998/12/17/23:15-45　ＮＨＫ教育　男と女の生活学「人間と住まい」(Human beings and Living)中島明子　目白女子学園短大

4. 1998/01/08 Fri/21:30-22:00　Sun-TV　EYE f フォルテ　「仮設3年・復興住宅で新年」(Three years in temporary shelters and a New Year at a public reconstruction housing)

5. 1999/01/10 Sun/18:30-19:00 Sun-TV フェニックス兵庫・震災復興　「創造的復興に向けて」(Towards the creative post-Earthquake Reconstruction)

6. 1999/01/10 Sun/23:15-23:40　NHK Ch.2　新日本探訪　「鍋に願いをかよわせて」神戸・長田　震災4年・避難所の炊き出し　鍋に再び集う人の輪 ("Make a with on Nabe (cooking pot)" Kobe Nagata 4th year gathered around the nabe used at a evacuation centre at the time of the Earthquake

7. 1999/01/10 Sun/24:15-24:45　読売テレビ Ch.10　ＮＮＮドキュメント '99「震災から4年」NNN Document '99 "Four years after the Earthquake"

8. 1999/01/11 Mon/17:40-　Sun-TV　夕方いちばん　震災シリーズ（1）断層が伝えるあの日の記憶・北淡町　震災記念公園からの中継　Earthquake Series (1) Memorial Park

9. 1999/01/11 Mon/17:54- 関西テレビ Ch.8　スーパーニュース関西 SuperNews Kansai 18:30-シリーズ震災4年（1）退去期限は3月――今も5800世帯が仮設で暮らす現実　Earthquake year 4 Series (1) Expiration date for leave is March – The fact Still 5,800 households are living at a temporary shelter

10. 1999/01/11 Mon/16:05-　ABCテレビ　Ch.6　ワイドABCDE―す　18:00-　震災から4年　Four years after the Earthquake

11. 1999/01/11 Mon/18:00　NHK Ch.2 ニュースパーク関西　Newspark Kansai　震災4年・最後の仮設住宅　Four year after the Earthquake, the last temporary shelters.

12. 1999/01/11 Mon/18:30 毎日テレビ Ch.4　ナウ Now　「1．17あの日を刻む ― 神戸の経済は復興したのか　徹底調査」Remember 1.17 – Has the economy of Kobe been recovered?

13. 1999/01/11 Mon/18:23-　読売テレビ　Ch.10　スクランブル「仮設の暮らし（1）5

年目の証言 "決断は間違っていなかった。"」Living at a temporary shelter (1) Testimony to the fifth year　18:30-32 定期調査地点の現状報告　Report of the current situation　18:35- 「仮設住民は誰が何を考えながらつくったのか」"Who created temporary shelter residents with what kind of thoughts"

14. 1999/01/11 Mon/21:30- Sun-TV　Eye f フォルテ　「被災高齢者励ます料理教室」 Cooking class to cheer up elderly people living in a temporary shelter

15. 1999/01/12 Tue/11:30-noon　スクエア　主婦の作った震災映像　"Filmed by a housewife"

16. 1999/01/12 Tue/17:40-　Sun-TV　夕方いちばん　震災シリーズ（2）取り壊された ケア付き仮設のその後　Earthquake series (2) What after the break-down of the special temporary shelter with special care system for elderly people and disabled people

17. 1999/01/12 Tue/17:54- 関西テレビ Ch.8　スーパーニュース関西　SuperNews Kansai 18:30-　「住宅優先の再開発計画で忘れ去られたもの。。。"廃業"を迫られた商店主の 訴え」"What was left behind by the reconstruction plan with a priority on housing... Appeal from a shop owner who had to close his business"

18. 1999/01/12 Tue/16:05-　ABCテレビ　Ch.6　ワイドABCDE一す　18:00-

19. 1999/01/12 Tue/18:00　NHK Ch.2 ニュースパーク関西　NewsPark Kansai 「震災を 記録する」Record the Earthquake

20. 1999/01/12 Tue/18:30 毎日テレビ Ch.4　　ナウ　Now「新工場を作りたい・・"震災特 例"にかけた工場主の夢と現実」"Want to make a new factory...The dream and the reality of a factory owner who risked with a special plan, 'Earthquake Special Exception'"

21. 1999/01/12 Tue/18:23-　読売テレビ　Ch.10　スクランブル　「仮の暮らし（2）殺 してくれ　―　三度目の冬ついに父はこう言った」Temporary living (2) Kill me – in the third winter Father begged his son.

22. 1999/01/12 Tue/21:30- Sun-TV　Eye f　フォルテ　「三月末で仮設住宅は。。。」The end of this March the temporary shelter will expire

23. 1999/01/12 Tue/23:00-　ＮＨＫ　Ch.2　ニュース１１ News11　「震災から４年　動 きだした病院間情報網」Four year after the Earthquake – Hospital information network system started to function

24. 1999/01/12 Tue/23:35-45　ＮＨＫ　Ch.2　明日を読む Read Tomorrow　神戸４年目 の冬 Fourth winter of Kobe

25. 1999/01/13 Thu/17:40-　Sun-TV　夕方いちばん　震災シリーズ（3）行政との対立 いえぬ住民の思い　Earthquake Series (3) Disagreement with public administration – Feelings unexpressable by the residents

26. 1999/01/13 Wed/17:54- 関西テレビ Ch.8　スーパーニュース関西 SuperNews Kansai 18:37-47 (Recorded Video Vol.1-11) バリアフリー住宅を生活援助員が巡回 ― 被災地が目指す住宅ケアの理想型 Life Support Advisor (LSA) visits around (patrol) a Barrier-free housing – An ideal type housing with care that disaster-affected area try to realise through the experience

27. 1999/01/13 Wed /16:05-　ABC テレビ　Ch.6　ワイド ABCDE一す　18:00-

28. 1999/01/13 Wed /18:00　NHK Ch.2 ニュースパーク関西　NewsPark Kansai 震災企画・県外被災者の４年　Four years of those who lost their house at the Earthquake and now living outside the Prefecture (recorded Video vol.1-9)

29. 1999/01/13 Wed /18:30 毎日テレビ Ch.4　ナウ Now　「グループホーム老後安心して暮らせる住まい ― 仮設からの提言」 Group Home, a housing good for aged people – suggestions from experiences at temporary shelters (recorded Vol.1-12 (last 6min. only) (再放送　筑紫ＮＥＷＳ23　recorded vol.2-5 全部)

30. 1999/01/13 Wed /18:23-　読売テレビ　Ch.10　スクランブル「笑顔見たくて見せたくて ― 少女が神戸で見つけた小さな喜び」

31. 1999/01/13 Wed /21:30- Sun-TV　Eye f フォルテ

32. 1999/01/13 Wed/22:00- ABC テレビ Ch.6 ニュース・ステーション　22:55- 23:10　3日間シリーズ　3 day series of Earthquake「閉ざされた空間　被災者　終の住みかで」 "Closed space – the final housing of the Earthquake evacuees" (recorded Video vol.1-13)

33. 1999/01/13 Wed /23:15 毎日テレビ Ch.4　筑紫ＮＥＷＳ23　(recorded vol.2-5 全部 10 min.)

34. 1999/01/14 Thu/11:45-55　スクエア　「震災４年：今生き方は」 Live for what

35. 1999/01/14 Thu/17:40-　Sun-TV　夕方いちばん　震災シリーズ（4）菅原市場再建の苦闘　ジャーナリスト黒田清が語る　Earthquake Series (4) Struggle of Sugahara Market Reconstruction　Reported by Journalist Kuroda

36. 1999/01/14 Thu/17:54- 関西テレビ Ch.8　スーパーニュース関西　SuperNews Kansai 18:30-　「"仕事がない" 復興をはばむ不況 ― 仮設工場からの報告」ケミカルシューズ工場取材　"No job' Economic depression prevents post-Earthquake Reconstruction – Report from a temporary factory : Chemical Shoes Factory"

37. 1999/01/14 Thu/16:05-　ABC テレビ　Ch.6　ワイド ABCDE一す　18:00-

38. 1999/01/14 Thu/18:00　NHK Ch.2 ニュースパーク関西　NewsPark Kansai 「被災地ボランティアは」 the situation of Earthquake area volunteers

39. 1999/01/14 Thu/18:30 毎日テレビ Ch.4　ナウ Now　「きずなを生かしたい―高齢者生活再建とコレクティブハウス」 Wants to maintain the relationships – Life reconstruction of old people and Collective housings

40. 1999/01/14 Thu/18:23- 読売テレビ Ch.10 スクランブル 「仮の暮らし（１）また来て下さい 住まい変われど老いて一人 高齢者と我が家」"Temporary Living (1) Please come again Although moved to a permanent housing, I am aged and alone - Old people and my home" (recorded Video Vol.2-2)

41. 1999/01/14 Thu/19:30-20:00 NHK 教育 Ch.12 共に生きる明日 "Future Living Together"「震災が変えた靴作り」"Earthquake changed my shoe making" (Recorded Video Vol.2 -3 30 min)

42. 1999/01/14 Thu/21:30- Sun-TV Eye f フォルテ 「兵庫県内の全市町の町並みを描く」Scenery of towns in the Hyogo Prefecture

43. 1999/01/14 Thu/21:30-22:00) NHK Ch.2 クローズアップ現代 Close Up Modern Society「孤立する高齢者たち 復興住宅からの報告」"Isolated old people – Report from a public reconstruction housing after the Earthquake"（１２月５日（土）の再放送）& 震災４年 (Recorded Video Vol.3 -3 30min.)

44. 1999/01/14 Thu/23:00-23:20 ＮＨＫ衛生第一放送 ＢＳ７ ハロー日本われら地球人 Hello Japan We live on the Earth「震災をわすれないで」Remember the Earthquake (recorded video vol.3-4 20min.)

45. 1999/01/14 Thu/20:54- 毎日テレビ Ch.4 筑紫哲也 NEWS２３ 23:20-「老いを看る — 仮設からの提言」"Care the aged – suggestions from a temporary shelter" (ＭＢＳ１／１３ 18:30- ナウの再放送)

46. 1999/01/15 Fri/18:10-45 NHK Ch.2 ホリデー日本 Holiday Japan「しんどいけど頑張ろや 阪神大震災復興支援工場」"I know it is hard but let's go for it. The Hanshin Earthquake Reconstruction Support Factory" (Recorded Video Vol.2-6 45min.)

47. 1999/01/15 Fri/17:54- 関西テレビ Ch.8 スーパーニュース関西 SuperNews Kansai 18:30- 「市民が伝える１月１７日・追悼の思い」 Memorial by people「被災地に高校生ボランティア」 High school volunteer visits a temporary shelter

48. 1999/01/15 Fri/16:05- ABCテレビ Ch.6 ワイドABCDE一す 18:00- 「仮設の方がずっとよかった」 Living at a temporary shelter was much better than at a public reconstruction housing「なぜお酒に アルコール依存症」 Why Alcoholism

49. 1999/01/15 Fri/22:50- ABCテレビ Ch.6 ニュースステーション News Station「あれから４年（３）震災遺児たちの心に虹を 遂に完成レインボーハウス」"Four years after the Earthquake (3) Rainbow to the Earthquake orphans: Finally the Rainbow House has been built"

50. 1999/01/15 Fri/23:10-20- テレビ大阪 Ch19 WBS 震災４年…全壊マンションの地獄…神戸ルポ」 Four year after the Earthquake: Hell of the destroyed flat buildings (Recorded Video Vol.3-8 10min.)

51. 1999/01/15 Fri/21:30- Sun-TV　Eye f フォルテ

52. 1999/01/15 Fri/20:54-　毎日テレビ Ch.4　筑紫哲也 NEWS２３ 23:30-　「総特集…震災それから」黒田清

53. 1999/01/15 Fri/21:12- Ch.10 桂文珍　ポートアイランド仮設　HAT 神戸 (recorded Video Vol.4-1)　Port Island Temporary Shelter, HAT Kobe Reconstruction housing

54. 1999/01/16 Sat/18:10-40 NHK Ch.2 発信基地 '９９ 「活動を続けたい震災４年目ボランティアの現状」(Recorded Video Vol.4-2　30min.)　The situation and difficulties the Earthquake volunteers face in the fourth year

55. 1999/01/17 Sun/01:43 ・ ABC テレビ Ch.6　テレメン「震災５年目　仮設の絶望　見捨てられ行く人々」In the fifth year of the Earthquake.... Desperation of temporary shelter...people left behind

56. 1999/01/17 Sun/02:41-05:30　サンテレビ　１．１７震災―震災報道この一年　（ニュース EYE ランド & EYE f　再放送) Re-broadcasting of the programmes aired in the past one year (Recorded Video Vol.5-1)「神戸靴・くららべーカリー」(Kobe Shoes, Bakery factory of the disabled people) (98.7.14 放送) ;「レンガ小路」(Brick Street)(98.2.27 放送);　「県外避難者の分」(Out of the Prefecture evacuees) (98.2.25 放送);「戻りたい」(Wish to return) (98.11.4 放送);「生きて仮設を"命の重み"」(Leave the temporary shelter ALIVE, not dead, "The heaviness of Live") (98.11.10 放送) ;「関東在住被災者のこれから」(Future of the evacuees who now live in East Japan (Tokyo area) (98.11.11 放送) ;「誘致に全力・神戸港に船は戻るか」(Efforts to get the customers back to the KOBE port) (98.8.6 放送) ;「震災をこえて」(Over the Earthquake) (98.11.19 放送) ;「心の復興を・劇団『愛・サーカス』」(Recovery of Mind, theatre "Love and Circus" (98.6.12, 8.7 放送) ;「全国初ペットが飼える公営住宅」(The first public housing allowed to keep an animal pet in Japan) (98.12.14 放送) ;「被災地の思いを詩とエッセイにたくして」(Poem and essay of the feelings of the Earthquake sufferers) (98.2.12 放送)

57. 1999/01/17 Sat/03:32-05:15) 読売テレビ　Ch.10 報道特集　Special Report 映像でつづる阪神大震災全てを記録　Films from the Earthquake　(video Vol.4-4)

58. 1999/01/17 Sun/06:00-07:00　サンテレビ　Sun-TV　再生の道 The road to reconstruction　映画「人間のまち―野田北部　鷹取の人々」　Film "Town of human beings...People in Takatori"

59. 1999/01/17 Sun/10:00-11:00　毎日テレビ Ch.4　１．１７あの日を刻む「With...３０人の証言―震災であなたの生き方はかわりましたか」Testimony of 30 people – Has your attitude to life changed after the Earthquake? (Video Vol.5-3　48min.)

60. 1999/01/17 Sun/11:00　NHK Ch.2 阪神大震災からの４年「復興マップで被災地・神戸の今を徹底検証」Reconstruction maps (Video Vol.5-4　50min.)

61. 1999/01/17 Sun/10:30-12:00　NHK衛生第一放送 BS7　阪神大震災４年　新しい街づくりへの模索―どうつくる新しい暮らし」Four years after the Earthquake, Search for making a new town – how to make a new living

62. 1999/01/17 Sun/18:00 ニュースパーク関西　NewsPark Kansai「特集・震災から４年」Special Report – Four years after the Earthquake (途中から Video Vol.5-5)

63. 1999/01/17 Sun/18:00-　毎日テレビ Ch.4　報道特集 Special Report「震災４年―仮設最後の冬に」Four years after the Earthquake – the last winter at a temporary shelter

64. 1999/01/17 Sun/19:00-　サンテレビ Sun-TV 鎮魂　そして歩み III Requiem and Steps III「それぞれの４年・被災地からの手紙・復興住宅から問いかける」Each people's four years – letters from a temporary shelter resident – Questions from public reconstruction housings(Vol.5-6)

65. 1999/01/17 Sun/21:00-21:50　NHK スペシャル (NHK Special)「取り残された再建」"Reconstruction Left Behind" 震災４年・９兆円の復興資金はどこへ・暮らし戻る日は Four years after the Earthquake, 9　trillion yen for reconstruction has been spent on what?　When the living will come back? (Vol.5-7)

66. 1999/01/17 Sun/22:00-23:00　NHK 衛生第一放送 BS7　日曜スペシャル Sunday Special　写真家　熊谷武二　Photo Journalist Kumagai(Video Vol.6-1)

67. 1999/01/17 Sun/24:15-24:45 読売テレビ Ch.10　ドキュメント '99 Document'99 「震災から４年」Four years after the Earthquake (Vol.5-8)

68. 1999/01/17 Sun/24:20-25:20) 毎日テレビ　Ch.4　映像９０ Film90「在宅介護」Home Care 震災４年・老人介護は今　Four years after the Earthquake – the current situation of care for elderly people (Vol.6-3)

69. 1999/01/17 Sun/25:25-26:29　読売テレビ　Ch.10　震災回顧③避難所物語　涙と別れ Remember the Earthquake 3 Evacuation Centre – Tears and Good-bye（1995 再放送）（Vol.6-3)

70. 1999/01/17 Sun/26:29-1999/01/18 Mon/03:00　読売テレビ　Ch.10　震災回顧④街づくりは誰の手に　揺れる避難所の市長選挙　芦屋市 Remember the Earthquake 4 City Reconstruction will be to whose hands – election of city major two months after the Earthquake　・voting from an evacuation centre – Ashiya city

71. 1999/01/18 Mon/17:54-　関西テレビ Ch.8　スーパーニュース関西 SuperNews Kansai　「みんなで新しい市場に引っ越したかったのに…震災５年目　それぞれの第一歩」We wanted to move back to our newly reconstructed market bazzar... fifth year of the Earthquake – each people's first step

72. 1999/01/18 Mon/18:23-　読売テレビ Ch.10　スクランブル　店も家も失って　４年いつかは必ず…　男６０歳の負けてたまるか　Lost my shop and lost my house.　Some

day...these four years.... I will .... I am a 60 year old MAN and I will not give up ...I will not be a loser.

73. 1999/01/18 Mon/16:00- ABCテレビ Ch.6 ワイド ABCDE一す　アメリカの防災対策 サンフランシスコ　Disaster Prevention in the USA.... Sun Francisco

74. 1999/01/18 Mon/18:30- 毎日テレビ　Ch.4　ナウ　Now　震災５年目の街　あの日ここで…１０キロウォークで見たもの　Fifth year after the Earthquake.... Charity 10 km walk：what we saw...what were here

75. 1999/01/18 Mon/19:30　ＮＨＫ教育 Ch.12　列島福祉「ケアハウスは老いを支えられるか　鳥取県」(Video Vol.6-4　30min.)

76. 1999/01/18 Mon/22:00- ABCテレビ Ch.6　ニュースステーション News Station「あれから４年公的支援のはざま」　Four years after the Earthquake – between public supports

77. 1999/01/18 Mon/21:30-　Sun-TV　EYE フォルテ「震災５年目のボランティア活動」(Vol.6-5) Volunteer activities in the fifth year after the Earthquake

78. 1999/01/18 Mon/23:35-45 NHK Ch.2 明日を読む Read Tomorrow「震災と住宅再建への課題」Earthquake and issues of housing reconstruction　(Vol.6-6)

Appendix 3-3: TV Coverage 2000 List

1. 1999/06/13 7:45-8:00 am TV: NHK Kobe 復興'99 (Reconstruction '99)
"The current situation of housings at the Earthquake-affected area" series. No. 2
Collective House

1. 2000/01/07/18:35   Channel 10 News Scranble. 波乱の震災後を長期取材…ある被災者の５年。Long-term report of the troubles and events after the Earthquake... Five years of a disaster-affected.

2. 2000/01/07/17:54   Ch. 8   SuperNews Kansai 震災から５年①人との "つながり" が生活再建のカギ   Five years since the Earthquake ① The key to the life reconstruction is "relationship" with human beings.

3. 2000/01/07/18:30   Ch.6 Wide ABCDEsu   私が仮設住宅を出られない理由 The reason why I cannot leave the temporary shelter.

4. 2000/01/07/18:30   Ch.4 MBS Mainichi News Now "Remember the day   ①   Five years since left Kobe. Turning point for those disaster-affected now living outside the Prefecture.   「あの日を刻む①   神戸を離れて５年…転機を迎える県外被災者」

5. 2000/01/07/Fri/21:30-22:00 Sun-TV EYE f フォルテ 「復興住宅２年・生活再建へ」Two years in the public reconstruction housing. Towards the life reconstruction.

1) Reconstruction Symposium.   Each becomes independent.
2) Life reconstruction: Case of Ms. Chieko Ueda.   Two years since moved to her public reconstruction housing.

6. 2000/01/09/Sun/07:45-08:00   NHK Ch.2   Special Feature of post-Earthquake Reconstruction.   Towards the fifth anniversary of the Earthquake

7. 2000/01/09/Sun/24:25-2455 Ch.10 Yomiuri TV "Document '00 Five years of a victim of the Hanshin Earthquake" ドキュメント'00　阪神震災者５年

8. 2000/01/10/Mon/17:54 Kansai TV   Ch.8   Super News Kansai.   Five years after the Earthquake ② The end of the ninety years history of the Sugahara Market.

What are they doing who supported the Market.

9. 2000/01/10/Mon/18:23 Yomiuri TV Ch.10 Scramble. Five Years of the Nagata ward Taisho street Market.

10. 2000/01/10/Mon/18:00 ABC TV Ch.6 Wide 630 News "Evacuation with the wheelchair"
Series of the fifth anniversary of the Earthquake to think about what left after the Earthquake. Community development. To form town with prevention for the disaster with the special attention to the weak. What is the current situation of volunteers. What is the ideal life for old people. Series will continue until 17 of Jan (except weekend: 15 and 16).

11. 2000/01/10/Mon/2:00-22:45 NHK Edu Ch.12. ETV Special Feature. "Five years after the Earthquake. The path of mind since the morning. ① The day a junior high school student became a grown-up."

This is the first one of series of three. Report the three generations who live in Kobe city Higashi Nada Ward Motoyama district. In this first report what was the experience of teenagers.

12. 2000/01/10/Mon/21:30-22:00 Sun-TV Eye f news. Disaster prevention learning from the Earthquake experience.

13. 2000/01/11/Tue/05:00- NHK. Ch.2 Good morning Japan. "Fifth year anniversary of the Earthquake. Turning point of the disaster-affected markets."

14. 2000/01/11/Tue/17:54- Kansai TV. Ch.8 Super News Kansai. Five years after the Earthquake ③ We will not forget small you.... Memorial parents built for their lost children.

15. 2000/01/11/Tue/18:23- Yomiuri TV. Ch.10 Scramble News. Memorize in the memorial ③ gifts from the stone JIZO (a guardian deity of children)

16. 2000/01/11/Tue/18:30- ABC TV Ch.6 What the rescue dogs are doing now.

17. 2000/01/11/Tue/19:00- NHK News7 Ch.2 Five years since the Earthquake. The issue of the disaster prevention helicopter

18. 2000/01/11/Tue/21:00- NHK News9 Ch.2 Five years since the Earthquake. The safe policy of highways

19. 2000/01/11/Tue/21:30- Sun-TV News EYE f "Disaster Prevention policy from the learning experience ④ Telephone"

20. 2000/01/11/Tue/22:00-22:45 NHK Edu. Ch.12 ETV Features "Five years after the Earthquake. The path of mind since the morning. ② Old people at the Temizu Temporary Shelters. (Collective house, special type for disabled and old people. LSA is Ms. Michiko Kuwahara.)

21. 2000/01/11/Tue/23:35-23:45 NHK Ch.2 Reading Tomorrow "Five years since the Great Hanshin Earthquake.

22. 2000/01/12/Wed/05:00 NHK Ch.2 Good morning Japan. Disaster Prevention

23. 2000/01/12/Wed/17:54 Kansai TV Ch.8 Super News Kansai
The study group of academics proposed to the Kobe city major Sasayama from their study on post- Earthquake reconstruction covering infrastructure and so on.
"Ageing society at the public reconstruction housings" "Earthquake series ④ Housing was rebult....but...."

24. 2000/01/12/Wed/18:23 Yomiuri TV Ch.10 News Scramble "17 year old who made a vow/ pledge/ oath to the dead father. Five year path of the earthquake orphan."

25. 2000/01/12/Wed/18:30 ABC TV Ch.6 Wide ABCDEsu "Housing arrangement to support each other"

26. 2000/01/12/Wed/18:30 Mainichi TV (MBS) Ch.4 Now "Memorize the day 1.17 ③ Built a high-rise building instead of tenement house. Warmth coming back.

27. 2000/01/12/Wed/19:10-45 NHK Edu Ch.12 Live sparklingly. "Wish to convey

the heart from the Earthquake-affected area."

28. 2000/01/12/Wed/19:00   NHK   Ch.2   NHK News 7   "Disaster prevention for highways.   Disaster prediction system."

29. 2000/01/12/Wed/21:00   NHK   Ch.2   NHK News 9   "If the company (enterprise)'s disaster prevention policy has developed?"

30. 2000/01/12/Wed/21:30-22:00   NHK   Ch.2   Close Up Gendai (modern society) "Five years since the Earthquake.   Small and middle-size enterprise (company) standing in difficulties.   Searching for reconstruction."

31. 2000/01/12/Wed/22:00-22:45 NHK Edu   Ch.12.   ETV Special Feature. "Five years after the Earthquake.   The path of mind since the morning.   ③   The middle-aged generation who supported the reconstruction.

32. 2000/01/12/Wed/23:00   NHK Ch.2   NHK News 11   "Five years since the Earthquake.   Composed melody (music) for the poem written by the son who died at the Earthquake."

33. 2000/01/12/Wed/21:30   Sun-TV   News EYE f   "60% of temporary lease land. Reconstruction Street and land adjustment and improvement (Kukaku Seiri)."

34. 2000/01/13/Thu/05:00   NHK Ch.2   Good Morning Japan "Prime Minister Obuchi visiting Thailand", "Now Public Reconstruction Housing," "Disaster Prevention training", "Diagnosis of the seriously injured at the time of disaster",

35. 2000/01/13/Thu/08:30   NHK CH. 2   Life Hot.   "Five years since the Earthquake. Hurt of mind does not healed.   The suffering of mother who lost her daughter."

36. 2000/01/13/Thu/11:30-12:00   NHK Ch.2   Before Lunch.   "The Great Hanshin Earthquake and Volunteers"

37. 2000/01/13/Thu/16:00   TV-Osaka. Ch.19   Happy Full score TV.   "Five years since the Earthquake.   The loneliness at the public reconstruction housings."

38. 2000/01/13/Thu/17:54   Kansai TV   Ch.8   Super News Kansai   "Five years after the Earthquake ⑤ From a disaster victim's will.   Merchandise Loan which was able to be paid back by the life of husband"

39. 2000/01/13/Thu/18:23   Yomiuri TV   Ch.10   News Scramble   "Kizuna (relationship) of the fifth year.   Disappearing temporary shelters."

40. 2000/01/13/Thu/18:30   ABC TV   Ch.6   Wide ABCDEsu   "The path of our town reconstruction"

41. 2000/01/13/Thu/18:30   MBS   Mainichi TV   Ch.4   Now   "Remember the day 1.17 ④ People shaken at the street and land adjustment and improvement (kukaku seiri)

42. 2000/01/13/Thu/19:00   NHK   Ch.2   NHK News 7   "If learning from the Earthquake experience alive?   The reality of the building examination of which currently under construction"

43. 2000/01/13/Thu/19:10-45 NHK Edu. Ch.12   Volunteer   "Special.   New starts of the Earthquake orphans."

44. 2000/01/13/Thu/21:00   NHK Ch.2   NHK News 9   "Utilization of Electric Map for the reconstruction after disaster"

45. 2000/01/13/Thu/23:00   NHK Ch.2   NHK News 11   "New methods for diagnosis of the seriously injured at the time of disaster."

46. 2000/01/13/Thu/21:30   Sun-TV   News EYE f "The light of hope to KOBE"

47. 2000/01/14/Fri/05:00 NHK Ch.2 Good Morning Japan.   "Fiver years since the Earthquake at the brewery.

48. 2000/01/14/Fri/08:30   NHK Ch.2   Life Hot. "Kayo won't be a loser.   The five years since the Earthquake a girl experienced.   Divorce of her parents."

49. 2000/01/14/Fri/17:54 Kansai TV Ch.8 Super News Kansai "Lighting with heart. Those who live away from Kobe."

50. 2000/01/14/Fri/18:23 Yomiuri TV Ch.10 News Scramble "Memorize at the memorial ④ Requiem for 6432 people."

51. 2000/01/14/Fri/18:30 ABC TV Ch.6 Wide ABCDEsu "Earthquake volunteers"

52. 2000/01/14/Fri/18:30 Mainichi TV MBS Ch.4 Now "Memorize the day 1.17 ⑤ Disappearing Temporary factories. Difficult re-start."

53. 2000/01/14/Fri/18:00 NHK Ch.2 News Park Kansai "From the questionnaire survey of Earthquake"

54. 2000/01/14/Fri/19:00 NHK Ch.2 NHK News 7 "Weathering the consciousness for disaster prevention. Learn again from the lessons (kyoukun) of the disaster-affected."

55. 2000/01/14/Fri/21:00 NHK Ch.2 NHK News 9 "Issues of using the mobile phones at the time of Earthquake."

56. 2000/01/14/Fri/21:30-22:30 NHK Ch.2 NHK Special "Five years The Great Hanshin Earthquake ① To save one more life. Lessons from the 6400 deaths. Examine the rescure system."

57. 2000/01/14/Fri/23:10 NHK Ch.2 NHK News 11 "New movement on implementing Earthquake insurances."

58. 2000/01/14/Fri/23:35-45 NHK Ch.2 Reading Tomorrow "Earthquake and landslide"

59. 2000/01/14/Fri/25:10-27:30 NHK Ch.2 Learn from the Great Earthquake. Re-broadcasting. "The lights of city went off". 25:55 "Two years of a housewife." 26:40 "From under the broken stuff."

60. 2000/01/14/Fri/22:00 ABC TV Ch.6 News Station "If the minds of the

Earthquake orphans have been taken care and healed? Earthquake orphans' home "Rainbow House".

61. 2000/01/14/Fri/21:30 Sun TV "News EYE f "Five years after the Earthquake. For tomorrow"

62. 2000/01/14/Fri/23:30 MBS Mainichi TV Ch.4 Tsukushi Tetsuya News "From Kobe to Taiwan. What connects the hearts of them"

63. 2000/01/15/Sat/18:00 NHK Ch.2 Good Morning Japan "The current situation at a small size public reconstruction housing", "Five years since the Earthquake. Talk by Prof. Hayashi, Kyoto Univ."

64. 2000/01/15/Sat/09:15 NHK Ch.2 Saturday Hot Wide "Tanigawa Kouji talk about his Earthquake experience", "How to build a house bearable to an earthquake"

65. 2000/01/15/Sat/18:10-45 NHK Ch.2 Special Feature: Post Earthquake Reconstruction "The issues to be left at five years since the Earthquake: Community and town development, Support for older people"

66. 2000/01/15/Sat/25:15-26:05 NHK Ch.2 "Start of Earthquake orphans" (re-broadcast)

67. 2000/01/15/Sat/26:05-27:25 NHK Ch.2 "Run 1000 km the Silk Road over the Earthquake"

68. 2000/01/15/Sat/25:35-26:45 Yomiuri TV Ch.10 Earthquake Special Feature "EARTHQUAKE" the decision of a child. Lessons from ten seconds that divided lives.

69. 2000/01/16/Sun/07:45-08:28 NHK Ch.2 Earthquake Special.
Mr. Tamura, NHK Kobe.
Mr. Kaihara, Hyogo Prefecture Governor
Mr. Kazuto Uchihashi, Economist
Ms. Hiroko Kuroda, Nurse, Representative of "Shimin Kikin KOBE" (Citizen Fund:

KOBE)

Mr. Yoishiro Fujiyoshi, NHK Editorial Writer

70. 2000/01/16/Sun/10:00-11:00　　MBS Mainich TV Ch.4　　Special Earthquake programme "With... Kizuna to the world: devoted love of the earthquake experienced to rescue those in the front line of hunger and poverty"

71. 2000/01/16/Sun/11:00-12:00　TV Osaka Ch.19　"Five years since the Earthquake. Looking for the house of healing.　Now Kizuna to the lonely heart which has been closed."

72. Part of the programme is re-broadcast of a part of 37. 2000/01/13/Thu/16:00 TV-Osaka. Ch.19　　Happy Full score TV.　"Five years since the Earthquake.　The loneliness at the public reconstruction housings."

73. 2000/01/16/Sun/11:30-12:00　NHK Ch.2　New Asia.　Turkey Great Earthquake.

74. 2000/01/16/Sun/13:00-14:55　Kansai TV Ch.8　"Examine　The Great Hanshin Earthquake.　What the five years at the disaster affected area question.　The time the former Prime Minsiter, Murayama, talk.　Those who cannot return to their home town.

75. 2000/01/16/Sun/15:30-17:30　ABC TV　Asahi TV. Ch.6　"Eire (yell) 1.17　Rebirth. The wisdom of Kobe".　Lessons from the temporary shelter housings.　Town development.　Take a photo of the disaster-affected area.　Where the public support goes.　The evolution of volunteers.　Songs of hearts.

76. 2000/01/16/Sun/17:30-18:00　TV Osaka Ch.19 Super mother of Taiwan disaster affected.

77. 2000/01/16/Sun/18:00- (30 hours)　NHK Ch.2　"Earthquake Five years.　Support each other.　Thirty hours till midnight of 17 Jan to connect the disaster affected areas.　Questionnaire to 3500 people.

78. 2000/01/16/Sun/18:00 Mainichi TV Ch.4 Special News. Five years since the Earthquake. Examine the risk at our feet.

79. 2000/01/16/Sun/24:35 Mainichi TV Ch.2 Image '00 "The disaster affected area in the cold winds. Now the homeless people"

80. 2000/01/16/Sun/19:00-54 Sun TV Ch.36 The broken life line. How to utilize the learning experience from the Earthquake.

81. 2000/01/16/Sun/22:00-30 Sun TV Ch.36 Kobe Report. "Five years after the Earthquake. Messages to the next generations."

82. 2000/01/16/Sun/25:15-27:15 Sun TV Ch.36 Report of rescue activities at the Turkey and the Taiwan earthquakes. Lessons to the Hanshin areas.

83. 2000/01/16/Sun/27:15-29:30 Sun TV Ch.36 The news of the past year. Re broadcast the EYE f news of the past year. Temporary shelters. Public Reconstruction housings. Street shops.

84. 2000/01/16/Sun/24:55-25:50 Kansai TV Ch.8 "Visiting the wishes. Messages to leave. The records of those Earthquake victims."

85. 2000/01/16/Sun/25:50- Kansai TV Ch.8 "We will not forget you. Monument with our hearts."

86. 2000/01/16/Sun/24:25-55 Document '00 Kobe By supporting each other.
Ms. Hiroko Kuroda (who was a nurse now is a member of the Support Network of Hanshin old people and disabled people) has been working as a volunteer. By looking at her activities and the disaster-affected people, we will think what is the real reconstruction. Second of the series.

87. 2000/01/17/Mon/05:30 Sun TV Ch.36 Earthquake Special programme. "Looking at the future" " Lessons from the Earthquake"

88. 2000/01/17/Mon/05:00 NHK Ch.2   Good Morning Japan   Earthquake.
Continues almost all day Earthquake specials in NHK, and several hours at each private television station. Introducing people's five years.   Memorial activities starting from early morning, the time of the Earthquake.   Disaster Prevention training. Earthquake in Turkey and Taiwan.

89. 2000/01/17/Mon/12:00-45   NHK Ch.2   The Great Hanshin Earthquake Memorial Ceremony for those who died.   Attendants include Crown Prince Hironimiya and Prime Minister Obuchi.   They delivered a speech.

90. 2000/01/17/Mon/21:30-23:00   NHK   Ch.2   International   Corporation.   The Earthquakes in Turkey.   German and Israeli ways compared with Japanese aids.
The Earthquake in Taiwan.   Kukaku Seiri (street improvement).   Introducing the very similar case.   Street with shops. The reasons for what each shop/house owner wishes for what.   The case is very similar from outside.   But the policy process is very different.   Compared to Japan, Taiwan takes bottom-up approaches. Gyousei (public administration) has not been strong in Taiwan in all other sectors.   Private sectors have been the one to take an initiatives.   This time, too.   Also, they have more Christian churches and those people who have experienced working as volunteers. They have those volunteers of the large number already trained.   The context is different, too.

91. 2000/01/22/Sat

Appendix 3-4

Asahi Newspaper Jan 2000 (Japanese)

1. 2000/01/09 Sun. Page 1. "Rapid Ageing at Post-Earthquake Reconstruction Housings." Kobe-city run 31.9%. Hyogo Prefecture run 36.9%. Nishinomiya city run 44.2%. Time to evaluate and reconsider the support policy.

2. 2000/01/09/Sun. Page29 "Isolated death and suicides 38 people in the past one year. You are not alone. Public Reconstruction Housing. Festival. Hobbies. 'Talk to each other'.

3. 2000/01/10/Mon. Page 1. "Emergency Relief. Society bearable to the Earthquake. Five years after the Hanshin Earthquake. ① Japan's support to the earthquakes in Colombia, Turkey, Taiwan.

4. 2000/01/10 Mon. pages 28-29. Earthquake Symposium. From Hanshin, Turkey and Taiwan.

5. 2000/01/11 Tue. Page 1. Society bearable to the Earthquake. Five years after the Hanshin Earthquake ② Tele communication at the time of Disaster. The rapid increase of Mobile phones and decrease of public phone booths. Will it be able to cope?

6. 2000/01/12/Wed. Page 1. Society bearable to the Earthquake. Five years after the Hanshin Earthquake. ③ The disaster weak (Saigai Jakusha). The problems and issues in normal daily life were carved out.

7. 2000/01/13/Thu. Page 1. Society bearable to the Earthquake. Five years after the Hanshin Earthquake. ④ Enterprise Company Disaster Prevention. Continuation of the business and work is also the social responsibility. Power Plant. The case of Taiwan Earthquake. What was learning experience from Kobe. Comparison of the two Earthquakes.

8. 2000/01/14/Fri. Page 1. Society bearable to the Earthquake. Five years after the Hanshin Earthquake. ⑤ Towards the stronger housings and stronger town. Lessons learned from the collapse" Public money was invested. Rules of the citizens.

9. 2000/01/14/Fri Page 1. "Disaster-affected children. New cases development are reported. Post-traumatic Stress Disorder (PTSD). Hyogo Prefecture Education Committee survey reports that some came to surface after a long period of time.

10. 2000/01/14/Fri Page 29. Interview with Hyogo Governor Kaihara. "To realize the support system of housing."

11. 2000/01/15/Sat Page.1 "Forty % of the houses of total destroyed receive no subsidies. The system to support the disaster-affected. The barriers such as the limitation by the annual income. Low application in urban areas.

12. 2000/01/15/Sat Page 4. International Conference: Examine the Earthquake. "Mission to make use of and convey the lessons learnt"

13. 2000/01/15/Sat Page.33- Local pages introduce some memorial events of the Earthquake

14. 2000/01/16/Sun Page 1. "The Great Hanshin Earthquake. Tomorrow. The exact fifth year. Public reconstruction housings. The deepening sense of isolation. Survey of 500 households shows that more than 10 % want to move out. The manner is lowering. The complains are increasing.

15. 2000/01/16/Sun Page 3, 4, 38.

16. 2000/01/16/Sun Page 39
80% of the Old age disaster affected go to a hospital regularly. Aftershock to Body. Mind. Money. Old age. Survey at the public reconstruction housings. Gyousei support. 'Consider more'.

17. 2000/01/16/Sun Pages 19-24 Earthquake Special

Page 19. Buddhist priest who is a famous writer.

Page 20-21   Mr. Yusuke Kishi (41) Writer. "Always next to risk"

Ms. Yukiko Touhata (58) Kobe city Higashi Nada ward. Office woman, who lost her 21 year old only daughter at the Earthquake. "Crying all the time. No"

Page 22. Photos. Turkey. Tiawan. Temporary shelters sent from Kobe to Taiwan.

Page 23. To Old People, neighbours are too distant. The result of Asahi News Survey of 500 people at the public reconstruction housings.

Page 24. For the day that will come sometime. At home, Sleep at the edge of the room.

18. 2000/01/17/Mon   Page 1.   Today Fifth Year The Great Hanshin Earthquake. Lessons learnt Share with the World and heritage. International Symposium. Gyousei and Chiiki (local) to Renkei (collaborate).   Suggest Examine Conference to establish the system for future international cooperation.

Photo.   Candle service of 6432 candles. (the number of death toll) at 05:46 the time of the Earthquake. "Let's move on forward."

19. 2000/01/17/Mon   Pages, 2,3,21, 38-39

Pages 2-3   Panel Discussion

20. 2000/01/17/Mon Evening.   Earthquake memorial ceremony.

Transcripts of Messages of Crown Prince and of Prime Minister Obuchi

APPENDIX 3-5-1: TV coverage on Earthquake by station, time, type of programme for January 1999 and 2000.

Appendix Table 3-5-1: TV coverage on Earthquake by station, time, type of programme for January 1999 wave   (minutes)

Station Ch		News			Special Feature	Document ary	Time (min) for old	Ratio of Old
	a.m.	6 p.m.	9 p.m.	Late				
NHK 2		11.TemHouse 12. 13.small enterprises. Out of Pref. 14.Volunteer. Isolated death 15. 17. Gyousei		12. Orphans PTSD	14.CloseUp Gendai. Lonely old people (30) 17 (50) 17 (50) 18 Reading Tomorrow (10)	10 (25) 12 (30) 14NGO(10) 15(25) 16Volunteer(30)	25 30 50	105/3 30
NHK Edu 12						14(30)		0/30
NHK Satellite BS					14(20) 17(90) Forum. Prof. Konishi 17(60)		90	90/ 170
Mainichi MBS 4		11.Small enterprises. 12.Factory 13.Group home LSA Kuwahara 14.Kizuna Collective House 15 17 18CharityWalk		11(10) 14Kuwahar a(10) 15(15)	17(60)	17(60) Dementia. Home care.	10 60 10 10 15 10	115 /22 5
Asahi ABC 6		11.LSA Kuwahara(10) 12 13 14 15 Temp was better. 18 Disaster prevention. SanFrancisco	18. Gyosei	13(15) 15 Orphans		16(60)	10 15 60	85/ 155
Kansai 8		11.Temp House 12.Shops Temp House 13 Barrier Free LSA 14. Economic depression 15 Memorial 18					10	10/ 60
Yomiuri 10		11.Gyosei 12 Temp House Murder of father 13.Orphans. Old people (5) 14. Housing and old people 18	15. Temp House (10)	10(10/30)	17(95)	17Kuroda(30) 17(65) 17(30)	10 10 5 10 30 10	75/ 325
TV Osaka 19						15(10)		0/1 0

Sun TV 36		10(30) 11 12 Temp with care for old(10) 13 Conflict with Gyōsei(10) 14 Shops	Eye-f(30) 8.Temp H. PRH 10 11 Old People 12 Temp relocation 13 14 15 16 (re broadcast the selection of the past one year.(240) 18 Volunteer			17(60) 17(30)	30 30 10	70/ 370 (+240)
Total							550 (33%)	550 /1675 (+?/240)

Appendix Table 3-5-2: TV coverage on Earthquake by station, time, type of programme for January 2000 wave (minutes)

Station Ch		News			Special Feature	Documentary	Time (min) for old	Ratio of Old
	5a.m.	6 p.m.	9 p.m.	Late				
NHK 2	11 12 Disaster Preventio n(DP) 13 DP 14 Beer 15 PRH 17	11.DP 12.DP 13. 14.NHK Survey result 15. 17.	11.Highwa y 12. DP 13. DP 14. Survey Result	15. Emergency Disaster Relief. Medical. Telephone Insurance (130)	9.moring(15) 11.Gyosei(10) 12.CloseUP Gendai Small enterprises(30) 13.Before Lunch. Volunteer (30) 14. Emergency Relief (10) Geology 15 Old (35) 16. Old (20/45) 16:18:00-17(30Hrs)	14.8:30-(30) Child. Parents' Divorce 16. Turkey	5 35 20	60/ 2335
NHK Edu 12					Series of 3: 10.Children(45) 11.Old (45) 12. MiddleAge(45) 12(30) 13 Volunteer(30)		45	45/ 195
NHK Satellite BS				Kokoro(heart)(60) Mother who lost her son			0	0/60
Mainichi MBS 4		7.Out Pref. 10. 11. 12. 13.KukakuSeiri 14.Remember 16.		14. Taiwan		16 Kizuna to World (60)		0/ 140
Asahi ABC 6		7. 10 11.Life Save Dog 12. Housing(5/10) 13. 14.Volunteer	14. Orphans (10)			16(120)	5	5/ 190
Kansai 8		7.Tunagari. Life Reconstruction 10.Shops 11.Those who lost children 12. Kobe City Mayor. Old people. Housing 13 14. Kokoro (Heart)		16(120)	16(115)		10	10/ 295
Yomiuri 10		7. 10. Shops 11. Those who lost children 12. Children 13. Kizuna 14. Memorial			15(70)	9(30) 16(30)	30	30/ 195
TV Osaka 19					13:16:00 100 full score. (10) 16 Kizuna (60) 16. 100 Full score (10) 16 Taiwan (30)			20/ 110
Sun TV 36		16 Telephone	Eye-f(30)				30	30/

		17. Memorial events.	7. Life Reconstruction 10 Disaster Prevention 11.DP 12. KukakuSeiri 13. Light of hope 16	16 Re broadcast the selection of the past one year (375 min)				180 (+?/ 375)
Total							200 (8 . 4 %) (37%)	200/ 2335 (+?/ 375) If w/o NHK 30hrs, 200/535

APPENDIX 3-5-2: QSR NVivo project

Diagram 3.5.2.1: Sets created in NVivo

Media
Haruyama TSH
NatsuAki PRH
Fuyuyama PRH

Diagram 3.5.2.2: Tree nodes created in NVivo

TV station
        NHK
        Mainichi
        Asahi
        Kansai
        Yomiuri
        NHK Education
        NHK BS Satellite
        Sun-TV
        TV-Osaka

Age
        Old people
        Young people

Gender
        Men
        Women

Housing Type
        Nagaya
        Temporary shelter housing
        Public Reconstruction Housing
        General Housing
        Group home
        Collective House
        Silver Housing

Actor
        Family
        Government
        Gyōsei
        Housewife
        Jichikaicho
        LSA

Media
Minsei Iin
Neighbours
NGOs
Physician
Prefecture Government
Staff
University
Volunteer
Jichikai (self-governing body)
Public health nurse
Department of Health
Director of Department of Health
Jumin (residents)

Health Issues
Alcohol dependency
Bedridden
Demented
Depression
Health
Health promotion
PTSD

APPENDIX 3-5-3: List of survey findings related to being old from each year.

FY 1996
1. Among those in temporary shelters, the older the higher proportion who report their health is 'not good', or 'not so good'. 20.3% in 10s. 42.9% in 80s and over.
2. Among those in general housings, the highest proportion answered 'not good' or 'not so good' was the 70s (37.2%). 80s and over was 29.6%.
3. During the past one month, out of eight symptoms, three symptoms: 'easy to get tired', 'shoulder pain' 'headache', were reported highest from the 50s. The 60s reported most 'hip back pain' and 'joint pain'.
4. The 70s reported the highest proportion of illness (84.1%). The second ranked was the 80s (72.25). The rest, the younger, the less illness.
5. As to mental health, the 50s is the peak of the proportion of those with problem in GHQ30 and the 60s in PTSS-10.

FY 1997
1. Among those in temporary shelters, the highest proportion who reported health is 'not good' or 'not so good' was the 50s (54.0%).
2. 'Joint pain' was reported most from the 60s and older.
3. The older the higher proportion reported illness. The 10s, 13.5%. The 80s and older, 83.3%. The 60s and older, 81.0%.
4. The alcohol problem is reported highest from the 50s (14.5%) followed by the 40s.
5. Among those in public reconstruction housings, the 50s reported the highest proportion (42.0%) of who say their health is 'not good' or 'not so good'. However, in general, the older the higher proportion to report the answer. 14.3% in the 10s. 40.9% in the 80s and over.
6. 'Hip and back pain' was reported most from the 40s and older.
7. The older the higher proportion who report they are ill. 15.5% in the 10s. 79.6% in the 80s and over. For the 60s and over, 77.4% reported illness.
8. For mental health, both PTSS-10 and GHQ30, the 40s and the 50s are at the peak for problems.
9. The alcohol problem is reported most from the 40s (11.0%) followed by the 50s.
10. The older the higher expectation for the public health and welfare services.
11. Among those in general housings, those who reported their health is 'not good' or 'not so good' was highest from the 70s (35.0%), followed by the 80s and over (30.9%), the 50s (25.5%), the 40s (24.5%), the 60s (23.7%), the 10s (16.1%), the 30s (11.2%), the 20s (10.6%).
12. 'Hip and back pain' was reported most from the 40s and over.
13. Those who reported they were ill was the highest in the 70s (80.4%) followed by the 80s and over (72.1%). The older the higher. 10.5% in the 20s. The 60s and over, 74.3%.
14. Alcohol problem were reported most by the 40s (8.8%) followed by the 50s.

FY 1998
1. As a Mental health, instrument IES-R, among those in temporary shelters, the 60s showed the highest proportion (45.4%) of the high score.

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2. For diet, in all age groups, 'vegetables' is lower than the target. In the 80s, 'beans, fish, meat, egg' is also lower then the target.
3. Among those in public reconstruction housings, the older the higher proportion of living alone. Among those aged 65 and older, 39.4% is living alone.
4. Those who answered their health is 'not good' or 'not so good' was reported most from the 80s (42.4%) followed by the 50s (38.4%).
5. Those who went to seek medical check, the highest proportion was the 70s (60.7%).
6. Mental health problems was reported higher from the 50s (34.2%) and 60-64 (34.4%) by IES-R test.
7. Alcohol problem is reported most from the 40s.

APPENDIX 3-6: Sampling of the Hyogo Prefecture post-Earthquake Health Survey for the households of housing affected by the 1995 Great Hanshin Earthquake by Sex, Age, Housing type and Year.

Appendix Table 3.6.1: Age and sex composition of Hyogo Health Survey for TSH residents

	1996		1997		1998	
	Number	%	Number	%	Number	%
Sex						
Men	2302	43.3	1547	42.5	338	47.5
Women	3013	56.7	2097	57.5	429	52.5
Age						
0 – 19	177	3.3	89	2.5	19	2.3
20 – 29	476	9.0	260	7.1	56	6.9
30 – 39	403	7.6	221	6.1	62	7.6
40 – 49	671	12.6	387	10.7	100	12.2
50 – 59	933	17.6	635	17.4	186	22.8
60 – 69	1397	26.3	1027	28.2	97	11.9
70 – 79	862	16.2	708	19.4	111	13.6
80 – 89	336	6.3	285	7.8	134	16.4
90+	25	0.5	32	0.9	49	6.0
No answer	35	0.7	0	0.0	3	0.4
Total	5315	100.0	3644	100.0	817	100.0

Appendix Table 3.6.2: Age and sex composition of Hyogo Health Survey for PRH residents

	1997		1998	
	Number	%	Number	%
Sex				
Men	1319	41.7	2577	41.2
Women	1846	58.3	3671	58.5
Age				
0 – 19	84	2.6	130	2.1
20 – 29	348	11.0	597	9.6
30 – 39	264	8.3	493	7.9
40 – 49	264	8.3	521	8.3
50 – 59	464	29.1	962	15.4
60 – 69	911	14.4	1784	28.6
70 – 79	600	19.0	1241	19.9
80 – 89	206	6.5	495	7.9
90+	24	0.8		
No answer	0	0.0	25	0.4
Total	3165	100.0	6248	100.0

*80 - 89 and 90+ is summed up for 1998.

Appendix Table 3.6.3: Age and sex composition of Hyogo Health Survey of GH residents

	1996		1997	
	Number	%	Number	%
Sex				
Men	397	44.0	441	42.9
Women	505	56.0	588	57.1
Age				
0 – 19	22	2.4	31	3.0
20 – 29	104	11.5	114	11.1
30 – 39	140	15.5	161	15.6
40 – 49	129	14.3	147	14.3
50 – 59	148	16.4	137	13.3
60 – 69	182	20.2	228	22.2
70 – 79	113	12.5	143	13.9
80 – 89	44	4.9	59	5.7
90+	10	1.1	9	0.9
No answer	10	1.1	0	0.0
Total	902	100.0	1029	100.0

*60s is the sum of 60-64 and 65-69 in 1997.

Appendix 3.6.1.1: Age composition of Hyogo Health Survey for TSH residents by sex in 1996

TSH 1996	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	85	48.0	92	52.0	177	100.0
20 – 29	225	47.3	251	52.7	476	100.0
30 – 39	201	49.9	202	50.1	403	100.0
40 – 49	335	49.9	336	50.1	671	100.0
50 – 59	390	41.8	543	58.2	933	100.0
60-64	334	45.6	398	54.4	732	100.0
65-69	282	42.4	383	57.6	665	100.0
70 – 79	321	37.2	541	62.8	862	100.0
80+	115	31.9	246	68.1	361	100.0
No answer	14	40.0	21	60.0	35	100.0
Total	2302	43.3	3013	56.7	5315	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.6.1.2: Sex composition of Hyogo Health Survey for TSH residents by age group in 1996

TSH 1996	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	85	3.7	92	3.1	177	3.3
20 – 29	225	9.8	251	8.3	476	9.0
30 – 39	201	8.7	202	6.7	403	7.6
40 – 49	335	14.6	336	11.2	671	12.6
50 – 59	390	16.9	543	18.0	933	17.6
60-64	334	14.5	398	13.2	732	13.8
65-69	282	12.3	383	12.7	665	12.5
70 – 79	321	13.9	541	18.0	862	16.2
80+	115	5.0	246	8.2	361	6.8
No answer	14	0.6	21	0.7	35	0.7
Total	2302	100.0	3013	100.0	5315	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.6.2.1: Age composition of Hyogo Health Survey for TSH residents by sex in 1997

TSH1997	Men		Women		Total	
	Number	%	Number	%	Number	%
0–19	45	50.6	44	49.4	89	100.0
20 – 29	124	47.7	136	52.3	260	100.0
30 – 39	117	52.9	104	47.1	221	100.0
40 – 49	191	49.4	196	50.6	387	100.0
50 – 59	289	45.5	346	54.5	635	100.0
60-64	210	41.5	296	58.5	506	100.0
65-69	227	43.6	294	56.4	521	100.0
70 – 79	242	34.2	466	65.8	708	100.0
80+	102	32.2	215	67.8	317	100.0
Total	1547	42.5	2097	57.5	3644	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.6.2.2: Sex composition of Hyogo Health Survey for TSH residents by age group in 1997

TSH1997	Men		Women		Total	
	Number	%	Number	%	Number	%
0–19	45	2.9	44	2.1	89	2.5
20 – 29	124	8.0	136	6.5	260	7.1
30 – 39	117	7.6	104	5.0	221	6.1
40 – 49	191	12.3	196	9.3	387	10.6
50 – 59	289	18.7	346	16.5	635	17.4
60-64	210	13.6	296	14.1	506	13.9
65-69	227	14.7	294	14.0	521	14.3
70 – 79	242	15.6	466	22.2	708	19.4
80+	102	6.6	215	10.3	317	8.7
Total	1547	100.0	2097	100.0	3644	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.6.3.1: Age composition of Hyogo Health Survey for TSH residents by sex in 1998

TSH1998	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	9	47.6	10	52.6	19	100.0
20 – 29	26	46.4	30	53.6	56	100.0
30 – 39	40	64.5	22	35.5	62	100.0
40 – 49	52	52.0	48	48.0	100	100.0
50 – 59	107	57.5	79	42.5	186	100.0
60-64	46	47.4	51	52.6	97	100.0
65-69	50	45.0	61	55.0	111	100.0
70 – 79	41	30.6	93	69.4	134	100.0
80+	15	30.6	34	69.4	49	100.0
No answer	2	66.7	1	33.3	3	100.0
Total	388	47.5	429	52.5	817	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.6.3.2: Sex composition of Hyogo Health Survey for TSH residents by age group in 1998

TSH1998	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	9	2.3	10	2.3	19	2.3
20 – 29	26	6.7	30	7.0	56	6.9
30 – 39	40	10.3	22	5.1	62	7.6
40 – 49	52	13.4	48	11.2	100	12.2
50 – 59	107	27.6	79	18.4	186	22.8
60-64	46	11.9	51	11.9	97	11.9
65-69	50	12.9	61	14.2	111	13.6
70 – 79	41	10.6	93	21.7	134	16.4
80+	15	3.9	34	7.9	49	6.0
No answer	2	0.5	1	0.2	3	0.4
Total	388	100.0	429	100.0	817	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.7.1.1: Age composition of Hyogo Health Survey for PRH residents by sex in 1997

PRH 1997	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	42	50.0	42	50.0	84	100.0
20 – 29	156	44.8	192	55.2	348	100.0
30 – 39	126	47.7	138	52.3	264	100.0
40 – 49	126	47.7	138	52.3	264	100.0
50 – 59	168	36.2	296	63.8	464	100.0
60-64	194	42.6	261	57.4	455	100.0
65-69	220	48.2	236	51.8	456	100.0
70 – 79	210	35.0	390	65.0	600	100.0
80+	77	33.5	153	66.5	230	100.0
Total	1319	41.7	1846	58.3	3165	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.7.1.2: Sex composition of Hyogo Health Survey for PRH residents by age in 1997

PRH1997	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	42	3.2	42	2.3	84	2.6
20 – 29	156	11.8	192	10.4	348	11.0
30 – 39	126	9.6	138	7.5	264	8.3
40 – 49	126	9.6	138	7.5	264	8.3
50 – 59	168	12.7	296	16.0	464	14.7
60-64	194	14.7	261	14.1	455	14.4
65-69	220	16.7	236	12.8	456	14.4
70 – 79	210	15.9	390	21.1	600	19.0
80+	77	5.8	153	8.3	230	7.3
Total	1319	100.0	1846	100.0	3165	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

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Appendix Table 3.7.2.1: Age composition of Hyogo Health Survey for PRH residents by sex in 1998

PRH 1998	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	52	40.0	78	60.0	130	100.0
20 – 29	261	43.7	336	56.3	597	100.0
30 – 39	238	48.3	255	51.7	493	100.0
40 – 49	244	46.8	277	53.2	521	100.0
50 – 59	381	39.6	581	60.4	962	100.0
60-64	364	43.5	473	56.5	837	100.0
65-69	416	43.9	531	56.1	947	100.0
70 – 79	462	37.2	779	62.8	1241	100.0
80+	151	30.5	344	69.5	495	100.0
No answer	8	32.0	17	68.0	25	100.0
Total	2577	41.2	3671	58.8	6248	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.7.2.2: Sex composition of Hyogo Health Survey for PRH residents by age in 1998

PRH 1998	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	52	2.0	78	2.1	130	2.1
20 – 29	261	10.1	336	9.2	597	9.6
30 – 39	238	9.2	255	6.9	493	7.9
40 – 49	244	9.5	277	7.5	521	8.3
50 – 59	381	14.8	581	15.8	962	15.4
60-64	364	14.1	473	12.9	837	13.4
65-69	416	16.1	531	14.5	947	15.2
70 – 79	462	17.9	779	21.2	1241	19.9
80+	151	5.9	344	9.4	495	7.9
No answer	8	0.3	17	0.5	25	0.4
Total	2577	100.0	3671	100.0	6248	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.8.1.1: Age composition of Hyogo Health Survey for GH residents by sex in 1996

GH 1996	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	9	40.9	13	59.1	22	100.0
20 – 29	43	41.3	61	58.7	104	100.0
30 – 39	63	45.0	77	55.0	140	100.0
40 – 49	59	45.7	70	54.3	129	100.0
50 – 59	56	37.8	92	62.2	148	100.0
60-64	55	57.3	41	42.7	96	100.0
65-69	38	44.2	48	55.8	86	100.0
70 – 79	44	38.9	69	61.1	113	100.0
80+	26	48.1	28	51.9	54	100.0
No answer	4	40.0	6	60.0	10	100.0
Total	397	44.0	505	56.0	902	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.8.1.2: Sex composition of Hyogo Health Survey for GH residents by age in 1996

GH 1996	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	9	2.3	13	2.6	22	2.4
20 – 29	43	10.8	61	12.1	104	11.5
30 – 39	63	15.9	77	15.2	140	15.5
40 – 49	59	14.9	70	13.9	129	14.3
50 – 59	56	14.1	92	18.2	148	16.4
60-64	55	13.9	41	8.1	96	10.6
65-69	38	9.6	48	9.5	86	9.5
70 – 79	44	11.1	69	13.7	113	12.5
80+	26	6.5	28	5.5	54	6.0
No answer	4	1.0	6	1.2	10	1.1
Total	397	100.0	505	100.0	902	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.8.2.1: Age composition of Hyogo Health Survey for GH residents by sex in 1997

GH 1997	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	15	48.8	16	51.6	31	100.0
20 – 29	48	42.1	66	57.9	114	100.0
30 – 39	72	44.7	89	55.3	161	100.0
40 – 49	74	50.3	73	49.7	147	100.0
50 – 59	47	34.3	90	65.7	137	100.0
60-64	51	42.5	69	57.5	120	100.0
65-69	47	43.5	61	56.5	108	100.0
70 – 79	62	43.4	81	56.6	143	100.0
80+	25	36.8	43	63.2	68	100.0
Total	441	42.9	588	57.1	1029	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix Table 3.8.2.2: Sex composition of Hyogo Health Survey for GH residents by age in 1997

GH 1997	Men		Women		Total	
	Number	%	Number	%	Number	%
0 –19	15	3.4	16	2.7	31	3.0
20 – 29	48	10.9	66	11.2	114	11.1
30 – 39	72	16.3	89	15.2	161	15.6
40 – 49	74	16.8	73	12.4	147	14.3
50 – 59	47	10.6	90	15.3	137	13.3
60-64	51	11.6	69	11.7	120	11.7
65-69	47	10.6	61	10.4	108	10.5
70 – 79	62	14.1	81	13.8	143	13.9
80+	25	5.7	43	7.3	68	6.6
Total	441	100.0	588	100.0	1029	100.0

* Age group 60 - 69 is divided into 60-64 and 65-69.

Appendix A4-1

Table: Surveyed Items in the Hyogo Health Survey by each year, 1996-1998

	1996	1997	1998
Demographic and social indicators: sex, age, address before the earthquake, if has a job or not, the number of family member, family composition	√	√	√
Earthquake impact: If any deaths in kinship, home damage	√	√	√
Health status: Health awareness, Health status before the earthquake and that of the past one month, if any illness and its treatment situations	√	√	√
Mental Health Status (PTSS-10, GHQ30)	√	√	
Mental Health Status (IES-R, Degree of depression)			√
Any issues in the post-Earthquake life (open-ended)	√		
The way to cope with the stress	√	√	
What has supported in their post-Earthquake life	√		
Home visit service support by public administration and volunteers			√
Social support			√
Alcohol-related issue		√	√
Nutritional status, diet, eating habit		√	√
Health and welfare needs		√	
Health care seeking behaviour and situation			√
Habit (exercise, smoking)			√

Table A4.2: The length of TV coverage of positive or negative images about different types of housing schemes by TV station, programme type (News, Special Feature, Documentary) and by year (in January of 1999 and 2000). (minutes)

	January 1999				January 2000			
	TSH(+)	TSH(-)	PRH(+)	PRH(-)	TSH (+)	TSH(-)	PRH(+)	PRH(-)
NHK Ch.2				SF (30)				SF (35)
NHKEdu Ch.12						SF (45)		
						SF (45) 2 cases		
NHK BS Satellite			SF (90)					
MBS Mainichi Ch.4	SF (10)		N (10) 2 cases	N (10) SF (30)				
ABC Asahi Ch.6				N (20) D (10)				
Kansai Ch.8								N (10)
Yomiuri Ch.10	N (10) Collective House	N (10)		N (10) N (10)				
	D (30)			D (30)	D (30)			
							D (30)	
TV Osaka Ch.19								D (20)
Sun-TV Ch. 36			N (30)	N (30)			N (30)	

TSH: Temporary Shelter Housing Scheme,
PRH" Public Reconstruction Housing Scheme
N: News, SF: Special Feature, D: Documentary
(+) Positive, (-) Negative

Table A4.3: The number and the length (minutes) of broadcast time of TV programmes reporting housing by image by programme type, housing type, year and by TV station.

TV Station	1999		2000	
NHK 2	SF PRH (+ -) 30 (98.12.05)			SF 35 PRH(-)
		SF PRH (-)30		
NHK Edu 12			SF PRH(+) TSH(-) 45 SF TH (-) 2 cases 45	
NHK BS	SF PRH (+-) 90			
MBS Mainichi4	N PRH(+) 2 cases 10	SF TSH(+) 10/30 N PRH(-)10 SF PRH(-) 30		
ABC Asahi 6		N PRH(-) 10 N PRH(-) 10 D PRH(-) 30		
Kansai 8				N PRH(-) 10
Yomiuri 10		N TSHCollective(+) PRH(-) 10 N PRH(-) 10		
	N TSH(-) 10			
	D PRH(-) TH(-) 30		D TSH(+ -) 30 D PRH(+ -) TSH(-) 30	
TV Osaka 19				D PRH(-) 10*2
Sun-TV 36	N PRH(+) 30	N PRH(-) 30	N PRH(+) 30	

TSH: Temporary Shelter House   PRH: Public Reconstruction Housing
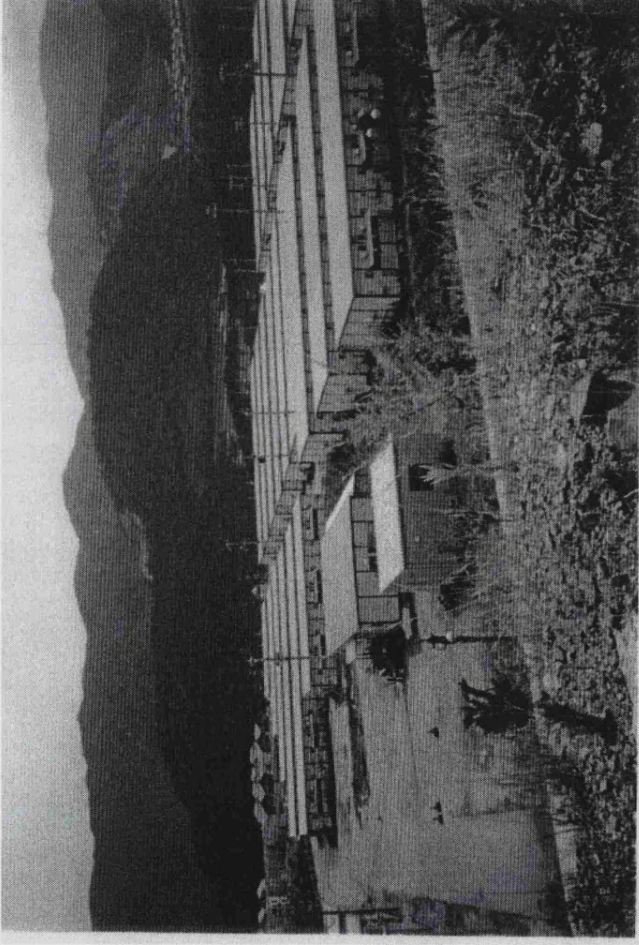N: News SF: Special Feature D: Documentary

East China Sea

OKINAWA-SHOTŌ
Okinawa
Naha

same scale as main map

RUSSIA
Sakhalin
La Perouse Strait
Etorofu-tō

Occupied by the Soviet Union in 1945, administered by Russia, claimed by Japan

Kunashiri-tō
Nemuru-Strait
Shikotan-tō
HABOMAI ISLANDS

SENKAKU-SHOTŌ
32
SAKISHIMA-SHOTŌ
Philippine Sea
DAITŌ-SHOTŌ

R Y U K Y U   I S L A N D S

12
Sapporo

Hokkaido

same scale as main map

O G A S A W A R A - S H O T Ō

BONIN ISLANDS
NORTH PACIFIC OCEAN

Philippine Sea
41

VOLCANO ISLANDS
Iwo Jima

Sea of Japan

Tsugarū-kaikyō
3
Aomori
2   16
Akita   Morioka

Seoul
Ullŭng-do

SOUTH KOREA

Liancourt Rocks
37

OKI-SHOTŌ

Sadoga-shima
Niigata   Fukushima
45   24
Yamagata   Sendai
8
29
39
43   Utsunomiya
Kanazawa   Toyama   Nagano   Maebashi   Mito
15   10
Fukui   9   26   Urawa   14
6   5   4
47   Tokyo   Chiba
Kofu   19   Yokohama

NORTH PACIFIC OCEAN

Honshu

Matsue   Tottori
42   22   36
37   31   13   Kyōto   Gifu
11   Okayama   Ōtsu   Nagoya   1
Kōbe   38
Hiroshima   Ōsaka   Tsu   Shizuoka
17   Takamatsu   33   Nara 23
Yamaguchi   46   28
27   40   Tokushima   Wakayama
Fukuoka   44
34   Saga   7   30
18   5   20   Kōchi   Shikoku
Ōita
27   Nagasaki
ue-shima   21   25   Kumamoto
Kyushu
41

Tsushima

Korea Strait

East China Sea
Kagoshima
Miyazaki

ŌSUMI-SHOTŌ

TOKARA-RETTŌ

18
Philippine Sea

N A M P Ō - S H O T Ō

41

BONIN ISLANDS

AMAMI-SHOTŌ

OKINAWA-SHOTŌ

DAITŌ-SHOTŌ

Japan
ADMINISTRATIVE DIVISIONS

——————— International boundary
—·—·—·— Prefecture boundary
★ National capital
⊙ Prefecture captial

1	Aichi	17	Kagawa	33	Ōsaka
2	Akita	18	Kagoshima	34	Saga
3	Aomori	19	Kanagawa	35	Saitama
4	Chiba	20	Kōchi	36	Shiga
5	Ehime	21	Kumamoto	37	Shimane
6	Fukui	22	Kyōto	38	Shizuoka
7	Fukuoka	23	Mie	39	Tochigi
8	Fukushima	24	Miyagi	40	Tokushima
9	Gifu	25	Miyazaki	41	Tōkyō
10	Gumma	26	Nagano	42	Tottori
11	Hiroshima	27	Nagasaki	43	Toyama
12	Hokkaidō	28	Nara	44	Wakayama
13	Hyōgo	29	Niigata	45	Yamagata
14	Ibaraki	30	Ōita	46	Yamaguchi
15	Ishikawa	31	Okayama	47	Yamanashi
16	Iwate	32	Okinawa		

0   100   200 Kilometers
0   100   200 Miles

Temporary Shelter Housing

Birthday party at TSH

Public Reconstruction Housing

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