

# The Landscape of Death as Depicted in Japanese Elderly Literature: From Nursing Murder to Euthanasia

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**Abstract** | This paper aims to examine representations of death in Japanese elderly literature through reading Sae Shūichi's *The Elderly Family* (1985). While Japanese welfare policy considers it standard practice for family members to look after the elderly, this expectation has placed psychological and economic burdens on family members due to the rapid nuclearization of the family and increase in life expectancy. Consequently, this practice has manifested itself in the extreme form of nursing murder. *The Elderly Family* is a particularly unique text in Japanese elderly literature in that it explores issues of nursing murder and euthanasia.

*The Elderly Family* begins with the shocking news of a nursing murder case that took place in a three-generation household in New Town in Yokohama, where the grandparents, their son and his wife, and their children live together. Based on the victim's facial expression, which appears as though she had peacefully fallen asleep, the police suspect from the outset that the victim herself had requested the murder. The family members come to know about euthanasia through a new religion movement called the WWC (Welcome Wagon Company), which encourages euthanasia in the name of God. Drawn in by the fact that the WWC approves of euthanasia, the elderly couple joins the religious group. The son and his wife remain silent despite being cognizant of their parents' participation in WWC and hope that they would choose to be euthanized. This euthanasia, however, is ultimately carried out in the form of nursing murder by family members.

Discussions on euthanasia in Japan have largely focused on the refusal and termination of life support in legal and medical settings. Euthanasia as portrayed in *The Elderly Family* is noteworthy as it is concerned with the active euthanasia of a dementia patient. This is because while the patient's clear affirmation of consent is a crucial condition for executing euthanasia, it is difficult to recognize the consent of dementia patients as valid. Indeed, euthanasia in *The Elderly Family* turns into murder when other family members project their contempt and fear for their own future onto the patient's desire to end their life. This paper explores the implications of the portrayal of euthanasia in *The Elderly Family*, which appears to be more relevant to the general public in Japan and Korea today than Japanese society in the 1980s.

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## Introduction

This article examines two representations of problematic death in modern Japanese elderly literature, nursing murder (*kaigo satsujin*) and euthanasia, through reading Sae Shūichi's *The Elderly Family* (*Rōjuku kazoku*, 1985). According to the *Annual Report on the Aging Society* (*Kōrei shakai hakusho*) published by the Japanese Cabinet Office in 2022, as of October 1, 2021, 36.21 million people out of Japan's total population of 125.5 million were reported to be over the age of sixty-five, with the elderly accounting for 28.9 percent of the total population. If this continues, it is estimated that about one in 2.6 people will be over the age of sixty-five and about one in 3.9 people over the age of seventy-five in 2065.

In conjunction with the low birthrate, it can be said that such conditions will give rise to a sharp decline in Japan's working population. It is well known throughout Japanese society that sustaining the social security system that has maintained stability in Japan, such as national pension and health insurance, will likely become very difficult in the future. In reality, various media have widely reported on the "twenty million yen problem," in which the Japanese Financial Services Agency predicted in 2019 that from now on the Japanese elderly will need an additional twenty million yen in their pensions. Given such circumstances, contempt among the younger generation, who shoulder various burdens of the social security system, toward the underprivileged sector of society has not only become prevalent but is gaining strength. For example, while the term "*rōgai*" in Japanese society originally referred to the situation wherein an elderly person in power prevented the occurrence of a generational shift in an organization, its usage is now expanding as a derogatory term to refer to the elderly who cause trouble through their rough behavior and evoke criticism in society.

Anxiety over the stability of the social security system and decline in the working population due to an aging society is not something new. Japanese media have reproduced negative images of the elderly for a long time, and the elderly themselves have come to internalize these images. Amano Masako (2006, 59) points out that such ideas originated in the process of modernization, as the elderly had to "be conscious of their own significance and what value they had in the gaze of others while confronting themselves with who they are." As mo-

dernity gave rise to a universal perspective and sense of time centered on youth and middle-aged adults, “aging” itself has become problematic. If one’s peak in life is defined as the period from adolescence, during which one matures and aspires to middle age, actively participating as the backbone of society, aging and death can only become objects of fear. The coined term “*pinpin korori*” (also referred to as “ppk”) which was in vogue from the 1980s, idealizes such ideas of aging: living an active, healthy life (*pinpin*) until one day, suddenly falling (*korori*). This term was received positively in Japanese society in that it encouraged the elderly to exercise and maintain a healthy lifestyle. However, the sudden fall that awaits the healthy elderly essentially means sudden death. It is difficult to consider a society that idealizes sudden death for the elderly as an ideal society of longevity.

On the other side of this is the problem of “nursing care” for the elderly, which surfaced as a social problem during the period of rapid economic growth. With the reorganization of Japanese society into nuclear families centered on parents and their children, care for the elderly quickly became a social problem. This is due to the burden of care placed on the nuclear family amidst the disintegration of local communities and weakening of the role of blood-related communities, in comparison to the continuing growth of the elderly population alongside the development of modern medicine, health insurance, and the national pension.

Further, while medical expenses for the elderly over the age of seventy became free of charge with the establishment of the elderly medical expense payment system in 1973, the oil shock that occurred in the same year rendered this policy an object of harsh criticism that came to be known as “pouring out welfare” (*baramaki fukushi*). This policy ultimately came to an end with the establishment of the elderly health measure in 1982. Kiwaki Nachiko and Arai Yasutomo (2015, 68) have pointed out that the Japanese welfare society proposal as discussed in the “Seven Year Plan for a New Economic Society” in 1979 placed particularly high nursing expectations on family members living together with the elderly. For example, the *Annual Report on Health and Welfare (Kōsei hakusho, 1978)* states that it is normal for parents and children to live together in Japan unlike in the West, which is centered on the married couple. This three-generation household provides the advantage of “intergenerational assistance” in that “while the parents are still healthy (for example, fifty to sixty-five years old), the children’s generation can expect help and support during childbirth and for childcare, and when the parents’ physical functions gradually decline (for example, over the age of seventy), parental care can be expected from the children’s generation” (*Kōsei Rōdōshō 1978*). Given this reciprocity, Japanese welfare

policy often refers to the family as an “intrinsic asset.”

In the 1970s and 80s, Japanese women, particularly full-time housewives, carried the burden of performing welfare functions. This was because the benefits of intergenerational support in the *Annual Report on Health and Welfare* were specifically childbirth, childcare, cooking, and nursing care, duties included under the definition of women’s reproductive labor in the modern family. It can thus be understood that “housewives who sought employment” became targets onto whom the benefits of a three-generation family were emphasized. Nursing care in Japanese welfare society theory originated from home care, in which the family and especially the full-time housewife held primary responsibility for taking care of the elderly. However, home care requires not only financial support, but also demands emotional and physical labor. As such, on the other side of “*pinpin korori*” that emphasizes the elderly’s health and independence exist tensions arising from home care.

Another point that cannot be overlooked here is that the intergenerational support as defined by the *Annual Report on Health and Welfare* assumes that the parent is able to give birth, and that the grandparent is healthy and able to assist with childcare. Mentions of the elderly with dementia or those who are bedridden and unable to walk due to senility are hard to find. This reality absent in *Annual Report on Health and Welfare* is portrayed in Ariyoshi Sawako’s bestseller *The Twilight Years* (*Kōkotsu no hito*, 1972), which shocked Japanese society at the time with its stark portrayal of care for an elderly person with dementia at home. In *The Twilight Years*, Tachibana Akiko looks for a facility to entrust her father-in-law, whose symptoms of dementia were worsening, but is ultimately told by the welfare office chief that “there is no other option than for housewives to care for the elderly” (Ariyoshi 1972, 227). As a result, Akiko gives up looking for assistance outside the family and decides to shoulder the responsibility of home care alone, with no guarantee of when it would end.

From the enactment of the Elderly Health Act in 1982 to nursing care insurance in 2000, home care was at the center of nursing care in Japanese society. The burden placed on the nuclear family due to home care manifested in the extreme form of nursing murder. While there is no official count of the total cases of nursing murder in Japanese society, the establishment of the Elderly Abuse Prevention Act in 2006 stipulated annual investigations into the actual conditions of elderly abuse. According to a study by Tanaka Takeshi, 230 people died as victims of elderly abuse from 2006 to 2014. The victims were mostly female aged between eighty and eighty-five, and the perpetrators were mostly male. The relationship between the offender and victim, in order of frequency, was that of son and parent, husband and wife, daughter and parent, and wife

and husband (Tanaka 2022, 54). Such cases of nursing murder in Japanese society have been discussed in the context of pointing out the problems of home care and welfare policy for the elderly in newspaper coverage and reports.

Yet, it is not easy to find instances of nursing murder in Japanese nursing care novels. This is because most novels take the form of the I-novel, in which authors confess their experience of having cared for the elderly themselves. In this context, *The Elderly Family* is remarkable in dealing with nursing murder and euthanasia as its main theme. Sae's later novel *Falling Leaves* (*Kōraku*, 1995) is well known for its detailed description of the suffering of a middle-aged couple caring for their elderly parents (*rōrō kaigo*). *The Elderly Family* in comparison has not received as much attention. Perhaps this is because the novel, which depicts nursing murder in the form of a mystery novel, effectively portrays negative emotions such as hostility and contempt between family members, whom society dictates should be intimate with each other. Yet at the same time, this text reveals the ironic truth that nursing murder in fact occurs in the three-generation families deemed ideal by the *Annual Report on Health and Welfare* and even amidst the healthy elderly, who are symbols of "*pinpin korori*." In particular, it is notable for dealing with the sensitive issue of euthanasia carried out on an elderly person suffering from dementia. Sai Masami has observed that while *The Elderly Family* deals with the everyday problem of care, it also "slips into the metaphysical problem of death with dignity." Consequently, "the novel ends on an incomplete note in terms of raising the issue of social institutionalization of nursing care" (Sai 2015, 246). However, this slippage is precisely why *The Elderly Family* can be seen as a unique text that deals with not only the problem of home care and nursing murder in 1980s Japan, but also the complex contradictions and slippages surrounding the issue of euthanasia involving both the elderly and their family caretakers. Moreover, the text is particularly relevant today in the context of euthanasia's process of legalization.

## A Death No One Mourns

*The Elderly Family* begins with a case of nursing murder that took place in New Town in Yokohama, where a three-generation family consisting of grandparents, their son and his wife, and their children live together. The victim is the eighty-three year old Morimoto Tatsu, and her eighty-seven year old husband, Ryōsaku, is arrested as the perpetrator. This shocking news in a quiet residential area draws media attention. In an interview with the newspaper reporter, a neighbor describes the Morimoto family in the following way:

They were an enviable family. The late grandmother seemed to be confined to bed so I hadn't seen her around recently, but the grandfather was healthy even at his age and seemed to be taking full care of the grandmother. Their relationship was so good that when the grandmother was healthy, even though she had trouble with her eyes and the grandfather with his ears, the two of them would take walks together, taking turns using a cane like a three-legged race. The daughter-in-law is a wonderful person and took good care of them both. I don't know the details, but it seemed like she didn't argue much with her parents-in-law even as she lived with them. In my family's case, our grandfather went senile right after our grandmother passed away, so we took him to the hospital and relieved ourselves of work. But I think it's truly best for the elderly to live together even as they bicker, like the Morimoto's. The Morimoto grandparents lived in an annex separated from the main house—what was it? Why, isn't there a saying that the ideal distance with the elderly when you live with them is around that of a "soup that hasn't completely cooled?" I ran into grandfather Mr. Morimoto the other day on his way to do the groceries and even then he said, "We're lucky to be able to live and die in our son's place." But to think that that grandfather killed the grandmother with his own hands . . . and to have strangled her too? . . . Why? I can't believe it. No, I don't want to believe it. (Sae 1996b, 6-7)

This interview reveals the main theme of the novel. Why did such a tragic case of nursing murder occur in a three-generation middle-class family that appeared so happy to the point that even neighbors envied them?

The incident is further reported on by the Kanagawa Newspaper. The son Yoshio, a salaryman, had reported to the police that his father had found his mother dead in the annex. Yoshio and his wife had been suspicious of Ryōsaku and pressed him. When "Ryōsaku burst into tears as he pointed his finger at his face," they reported him to the police who were undertaking an investigation of the circumstances of the grandmother's death (Sae 1996b, 8). Questioned by the police, Ryōsaku then confessed to strangling his wife despite her struggles to set herself free. The police then conclude that based on his confession, Ryōsaku had strangled and killed his wife by pressing her neck with his hands driven by hysterical impulse resulting from nursing fatigue. The basis for the police's conclusion is that Ryōsaku, at the age of eighty-seven, is hard of hearing and suffers from severe dementia, and repeatedly told the police, "I want to die, I want to die."

After seeing the relaxed expression on the victim's face, as though she had peacefully fallen asleep, the investigator in charge of the case, Tagami, suspects from the outset that either Ryōsaku had committed the crime of his own will or the victim had requested the murder. However, police suspicion does not lead to justice, fairness, or punishment. Instead, the police are preoccupied with finding a makeshift solution that can safely explain such contradictions, which in reality

they cannot easily expose to the public. Indeed, Tagami pursues the fact that the son Yoshio and his wife did not immediately call the ambulance upon finding the grandmother's dead body, and called Doctor Kondō instead. Tagami surmises that Yoshio and his wife instinctively knew that Tatsu was murdered, but deliberately called the family doctor in order to cover up the truth. This is because everything would have been resolved smoothly had Kondō, who is seventy-two years old himself, issued a death certificate stating Tatsu's death resulted from illness. Tagami suggests that many families actually deal with cases of the death of an elderly relative in such a way. However, Tatsu's death turned into an event when the doctor did not issue a death certificate and the son Yoshio followed the daughter-in-law Ritsuko's opinion and contacted the police.

Police chief Miura explicitly advises Tagami to close the case: "The man confessed and we're dealing with the elderly, so I hope you don't look into it too much. I mentioned the possibility of suicide earlier because if it's a case of suicide, then that would lighten the load for us. Just as you had complained, this kind of case is a headache" (Sae 1996b, 34). Tatsu's death having been widely reported in newspapers and on television, many citizens had been calling the police to protest that the "arrest of an eighty-seven year old geriatric" is unjust. The fact that the old man had killed his wife notwithstanding.

In other words, Tatsu's death in *The Elderly Family* is by no means shocking to everyone involved in the incident. The family members, the family doctor, the police, and even the citizens neither consider Tatsu's death to be problematic nor do they feel anger at her death. Rather, they sympathize with the eighty-seven year old elderly man who had confessed to killing his wife and find that he himself is also in shock and not in his right mind. What is important is merely determining how to deal with the administrative procedures resulting from Tatsu's death. Tatsu herself seems to have agreed that her death is unproblematic by leaving such a peaceful expression on her face upon her death. In this way, *The Elderly Family* depicts the death of a bedridden senior with dementia as at once a biological death and a posthumous process that reconfirms that Tatsu's social death had already happened long ago. It is worth noting, however, that the author Sae himself stated that the novel is concerned with "a geriatric's death with dignity" (Sae 1996a, 25).<sup>1</sup>

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1. As I will explain later, "death with dignity" in Japan generally refers to the "refusal or termination of life support." However, Sae appears to have used the term "death with dignity" in a literal sense, as "dying to protect one's dignity."

## New Religion and the Portrayal of Euthanasia

Sae wrote in his essay “A Study on the Way of Aging” (*Oi kata no tankyū*, 1996) that during the process of researching *The Elderly Family*, he collected materials from relevant places all over Japan. Sae deliberated on how the elderly care system in Japan could best serve the elderly from the perspective of the elderly themselves. The ending of *Falling Leaves*, published ten years after *The Elderly Family*, shocked the Japanese public as the mother, who suffers from dementia, “dies with dignity” from fasting. However, “death with dignity” in *Falling Leaves* is an expression of maternal love and sacrificial mindset, as the mother is reluctant to impose further burden on her son and his wife. The middle-aged son and his wife then commit to following her footsteps. In comparison, *The Elderly Family* explores Tatsu’s “death with dignity” from a more distanced perspective because it borrows the narrative form of a mystery novel and investigates the circumstances and motive of the murder through police investigation and testimonials.

Detective Tagami learns from the Morimoto family’s statements that this “enviable family” in fact all secretly wanted the grandparents to die. Yet difficulty of nursing care is not the only reason that one might wish for the death of one’s parents. The son Yoshio recalls the “happy” days when his mother did her hobbies and made friends even with her impaired eyesight. He further recalls his father teaching bamboo crafts to local children at the neighborhood association and when he was active in the senior’s association and received recognition for volunteering at the local shrine and cleaning the roads.

“Wouldn’t it be great if I could just die with Grandma now?”

“Grandpa, don’t say such things. You should live a long life.”

My wife said that with a smile, but I think in her heart she also hoped that my parents would pass away when they were happy. To be honest, when my father was commended by the mayor for his community service in cleaning the district, while being happy for him I can’t deny that I also wished for my parents’ deaths, how comfortable it would be if they could die without causing us trouble. At the time, my father was eighty-five and my mother was eighty-one years old. (Sae 1996b, 43-44)

Yoshio’s contemplative statement reveals that even though he was just a bystander who was not directly involved in caring for his parents, he considered the existence of his parents itself to be burdensome in the first place. On the other hand, the statement of the daughter-in-law Ritsuko, who had directly cared for her parents-in-law suffering from dementia, shows that she had been the main caretaker and in that process built a direct relationship with her parents-

in-law unlike Yoshio. Ritsuko consulted the doctor when her mother-in-law was diagnosed with dementia, and to prevent the progression of dementia, she encouraged her parents-in-law to lead as much of an independent life as possible. She had her mother-in-law do the things she could independently, and encouraged her father-in-law to do the groceries and participate in a gateball competition at the senior citizens' association. In comparison to her mother-in-law, who understood Ritsuko's intentions and remained on good terms with her, her father-in-law, who held fast to values from the past, expressed strong dissatisfaction with his daughter-in-law. Further, Ritsuko mentions that her father-in-law once left a note saying that he is "old and lonely, wants to die, wants to die quickly" and went missing. Ryōsaku was then found at a temple in his hometown, reciting the Heart Sutra in a hole he had dug next to his ancestor's tombstone, covered in dirt (Sae 1996b, 54).

Ryōsaku's disappearance to a "temple in his hometown, where he was reciting the Heart Sutra in a hole he had dug next to his ancestor's tombstone, covered in dirt" proves that his urge to die was very concrete and intense. And yet, it is interesting that such an act is merely regarded as an expression of an elderly person's discontent and childishness, unable to keep up with the changing times. This is because Ryōsaku's actions are analyzed from the perspective of the main caregiver Ritsuko, which is different from that of Yoshio. At first glance, Ritsuko's perspective seems objective, as her intentions are clear, consistent, and rational compared to that of Ryōsaku, who is portrayed as old, ill, insecure, childish, and emotional. Ritsuko convincingly conveys that her father-in-law had long wanted to die, but that such a desire is no more than the emotional and irrational abnormal behavior of an unstable old man suffering from dementia.

As proof, Ritsuko suggests that her parents-in-law, despite appearing to be on good terms, were actually in conflict. Her father-in-law had problems with women all his life, to the point that he was out drinking and failed to be at the hospital when his wife was giving birth. Thus, Yoshio and Ritsuko believe that the grandmother—through her visual impairment and dementia—was enacting a sort of revenge on her husband by making him take care of her. The father-in-law, too, had subtly responded to his wife's revenge by conversing with Yoshio and Ritsuko without a problem but pretending to be hard of hearing to his wife. Yoshio and Ritsuko's statement shows that the "enviable family" as described by the neighbor was merely an illusion, and in reality, the family members all felt contempt and discomfort with each other.

Yoshio at heart wishes for his parents' death as he observes that the progression of his mother's dementia rapidly puts more burden on the caretaker. Ritsuko, as the main caretaker, is both enraged upon having learned of her husband's affair

and despises the fact that she has to sacrifice herself to care for her parents-in-law. Detective Tagami comes to the conclusion that Yoshio and Ritsuko had already long wanted their elderly dependents to die. However, that does not necessarily mean that they committed murder. Tagami turns to the influence of the new religion movement WWC (Welcome Wagon Company) that had approached the Morimoto family and that the elderly couple had joined. The WWC promotes euthanasia in the name of God.

According to the description in *The Elderly Family*, the WWC interprets the increasing numbers of lonely elderly as due to environmental pollution, nuclear war, and the dissolution of family, and as proof of nearing Armageddon and the end of the world. In such a worldview, there is no value in living on this earth, which will soon be destroyed by demons. The WWC claims that through joining the WWC, the elderly become “able to free themselves from their anxiety, and instead of prolonging their agony with meaningless medical treatment, they are able to peacefully wait to be called upon by the Lord.” They further state that “we who have decided for ourselves to die with dignity as human beings, our company who share the bread of the love of God” are in fact the “true parents and children, brothers and sisters, that is, ‘family’” (Sae 1996b, 98).

The doctrine of the WWC, which emphasizes the end of the world theory and the Lord’s love, appears to have sprouted from Christianity. The portrayal of such a new religion that argues for the euthanasia of the elderly will undoubtedly appear suspicious to the contemporary reader. Yet the perception of “new religion” as being anti-society may be said to have originated in the “Aum Shinrikyo attacks,” which consisted of the murder of Sakamoto Tsutsumi in 1989, the Tokyo subway sarin attack in 1995, and the Matsumoto sarin attack. With the exception of Tagami, characters in *The Elderly Family*, which was published in 1985 before Aum Shinrikyo, do not show a strong aversion toward the WWC.

Tagami suspects that Yoshio and Ritsuko consented to their parents joining the WWC because they wanted their parents to be euthanized. Tagami notes, “The WWC seems to promote euthanasia in the name of God. It seems strange that Yoshio and Ritsuko didn’t completely understand the contents of the ‘Welcome Wagon’ that Ryōsaku and Tatsu were part of” (Sae 1996b, 116). In fact, it is later revealed in *The Elderly Family* through Yoshio and Ritsuko’s monologue that they were aware that WWC is an organization that approves of euthanasia. Having confirmed the contents of the Affiliate Agreement, which states that “funerals will take place according to the organization’s rules and God will confer death with dignity onto us” (162), Ritsuko shares it with her husband. Yoshio merely responds by saying, “It would be great for us too if they die

peacefully of their own accord.” Yoshio and Ritsuko’s ultimate wish is that their parents will independently carry out euthanasia and free them from the burden of nursing care.

However, contrary to their intentions, the new religion that promotes euthanasia exerts a great influence not only on the elderly couple, but also on Yoshio and Ritsuko. In particular, Ritsuko, who personally took care of her mother-in-law, comes to empathize with her and longs to grant her mother-in-law her “wish” of wanting to die. Through the WWC, both Ryōsaku, who wanted to die because he was dissatisfied with having his life controlled by his caretaker Ritsuko, and Yoshio and Ritsuko, who wanted their parents to die because they were stressed out from the burden of nursing care in a three-generation household, turn toward “euthanasia.”

However, detailed descriptions of the WWC’s doctrine, contents of evangelism, and human relationships are left blank, rendering it difficult to conclude that the WWC played a decisive role in the Morimoto family’s murder case. Such an ambiguous depiction of the WWC aligns with *The Elderly Family* employing the form of a mystery novel.

The probability of a middle-class elderly couple living with their children in a peaceful residential area encountering the concept of “euthanasia” in Japanese society in the 1980s is realistically not high. This is because the effects of familialism were still widespread in Japanese society in the 1980s during the transition from rapid economic development to bubble economy. Indeed, the existence of a new religion openly advocating euthanasia of the elderly during this time is not realistic either. However, the appearance of the suspicious new religion WWC, the fact that the elderly couple comes to wish for “euthanasia,” and that Yoshio and Ritsuko also become influenced by it, naturally creates space for Tatsu’s death to be placed in the context of “euthanasia.” Indeed, the existence of the WWC allows Tagami and the reader to come to accept the Morimoto family’s absurd obsession with “euthanasia.” In other words, the WWC can be considered a literary device that serves to challenge the negative views of euthanasia in existing mainstream religions. Descriptions introducing the WWC in *The Elderly Family* are scattered with fragments of abstract ideas in relation to euthanasia, such as “prolonging agony with meaningless medical treatment” and “self-determining death with dignity as human beings.”

## The Context of Euthanasia

The first literary work to deal with euthanasia as a theme in Japanese literature

was Mori Ōgai's "The Boat on the Takase River" (*Takase bune*, 1916). Set in the Edo period, this text relates the confession of a prisoner as he is exiled to a remote island because he had assisted with the suicide of his younger brother who had been suffering from illness. Ōgai, who was a doctor himself, seems to have taken a personal interest in the issue of assisted suicide, having once unsuccessfully attempted to inject morphine into his daughter suffering from whooping cough.

In Japan, the word "*anrakushi*" (euthanasia) was used as the translation of the German word "euthanasie" in *The Reader's Digest* in 1948. In 1950, a lawyer used "*anrakushi*" in his defense at a trial for a "murder by request" case at the Tokyo District Court, and its usage has since then become widespread (Sekiguchi 1975, 49). Discussions on euthanasia in Japan have been centered on the bioethics of modern medicine, the patient's right to self-determination, and the law. In Japan, euthanasia is divided into three categories: 1) active euthanasia, 2) physician-assisted suicide, and 3) termination of life support. Active euthanasia refers to cases where a doctor injects a muscle relaxant or lethal medicine to the patient, resulting in death. Physician-assisted suicide is when the doctor prescribes lethal medicine such as strong sedatives or tranquilizer to the patient and the patient is able to imbibe such medicine when they want to commit suicide. Termination of life support is when the patient dies as the result of the not performing or stopping of life support, such as ventilator and dialysis, and only receives symptomatic therapy (Andō 2019, 16).

In 1962 at the trial of a requested murder case, the Nagoya High Court presented six conditions under which euthanasia could be legally permitted in Japan for the first time. The conditions are as follows: First, the sick person is suffering from a disease that is incurable with the knowledge of modern medicine and technology, and death is imminent. Second, the sick person's pain is so severe that it is unbearable for anyone to see it. Third, the purpose of euthanasia is to alleviate the pain of the sick person. Fourth, if the sick person is clearly conscious and able to express their intention, a sincere request or consent from the patient is required. Fifth, euthanasia must be performed by the doctor, or there must be special circumstances that the doctor can accept as unavoidable. Sixth, if euthanasia is not performed by the doctor, the method must be ethically acceptable.

Given these conditions, the protagonist of "The Boat on the Takase River" would still be guilty of carrying out "murder by request" were he to be tried in Japan at the time because he only satisfies the third and fourth conditions. Tatsu's case in *The Elderly Family* does not meet the Japanese legal conditions for euthanasia either and would similarly be categorized as "murder by request."

This is because chronic diseases such as dementia and old age are not applicable to the first and second conditions, dementia precludes meeting the fourth condition, and the fifth and sixth conditions cannot be satisfied given that Tatsu was strangled to death. The deaths in “The Boat on the Takase River” and *The Elderly Family* are close to the concept of mercy killing. Mercy killing, which is also categorized under active euthanasia, is when a third party such as the patient’s family or friend, as opposed to a doctor, kills the patient out of compassion or sympathy with or without the patient’s consent. However, because mercy killing can lead to the patient’s death without clear consent, many condemn mercy killing as an act of murder and not euthanasia.

Since 1962, discussions on euthanasia in Japanese society have focused on the refusal or termination of life support. As Japanese media reported on the Karen Quinlan incident in the US in 1975, the term “death with dignity” (*songenshi*) became synonymous with “termination of life support.” The Japan Society for Euthanasia was established in 1976 with the aim of legalizing active euthanasia, but having faced strong opposition and backlash from Japanese society, it was renamed the Japan Society for Dying with Dignity and promoted the legalization of death with dignity, in the sense of the “refusal of life support according to one’s own will.” The Japan Society for Dying with Dignity’s usage of the terms “death with dignity” as “refusal of life support according to one’s own will” and “euthanasia” as “active euthanasia” later became widespread in Japanese society through mass media (Andō 2019, 28-30).

Given the context of the ways in which euthanasia and death with dignity have been defined in Japanese society, the concept of “euthanasia” and “death with dignity” in *The Elderly Family* is not as clear. The WWC’s stance that one should not “prolong suffering with meaningless medical treatment” suggests the usage of euthanasia as termination of life support, and “self-determining death with dignity as human beings” as active euthanasia. Ryōsaku’s diary mentions the following about euthanasia:

In the US, it seems that there’s a place called a hospice where cancer patients can get euthanasia, but is there not a place in Japan that would let the elderly who want to die like us rest in peace?

If I were educated, I’d want to write down my feelings somewhere but I can’t do anything with this brain.

I want to ask a great professor at a university if euthanasia is permitted in Japan or not. (Sae 1996b, 182-83)

While Ryōsaku wants to die to the point of disappearing, he is unable to logically explain his emotions and impulses in connection to euthanasia.

In this way, perhaps “euthanasia” and “death with dignity” as described in *The Elderly Family* are literal self-contained understandings of the words independent of the bioethical and legalization movements of the time. That is, euthanasia being a comfortable death for the elderly who wish to die and death with dignity being death that can preserve human dignity. After all, dementia was not legally recognized as a condition for active euthanasia at the time as a chronic disease that causes minimal physical pain and because the patient’s cognitive ability cannot be trusted.

However, it is important to note that Ryōsaku had been collecting newspaper articles on euthanasia and death with dignity since Tatsu’s diagnosis with dementia two years before the events detailed in the narrative, and, after killing his wife, he too looks for a way to commit suicide. His collection includes articles on the euthanasia of a fourteen year old boy who was on dialysis in America in 1982, euthanasia and death with dignity trials in the US, cases of suicide and murder of the elderly in Japan, and a case of an eighty-six year old man strangling his seventy-seven year old wife who suffered from encephalomalacia with a necktie in Sagamihara city in Kanagawa prefecture. In particular, the final article reports that the judge of the Yokohama High Court in charge of the trial of the eighty-six year old man was not only sympathetic to the perpetrator, but praised him as having “done his best to care for his wife” and being an “exemplar of conjugal love.” The judge further sentenced him to three years in prison and three years of probation, saying that “it is understandable that he did not ask for help from his children because he did not want to cause them trouble” (Sae 1996b, 189-90).

Ryōsaku may not have correctly understood the concepts of euthanasia and death with dignity contemporaneous with his time. However, these newspaper scraps show that he was at least aware that despite the fact that euthanasia and death with dignity are illegal in Japan, elderly perpetrators on close terms with the victim generally do not receive harsh sentences. In other words, *The Elderly Family* conveys the social message to the elderly like Ryōsaku that while Japanese society prohibits mercy killing and active euthanasia, when a case is classified as “nursing murder,” there is no push to actively punish the perpetrator.

## Murder in *The Elderly Family*

Through the investigations, statements, and evidence surrounding Tatsu’s death, *The Elderly Family* demonstrates that the “enviable” Morimoto family in fact all wanted Tatsu and Ryōsaku to die. As examined earlier, Yoshio considered the existence of his parents to be burdensome from the outset and Ritsuko was

unwilling to sacrifice herself to care for her parents-in-law. The situation takes a turn for the worse when Tatsu is diagnosed with dementia and the burden of nursing care on Ritsuko increases. Yoshio, feeling guilt and pressure at the fact that his wife was mostly caring for his parents, has an affair, and Ritsuko, having noticed her husband's affair, channels her contempt and anger into malice toward Tatsu, the vulnerable object of her care.

When I changed her diapers, when I scrubbed every nook and cranny of her filthy body, when I took her to the toilet or bathed her as she rebuked me, my hands stiffened with contempt and shivered uncontrollably. I wanted to strangle Grandma's neck right then and there. I can be saved if you die. . . . I was being selfish. And my mother-in-law, who had become an old, ugly shrunken piece of meat under my care, was squirming and screaming in front of my eyes. Her small glowing membranous eyes shamelessly piercing me with her angry temper. I want to kill you! (Sae 1996b, 149-50)

Yoshio's affair not only betrays their marriage, but also strips all reason and motivation for Ritsuko to go through such lengths to look after her mother-in-law. In the passage above, Ritsuko becomes clearly aware of her malice toward Tatsu in the moments of direct skin-to-skin contact that forced both the caregiver and care recipient to recognize each other.

However, as Tatsu's dementia worsens and as the WWC begins to influence Ritsuko as well (although this process is not specifically described), the situation reverses. Yoshio tells Ritsuko that his mother told him that she wants him to put her to rest, and in doing so he gestures toward murder. Ritsuko, seeing other patients in serious condition where her mother-in-law was hospitalized, comes to the following resolve, "Let me, who will soon grow old like Grandma, take care of her till the end. I shall let her die in my hands."

Through specific acts of nursing care, Ritsuko comes to identify with Tatsu who "wishes for death."

I've never found nursing Grandma troublesome or unpleasant. I've become just like Grandma, like a rotten egg. When I touched her skin, I could understand her desire to die. When I change her filthy diapers, when I scrub every nook and cranny of her saggy body, I wish these hands of mine were not those of a daughter-in-law, but powered with strength that is beyond me. Then I can let her rest. I await that strength every day. (Sae 1996b, 163)

In nursing Tatsu, Ritsuko witnesses her future self in Tatsu's old shabby body, and identifies with the wretchedness of an elderly woman who would rather wish for death. Seeing his wife increasingly devote herself to caring for her

parents-in-law, Yoshio turns her into a “kind weapon” and wishes for his parents to “happily die in his wife’s devoted nursing care” (170).

Yoshio wishes for his parents’ death without dirtying his hands, that is, by hoping his parents would choose euthanasia for themselves or that his wife would carry it out for him. It is Tatsu who destroys the cowardly fantasies of her son, telling him that “these kinds of requests can only be made to my son who shares my blood.” Indeed, the euthanasia that is desired in *The Elderly Family* cannot be performed by a physician or the daughter-in-law, but only by one’s true “family.” And yet, because Tatsu’s beloved son does not carry it out for her, she asks her husband Ryōsaku to kill her instead. This reveals that euthanasia in *The Elderly Family* is rooted in Japanese familism, not in the love of an unfamiliar god of a dubious new religion. Ryōsaku’s logic for wanting death, when emptied of its abstraction, is something simple: “I’ll only cause trouble to my family when I become senile to the point that I cannot even go to the bathroom by myself. Not only to my family, but also to society” (Sae 1996b, 182).

As pointed out earlier, Japanese society has long considered home care to be the ideal method of care for the elderly. However, *The Elderly Family* depicts the process by which this very environment of home care leads the elderly to seek euthanasia themselves as they deem their existence, requiring the physical and financial burden of nursing care, to “only cause trouble to my family.” Euthanasia at this point completely becomes a family problem. Feeling pressured by the care they receive from their family, the elderly themselves request their family to kill them, and either the son or the daughter-in-law must carry out the murder in order to put their suffering family member “in peace.” In this context, Tatsu’s death as portrayed in *The Elderly Family* at once contains and yet strays from elements of euthanasia, mercy killing, and murder by request.

The main issue lies in obtaining explicit consent. As examined earlier, one of the most important conditions of euthanasia is having the person’s “sincere request or consent,” that is, explicit expression of intent. However, *The Elderly Family* renders Tatsu’s intent, not to mention her specific feelings and state of mind, thoroughly inaccessible. Yoshio and Ritsuko’s thoughts are conveyed through their statements and monologues, and Ryōsaku’s through his scrapbook. Tatsu, however, is portrayed only through the statements and recollection of other family members.

In *The Elderly Family*, Tatsu’s husband Ryōsaku, son Yoshio, and daughter-in-law Ritsuko are the ones who are directly involved in her murder. Yet, none of these characters feel guilty towards Tatsu. This is because they believe that Tatsu herself wished death upon herself the most. Rather, they feel guilty for not being able to grant her “wish.” Even as they witness the steady progression of

Tatsu's dementia, they continue to firmly believe that she wants death.

I beg you, please let me rest in peace. . . . She wrapped her trembling hands around my neck and stroked my face. . . . I can only ask for something like this from you, my son who shares my blood. My ancestors would scold me for requesting such an unfilial thing from my child, but they, too, will forgive a grandma gone senile like me. I want to die before I go too senile, so God, too, will forgive me. Whatever you do, it won't be unfilial since I'm the one asking for it. . . . Mother said all this at once as though this was the only thing she was thinking about every day, then she lost strength and closed her thin eyes. When Father returned to their room, she lay down facing the wall like an old woman pretending to be dead.

Those words came not from Mother suffering from dementia, but Mother in her right mind. It wasn't her talking deliriously because of senility, nor was it her sleep talking either. But what am I to do as her son? I myself had to become the weapon to kill my own mother! (Sae 1996b, 171-72)

The son's belief that this murder request from an elderly person suffering from dementia is a "request" "not from Mother suffering from dementia, but Mother in her right mind" and is supported by the memory of his mother stretching everyday to "train [her] body to stay healthy and die all of a sudden" (Sae 1996b, 172). However, the fact that Yoshio cannot perceive that this request from a "Mother in her right mind" could make him a criminal goes unnoticed.

In contrast, Ryōsaku, who witnessed his son's crime, decides to make himself the criminal. His bold judgment and action are sufficiently plausible, given that his scrapbook and diary show that he was looking for ways to commit suicide, and his collection of trial records show that he was aware that Japanese courts and society are sympathetic to the elderly carrying out murders by request.

Considering such contrasting depictions, perhaps the Morimoto family projected their wishes of an ideal "euthanasia" onto Tatsu. Ryōsaku, Yoshio, and Ritsuko all scorn and fear Tatsu's miserable state, especially her inability to control physiological phenomena, survive without nursing care, nor recognize the particular state that she is in. They are terrified by the realistic probability of themselves becoming like Tatsu.

While many studies are presently being conducted on dementia, modern medicine is still unable to fully explain or imagine the world as seen by dementia patients. Ariyoshi thus referred to a dementia patient as a "*kōkotsu no hito*" (senile person), alluding to a line from an old phrase. Moreover, Amano has pointed out that *The Twilight Years* portrays the "senility" of an elderly dementia patient from the perspective of a caregiver who can "only see it as a defect in character" (Amano 2006, 109-10). Indeed, the ability to imagine Tatsu's world is

absent in *The Elderly Family* as well. In her healthy years, Tatsu had once said that she wants to live a healthy life then die all of a sudden so as not to cause trouble to her family. However, those words cannot prove that she was in a clear state of mind when she attempted to persuade her son to kill her after being diagnosed with dementia. Without confronting Tatsu's interiority, her family fills her "character defect" with memories of the mother in the past and projections of their miserable future of being old and sick. Then, neither able to be more distanced nor more objective, her family kills Tatsu, and in doing so, they also kill their old and ugly futures.

In the way that the grandson Takao nonchalantly says, "I think everyone in this family is like an elderly person" (Sae 1996b, 193), "elderliness" here is psychological, in which the family members are not able to accept disease and aging, nor confront death, nor turn away from reality. This "elderly family" understands Tatsu's request to be killed as sincere, carries it out, then falsely confesses to the crime. The police in *The Elderly Family* further show that Japanese society will not prosecute or suspend the prosecution for the murder of this family. This is the very landscape of "euthanasia" in *The Elderly Family*.

## Conclusion

Since the 1980s, discussions on euthanasia in Japanese society have centered on illegality. Examples include the trial of the first "euthanasia" incident in 1950 as mentioned earlier, an incident of euthanasia in a family in Nagoya in 1962, the Tōkai University euthanasia incident in 1995 in which a doctor injected potassium chloride into a patient with multiple myeloma, resulting in death, and the Imizu Municipal Hospital incident in 2006 in which a surgeon removed the ventilators of seven patients with no possibility of recovery, resulting in their deaths. However, despite such discussions on death with dignity (as the refusal and termination of life support) occurring in medical settings and courts, an increasing number of people in Japanese society appear to desire "euthanasia," as portrayed in *The Elderly Family*.

For example, screenwriter Hashida Sugako, known for *Oshin* and *The World Is Full of Evil* (*Wataru seken wa oni bakari*), published the essay "I want to die from euthanasia" (*Watashiwa anrakushi de ikitai*) in the December issue of *Literary Autumn and Spring* (*Bungei shunjū*) in 2016. Hashida, who was ninety-two at the time, had expressed that she would rather be euthanized in Switzerland than be bedridden with dementia. This essay caused a sensation, and in 2017, Hashida published the book *Please Let Me Die from Euthanasia* (*Anrakushi de*

*shinasete kudasai*). Such a trend among the public toward actively embracing euthanasia undoubtedly is intimately tied to the preparations for death (*shūkatsu*) that circulated in the 2010s.

However, it is unlikely that active euthanasia, as “self-determined death” that is desired by the public, will be legally recognized. As is the case in *The Elderly Family*, it is difficult to recognize dementia patients’ expressed wish for wanting death as valid because their cognitive abilities cannot be trusted. Regarding conditions like dementia in which one cannot fully express oneself, Andō Yasunori (2019, 58) has offered that statements such as “I could not endure it were I to live in that condition,” “only project the consciousness of the healthy ‘I’ in the present” and that is “separate to the consciousness of the person who is actually in that state”. In fact, *The Elderly Family* deliberately renders Tatsu’s inner world blank. As a result, Tatsu’s family (mis)read their own contempt and malice toward “aging” as Tatsu’s “wish,” before they then execute and conceal her murder. Japanese society consequently forgives such a family “tragedy” as a “nursing murder” and send the same message to members of society in a similar situation. The novel thus “slips” from the issue of “nursing murder” into that of “euthanasia.”

However, it was not necessarily the case that Japanese readers in the 1980s comfortably received euthanasia as portrayed in *The Elderly Family*, particularly in the form of parricide. This being the case, Sae wrote another nursing novel *Falling Leaves*, which was easier for readers to accept, ten years later. Against the background of exhaustion from elder-to-elder nursing care, *Falling Leaves* follows the subtle psychological changes in a family on the one hand and the affection between the parents and children on the other, and depicts euthanasia as the ultimate form of maternal love. Above all, the mother in *Falling Leaves* who suffers from dementia “performs” having lost all of her cognitive abilities and carries out her euthanization without the help of her family by fasting to death. In other words, *Falling Leaves* can be seen as a “rewrite” of *The Elderly Family* with the same theme, but in a different setting. And the social background in which *Falling Leaves* became a bestseller is the society of longevity that idealizes “*pinpin korori*” and scorns old age and aging.

At present, the number of countries permitting euthanasia, such as Switzerland, is increasing. Belgium and Canada, in particular, have recently recognized mental illness in addition to terminal illness as a condition for euthanasia. The legalization of death with dignity in Japan is also gaining speed, and in June 2022, a bill for “assisted death with dignity”—equivalent to what is categorized as “physician-assisted suicide” in Japan—was proposed in South Korea. This would allow patients with terminal illness to take a lethal amount of drugs to

commit suicide. Such trends resemble the setting described in *The Elderly Family*. That is, the landscape in which nursing care is expected from the family, trials do not prosecute nursing murder as a crime, and the media sensationalizes the declining working population and increasing social expenses due to the aging population.

Yet, shall we not call a society that cannot confront death an “elderly society” full of “elderly families”? Life and death are the most fundamental values of an individual and family, society and nation-states. Before euthanasia becomes a socially institutionalized form of suicide or homicide, we must ourselves confront how we are to meet our deaths.

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