Japanese attitudes toward death and dying have undergone profound changes in the twentieth century. Three different periods with divergent attitudes stand out: first, the period of idealizing death and dying for the Emperor and for the country during World War II; second, the long period of treating death and dying as a taboo subject from 1945 until about 1986; third, the period of the growing hospice movement, characterized by a newly awakened interest in death education and in improving terminal care for the dying and grief care for the bereaved (1986 till the present).

Idealizing Death and Dying for the Emperor and for the Country

During World War II dying for the Emperor and for Japan was propagated as an honorable and ideal way of dying. Elements of the traditional samurai ethic were revived. About one and a half million soldiers, fathers, husbands, sons died an “heroic death” fighting for the Emperor, and families were not supposed to grieve or experience regret, but were expected instead to take pride in the death of their loved ones. In 1944, the “Kamikaze Special Attack Force” (*Kamikaze*, meaning “wind of the gods”) started to attack Allied ships in suicide dives. Many of the pilots were college students, some of whom teenagers with fewer than two months of flight training. About two thousand two hundred kamikaze pilots sacrificed their lives in these suicide attacks. The night before certain death some young pilots wrote enthusiastic letters to their parents expressing their joy and pride over being chosen to offer their young lives to the Emperor. The glorification of death for a cause! But as a consequence of the endless stream of reports of the “heroic deaths” which took place upon the battlefield, the Japanese began to experience megadeath, so that despite the otherwise skillful propaganda, radio and
newspapers increasingly found it difficult to idealize death. The bombing of Tokyo on March 10, 1945 resulted in the deaths of 100,000 people in a single day; in Kobe 60,000 died in the bombings. And, finally, the atomic bomb on Hiroshima on August 6, 1945 left about 75,000 dead; three days later there were 39,000 dead in Nagasaki.

Death as a Taboo Subject in Japan (1945-1986)

During World War II, the Japanese people were confronted with death on a daily basis. One can understand that, following the experience of so much death and dying, the topic of death became taboo after the war. After having experienced so much senseless death during the war, one can sympathize with the Japanese people in their efforts to avoid the topic of death as much as possible. I remember two former students of mine coming to my office in 1980 and asking that in my speech at the wedding reception I should be careful not to mention that they had taken my “philosophy of death” course at Sophia University. Hearing the word “death” during a wedding celebration would greatly upset the guests. Foreigners coming to Japan are sometimes surprised that in numerous hospitals there is no room number four. This is still the case in many hospitals today. This is another instance of considering death as a taboo subject. The word four (shi) is pronounced the same way as death (shi), although the Chinese characters for the two words are completely different.

Medical education after 1945 was directed one-sidedly toward the search for a cure and the prolongation of life. Many doctors have told me that during six years of medical training the topic of death was not treated once. Professors would usually tell their medical students that in case of incurable cancer they should not tell the truth to their patients. Most doctors would inform the family, but the patients were kept ignorant of their condition. Needless to say, under such circumstances communication between doctors and dying patients, as well as between incurable cancer patients and their family, was minimal.

In 1987, the Japanese Ministry of Health and Welfare officially organized a committee whose task would be to study the complex issues of caring for the terminally ill, and ways to care for the dying. I was the only non-Japanese member of the committee. At that time, the majority of the Japanese indicated that they wanted to know the truth in the
case of cancer. A significant gap differentiated the people's wishes from the doctors' practice. Gradually doctors started to respond to this communication gap. Our terminal care committee in the Ministry of Health and Welfare worked for two years on developing guidelines to improve care for the dying. Among many other recommendations, the committee report, published in 1989, recommends telling the truth to cancer patients. However, even today, ten years following the report, many doctors still persist in keeping their cancer patients ignorant of their condition. This is, of course, a major obstacle to the development of a hospice movement.

Another important issue that has not yet been resolved is the emotional and spiritual support for incurable cancer patients after they have been told the truth about their condition. The lack of emotional support and spiritual care for patients facing death remains a basic problem even today. In Europe and the United States, most hospitals and hospices have chaplains or counselors who offer emotional and spiritual support. In Japan, however, since Buddhist priests are primarily associated with funerals, a priest is usually an unwelcome sight in a hospital. Many Buddhist priests have told me about their unpleasant experience of being turned away by the hospital staff. Being reminded of the funeral "would upset the cancer patient."

Bereavement in Japan:
Ancestor Worship and its Role in the Grief Process

Before introducing the third period in the evolution of Japanese attitudes toward death and dying, I shall discuss the topic of bereavement and ancestor worship in Japan.

In the West, bereaved persons are often expected to serve their relationships with the dead. In Japan, bereaved people are rather encouraged to maintain and foster a relationship with the deceased. The presence of a family altar — either Buddhist butsudan or Shinto kamidana — facilitates continuing bonds between the living and the dead.

Japanese people attach great importance to the funeral and the thirteen rites following the funeral. This may also be interpreted as an expression of the continuing bonds with the deceased. According to a national survey in 1995, the average Japanese person pays five times more than the average American for a funeral. In comparison with the
Great Britain the difference is higher. In Japan one spends eleven times more for a funeral than in Great Britain.

Whereas terminal care for the dying in Japan has changed dramatically during the past two decades, the elaborate set of rituals for the bereaved has not changed much. One reason for not changing the rites may be the fact that these rituals are considered to be of value in the grief process.

During the period of mourning, lasting seven weeks — *chuuin* in Japanese — the dead person is thought to return to life and die again seven times. Each return is thought to come at an interval of seven days. After the seventh death, on the forty-ninth day — *shijuukunichi* in Japanese — the dead one is thought to leave this world for good. On this day the family gathers for a service and a final farewell. Candles are lit, incense burned, and *sutras* recited by a priest. The service may be held in a temple or at home. Then the urn containing the ashes and bones is placed in a family grave.

This ritualized leaving-taking at clearly defined intervals seems to be a considerable emotional help in the grief process.

The idea of "continuing bonds," widely discussed in the grief literature of the West, has a long tradition in Japanese ancestor worship. In order to avoid misunderstanding, one should be aware of the fact that the Japanese term for worship *suuhai* has a much broader meaning than the Western concept of worship, which is usually associated with worship of God or deity. The Japanese term *suuhai* expresses a deep respectful feeling towards another person which, according to circumstances, may be admiration, veneration, idolization or even worship.

As Dennis Klass has admirably shown in *Continuing Bonds*, for many Japanese the focal point for ancestor worship in the home is the Buddhist altar (*butsdan*), or in some cases the Shinto shrine (*kamidana*). Food is regularly placed in front of the altar. More importantly, bereaved people will often talk in front of the altar to the deceased person, discuss problems, ask for advice, thank the dead person if things went well or complain if things went wrong. Young people often ask

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for help from their ancestors before exams and will report to them later about their success or failure.

Many widows use the family altar as a “hot line” of communication with their dead husband and talk to him about their daily lives, sharing with him their sadness and their joy.

Dennis Klass rightly concludes that “ancestor worship is an expression of the human community that cannot be separated by death” and that “the rituals of ancestor worship provide a vehicle by which resolution of grief is accomplished” (p.59).

After having outlined the positive role of the continuing bonds with the ancestors in the grief process, I want to present four problem areas that throw some doubt on whether the so-called “ancestor worship” is sufficient in helping today’s Japanese through the process of grief. I have talked to and listened to thousands of bereaved Japanese — widows, widowers, bereaved parents and children. My interactions with them stirred up, then confirmed the following doubts.

(1) The first problem area is the question of whether the rituals of ancestor worship can still fulfill their traditional role without the underlying religious belief that originally created the rituals. For many Westerners, religious statistics in Japan are an inscrutable mystery. On the one hand, in the published statistics of the various religions and sects in Japan there are far more adherents than there are people in Japan. In other words, numerous Japanese are counted in more than one religion or sect. On the other hand, nearly two-thirds of the Japanese people claim that they do not believe in any religion. According to a survey by the Asahi Newspaper in September 1995, only 33% of Japanese respondents said religion is an important part of their lives; 63% said they had no religious faith. The decline in faith during the past ten years was seen in all age brackets but was particularly strong among the elderly. Many experts consider Japan the most secularized country on earth. The question then arises: can a religion-based set of rituals sufficiently fulfill the role of providing a “vehicle by which resolution of grief is accomplished” (Dennis Klass) when the underlying religious base has been lost.

(2) The second problem area concerns the rapidly changing male/female relationship in Japan. Traditionally, a Japanese wife would devote herself fully to her husband and her children. The close bonds with her husband would usually survive the death of her spouse and express itself concretely in daily communication with the spirit of her husband,
thought to be present in the family altar. However, the increasing number of divorces, mostly initiated by the wife, indicates that a growing number of wives may not be able to find their main consolation during widowhood from communicating with their deceased husband from whom they tried ~ often unsuccessfully ~ to get a divorce. In a recent survey, Japanese wives were asked with whom they would like to spend their time after retirement. Their female friends were named most frequently; spending time alone was the second most frequent answer. Husbands came in as a poor third. When husbands were asked the same question, the vast majority took it for granted that they would be spending their retirement with their wives. This has led me to think that for numerous bereaved wives, communication with their female friends may often be a more important help in the resolution of grief than the traditional ancestor worship.

(3) A third problem area is the complicated grief process of people after a suicide in the family. In 1998, a record number of over thirty thousand Japanese committed suicide. After the suicide of a husband many widows, even after a long period of time, are filled with anger towards their husband for deserting them and their children. Forgiving is not a virtue emphasized in Japanese education. Revenge is idealized in one of Japan’s most famous literary works, *Chushungura*, which is the story of the 47 loyal *ronin* who avenged the death of their lord by killing his enemy.

In literature, suicide in Japan is often glorified, but in reality most Japanese families feel ashamed and often guilt-ridden after a suicide in the family. Many try to hide it, and since they cannot talk about it, they walk a lonely road of grief. “Ancestor worship” for a husband who has committed suicide is, of course, difficult, if the predominant feeling is anger against the deceased husband. Over the past seventeen years I have met many families after a suicide. Mutual support groups of such bereaved persons seem to be of great help.

(4) A fourth problem area is the grief process of bereaved parents. Traditionally, Japanese have found emotional support and consolation by communicating with the deceased adults who, during their lifetime, had been a source of support. However, since a mother did not expect much support from her child, but rather saw her role as that of protecting and nurturing her child, after the death of a child, the emotional support from her child would be considerably less than that from her
deceased husband, father, or mother. An overwhelming sense of loss will often be the predominant feeling.

For the past seventeen years I have facilitated monthly mutual support groups for bereaved parents in many cities of Japan. For bereaved parents, talking to other parents who have had a similar loss experience seems often to be the greatest help in the grief process.

The Period of the Growing Hospice Movement
(1986 to the Present)

The third period in the evolution of Japanese attitudes toward death and dying is the period of the growing hospice movement, characterized by a newly awakened interest in death education and in improving terminal care for the dying and grief care for the bereaved. After four decades of considering death and dying as a taboo subject, many Japanese people became critical of the manner of treatment of dying cancer patients in hospitals. The majority of Japanese patients with incurable cancer were facing death without being told about their condition. After the death of a patient, relatives would often regret that there had been scarcely any communication with the dying person. Prolongation of the physical life of a patient had often been the only concern of the doctors, whereas the quality of life of the dying patient had been largely neglected. Besides, the majority of patients died without proper pain control.

At this stage of considerable dissatisfaction with the type of terminal care provided in Japanese hospitals, reports about the hospice movement in Western countries appeared in the Japanese mass media.

Since I have been closely involved in the birth and development of this third period, I shall describe from my own experience the changes by introducing the activities of the Japanese Association for Death Education and Grief Counseling (hereafter: Association) which I founded seventeen years ago in 1982.

The Association has chapters in 46 Japanese cities and has over seven thousand members. The three basic goals of the Association are: (1) To provide death education (for hospital and hospice staff, for the general public, and for Junior and Senior High Schools); (2) To improve terminal care in hospitals and developing hospice programs; (3) To establish mutual support groups for bereaved people. Besides these three
basic goals, each chapter is encouraged to creatively develop new activities according to their own concrete needs.

I shall introduce some examples later, for example, the response of the Kobe chapter following the earthquake on January 17, 1995, in which over five thousand people lost their lives.

(1) Death education

As a matter of policy, each of the 46 chapters presents, once a month, a lecture for doctors, nurses and/or for the general public, on various aspects of death education. The most common topics are facing death, care for cancer patients (every third Japanese is dying of cancer), pain control, the education of children on the subject of death and dying, hospice care, home-care hospice, the role of the hospice volunteer, bereavement and grief, the loss of a spouse, complicated grief, the meaning of the funeral. In many of the chapters there is an annual conference on one of the above-mentioned topics. The Tokyo chapter has for seventeen years offered an annual day-and-a-half (Saturday noon till Sunday evening) conference. The 800-seat auditorium of Sophia University has always been filled to capacity. Sometimes we had to turn away more than two thousand applicants. Proceedings of these conferences have been published in six volumes in Japanese under the titles: (1) Thinking about life and death; (2) Losing one’s spouse; (3) Learning from the death of a loved one; (4) Hospices and terminal care in Japan; (5) A new culture of death; (6) Sudden death and grief.

Needless to say, due to the seventeen years of intensive education, Japanese people’s interest in and understanding of the issues of death and dying, hospice care, and bereavement/grief has dramatically changed. I consider this educational background an essential basis for the rapidly growing hospice movement in Japan.

(2) Improving terminal care in hospitals and developing hospice programs.

The second goal of the Association is to develop better terminal care and hospice. When the Association started its activities in 1982, the majority of Japanese doctors would not tell cancer patients the truth about the nature of their sickness. In 1981, the first hospice opened in Japan. At present there are 62 hospices or palliative care units in Japan. About
forty more hospices or palliative care units are being planned, so that that number is expected to increase to about 100. The Association has offered hundreds of lectures and symposia on hospice care in all 46 chapters. Several chapters offer annual half-year training programs for hospice volunteers. The Tokyo chapter, in cooperation with Sophia University, trains 140 hospice volunteers each year. Graduates of these hospice volunteer courses are not only working in hospices, but many of them are welcome volunteers in general hospitals and cancer centers. The hospice idea of the care for the dying is likewise catching on in general hospitals. Many members of the Association have started “monthly terminal care study groups” in their respective hospitals. For the past fifteen years I have organized annual hospice study tours to Great Britain, Ireland, Germany, Australia, New Zealand, the U.S.A., and Canada. Each year 28 Japanese, mostly doctors and nurses, take part in these tours. Participating journalists have extensively reported about the world’s hospices in the major Japanese newspapers and journals. Several books have originated from these hospice study tours. After having experienced hospices abroad, several medical doctors have started hospices in Japan or are at present planning hospices.

During the pioneer years Japanese hospices did not receive much financial support. During the past few years, the financial situation has dramatically improved. At present, a Japanese hospice receives per patient the equivalent of about 300 U.S. dollars a day. Beginning two years ago, a Japanese Foundation has been giving to seven designated hospices an annual amount of about 60,000 U.S. dollars for the training both of hospice nurses for future hospices, and of terminal care nurses in general hospitals. Each year, four nurses receive scholarships to train in hospices abroad. In the near future, this hospice training program will probably be extended to medical doctors as well.

(3) Establishing mutual support groups for bereaved people.

The third goal of the Association is to provide help for people who have lost a loved one. Each chapter establishes mutual support groups where bereaved people can meet in small groups. The Tokyo chapter has such meetings twice a month, once in the evening of a weekday, once on Sunday afternoon. There are usually different groups for bereaved spouses and bereaved parents. If several people have lost a loved one through
suicide, they will form a separate group. Twice a week, the Tokyo chapter provides telephone counseling for bereaved persons from all over Japan. People who lost somebody in the earthquake in Kobe can dial in for free. A good number of the people who seek telephone counseling are persons who have lost somebody through suicide. Since they cannot talk about such a loss in their community, they choose the anonymous telephone communication. Numerous persons who come to the mutual support groups have told me that here for the first time they could talk about the death of a loved one. It is a general rule in Japanese society that one should avoid unpleasant topics. The most unpleasant topic, of course, is death. So many Japanese feel that they should not burden their acquaintances with their grief. Therefore, they avoid mentioning a death in the family. The mutual support group for the first time gives them permission, even encourages them, to talk about their loss and grief.

Following the earthquake in Kobe in January of 1995, the Kobe chapter immediately organized mutual support groups for parents who had lost their children, as well as for persons who had lost their spouses or other family members. One of the typical issues in the Kobe groups is, of course, multiple loss, for example losing a child, a husband, a house, a job all in a minute!

Pre-Widowhood Education

During the past 17 years, the Association has put considerable emphasis on pre-widowhood education. Since Japanese women live, on the average, 7 years longer than men, and are usually, at the time of marriage, younger than their husbands, most married women face the eventual loss, to death, of their husband, and a lengthy period of widowhood. Thus, the interest in pre-widowhood education is understandably high. At the beginning of this century, the gap between the life expectancy of Japanese men and women was only one year, men lived on the average 42 years, women 43. Today, the life expectancy for Japanese males is 77.16 years, for females, it is 84.01. The longevity of both Japanese men and women is now the world’s greatest. However, whereas the life expectancy of Japanese males continued to rise during the year 1998, the average lifespan for Japanese males fell slightly, due to a surge in suicides seemingly related to the prolonged economic recession. In 1998,
22, 338 Japanese men committed suicide, in contrast to only 15,901 in 1997.

Numerous widows, who attend the widow meetings run by the *Association*, complain that there had not been any education preparing them for the difficult transition from married life to widowhood. As a result of the death taboo, doctors did not inform the husbands about their incurable cancer and about approaching death, and so there was little communication between husband and wife, no final leavetaking, or expression of thanks, or a last goodbye. Many widows are troubled by the fact that they failed to talk to their husbands about important issues before they died. Resulting guilt feelings are quite frequent.

The *Association* considers one of its main tasks the education, counseling, and provision of support for widows following their loss. However, another task is considered of equal importance, namely, the education of married women on the prospect of their future loss through a pre-widowhood education program. One of the most efficient methods of such training seems to be conferences that combine lectures from bereavement/grief experts with the testimonies of widows/widowers who speak from their own bereavement experience. Such conferences have been offered in many cities of Japan, and attract a great number of middle-aged married women. Widows who speak about the death of their husbands and their efforts to come to terms with it in starting a new life, seem to experience a new dimension of meaning in their suffering when given the opportunity to share their experience with married women, who presumably, as a result of this training, will be better prepared to face their own future bereavement, and widowhood, in more creative ways.

Pre-widowhood education starts from the presupposition that a woman will probably be able to offer better care for her dying husband, will probably have better communication during the final period, and will be able to adjust better to bereavement if she has prepared herself mentally and emotionally prior to the death of her husband and consequent widowhood.

**Grief and the Search for a New Self-Identity of Widows**

Traditionally, many Japanese married women have defined their self-identity largely in terms of being the “wife of Mr. X.” Consequently, the
death of the husband means also a loss of self-identity and a loss of social identity. Often it results also in a loss of status and a loss of opportunity. Grief education and counseling have to take into account that a widow has not only experienced the loss of a husband but also the loss of some aspect of herself. An important task in the grief process is the restoration of self-esteem and the search for a new self-identity, as well as the discovery of a new social identity.

During the first period of grief, most women coming to the Association’s widow meetings view the death of their husband exclusively in negative terms. During a second stage many widows begin to see the separation also in terms of a new freedom to search for a new social identity independently of their husband. Women begin to see that they have new opportunities that they did not have previously. Listening to other widows and their search for a new self-concept and a new self-identity often stimulates the endeavor to turn the loss into a gain.

The Japanese term kiki (crisis) can be a helpful concept. These Chinese characters express a deep wisdom that cannot be expressed in an alphabetic language. A crisis, according to this expression, is considered something dangerous, something threatening. But as the second part of the term indicates, a crisis is at the same time also an opportunity for something new. We cannot always control the events which effect us but we can control the way in which we perceive these events, how we interpret them and, most of all, how we react to them. Numerous women who have “graduated” from the widow meetings have discovered in their crisis a new opportunity and a new self-identity.

The Role of the Memorial Service in the Grief Process

For several years, the Association has been conducting, at regular intervals, memorial services for bereaved persons. The objective of the services is to contribute to the emotional, social, and spiritual well-being of people who have experienced a death in the family. Because many people in Japan have difficulty asking for help after bereavement, attending a memorial service is a non-threatening way of expressing and sharing emotions and of receiving help in emotional adjustment. Nearly all participants claim that they were greatly helped by attending a memorial service. Japanese hospitals do not offer any bereavement follow-up, and so attending these services was, for the majority, the first expe-
rience of a systematic bereavement support. The following points were stressed frequently by bereaved persons as having been helpful in the memorial service: recognizing that feelings of anger, shock, guilt, abandonment, hostility etc. are normal in survivors; discovering that they are not the only people who have lost a loved one, but that many other persons are going through a similar grief process; being able to shed tears and to express emotions of grief that they had considered socially unacceptable; hearing and learning from other survivors about what had helped them in their bereavement and about how they were adjusting to the new life without the loved ones.

When planning memorial services, one of the difficulties faced was the issue of religion. The majority of Association members are not attached to any specific religion, although a large number are Buddhist or Christian. After much discussion, the Association decided to offer memorial services in a Buddhist, Christian, and a non-religious style. This appears to be a satisfactory solution. Japan is known for its religious tolerance, and quite a number of members have chosen to attend memorial services in all three styles, and claim to have found significant support through each.

The Buddhist memorial services are always performed in a Buddhist temple. Sutras are chanted and traditional Buddhist music commemorating the deceased is played. A Buddhist priest who has himself experienced a significant loss and who can, therefore, relate through his personal experience to the emotional needs of the bereaved persons, presides. The Christian memorial services are conducted in a Catholic church with a Requiem Mass at its center. The Mass is preceded by an organ meditation; during the Mass there are both vocal and instrumental solo performances. Appropriate readings from scripture are used for meditation; written prayers or memorial texts from the participants, as well as the names of the deceased family members are placed on the altar. The priest speaks about the meaning of memorializing and honoring the loved ones and about the support and help the participants can give one another in rebuilding their lives without the deceased. The non-religious memorial services devote a good amount of time to music, meditation, and several Japanese artists, especially musicians, have become interested in the idea of the memorial service. In a non-religious service mounted in 1994, a professional musician composed and performed a new piece of music for the occasion. Participants com-
mented on the healing experience they underwent during the music meditation. Indeed, it was a form of music therapy.

At each memorial service, a brief lecture on bereavement and grief is delivered. The speaker focuses on the loss experience, the typical feelings of survivors, the grief work to be done, the potential difficulties awaiting them on the road to recovery, and the help they can give one another by sharing their experiences and by supporting each other.

In all three types of memorial services, participants are encouraged to bring along and put on display photos, paintings, books, and any other memorabilia of the deceased persons. This adds a personal touch to the event and offers a natural way of starting a dialogue among the bereaved people. Sharing memories, freely expressing one’s emotions, having listeners who can sympathize with one because they have been through similar experiences; all of this becomes a significant help in the grief process. New friendships are often born out of this sharing of experiences.

Disenfranchised Grief in Japan

An important aspect of grief education and grief counseling in Japan is the attention that has to be paid to disenfranchised grief. Kenneth Doka has defined disenfranchised grief as “the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned or socially supported.” Three reasons why the grief of survivors may be disenfranchised, according to Doka, are (i) the relationship is not recognized, (ii) the loss is not recognized, (iii) the griever is not recognized. Doka sees the central paradoxical problem of disenfranchised grief in the fact that “the very nature of this type of grief exacerbates the problem of grief, but the usual sources of support may not be available or helpful.”

Each society has typical groups or persons who suffer from disenfranchised grief. In Japan, mothers and widows of soldiers who died in World War II are typical examples of this type of grievers. When they were informed that their sons or husbands had died fighting for the country, they were expected not to shed tears. The death of their loved

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ones was not to be seen as a loss but as a glorious heroic event of which one should be proud. Even at the funeral they were expected to be brave and not to let their emotions show by shedding tears. This type of expected behavior and the emotional complications have found a classical literary expression in Ryunosouke Akutagawa’s work *Handkerchief*. The author has counseled many elderly women in the Association who felt they were not allowed to express their emotions after the death of their husbands during the war years. The post-war era in Japan has deprived them of the feeling that their loved ones had died for a glorious cause, as propagated during the war, and this has greatly complicated their grief process. Many widows were helped greatly, years after the actual loss, when they could share their emotional reaction to the death of their husband in what they considered a senseless war.

Another typical case of disenfranchised grief in Japan may be found in the Japanese experience of retirement or loss of a job. Although the life expectancy of the Japanese is the highest in the world, retirement occurs for many Japanese at a rather early age, around 60. Applying Doka’s second reason, “the loss is not recognized,” one notices that although society or the family considers retirement as something to be taken for granted at a specific age, the loss of a job is, for the person concerned, a very painful loss experience in which he or she receives little emotional support. For many Japanese, the loss of their job appears to be a more painful loss experience than it is for people of other nations. It has often been reported that, for example, many Germans look forward to retirement in order to practice their hobbies more freely. Most Japanese are so deeply attached to their work that the term “workaholic” has become a popular description of the typical mentality of Japanese regarding their work. In 1989, Japanese were “on the job” an average 2,150 hours a year in contrast to 1,924 hours in the USA, and 1,655 hours in the then West Germany. As work in Japan is closely related to the social life of a person (regular dining/drinking parties with fellow employees after work), retirement or loss of work signifies also a significant social loss.

In the bereavement/grief education, counseling, and support work of the *Association*, much attention is paid to the specific needs of bereaved persons whose grief process may be complicated or made more difficult by other recent losses, especially those connected with a recent retirement. Double losses or multiple losses (a typical example would
be the loss of work and of a spouse in the same year), increase the grief to a level that may surpass the emotional energy of a person. In such cases, special counseling or treatment by a psychiatrist may become necessary. In order to prevent grief after retirement from turning into a “disenfranchised grief,” proper acknowledgment by family and friends of the seriousness of the loss experience can be of considerable help.

Grief After Death from Overwork

Another typical example of disenfranchised grief occurs after death from overwork. Death from overwork (known as karoshi in Japan), is frequent. Hiroshi Kawahito, secretary general of the National Defense Council for Victims of Karoshi, claims that an estimated 10,000 Japanese die from karoshi each year. Karoshi takes the form of sudden death, usually caused by heart or brain disorders. Overtime is normal in Japan and, in addition to long working hours, commuting may take up to 3 or even 4 hours each day.

The grief reaction of widows who lose a husband through karoshi is complicated in various ways. Among the widows who came to the Association’s meetings the following strong emotions were apparent: anger at the deceased husband’s company’s refusal to acknowledge that the cause of death was due to overwork, and guilt feelings for not having persuaded their husbands to take more rest and thus avoid death from overwork.

A common source of anger and frustration in these widows was the fact that, owing to the Labor Ministry’s strict approval standard for compensation, companies refuse to admit the existence of karoshi. Only when the causal relation between work and death is established will a company grant compensation; although a causal connection is difficult to establish. Defense counsel Kawahito states that if a victim has worked 16 hours a day for seven consecutive days prior to his death he has a chance of being classed as a karoshi victim.

In the case of death from cancer, spouses have time to adjust emotionally to the approaching loss and to go through a process of anticipatory grief. In the case of death from overwork, which usually occurs suddenly, spouses are not granted time to prepare themselves emotionally or to say goodbye. In the case of widows who go to court and file
karoshi lawsuits, the legal fight, which may go on for a long time, sometimes intensifies the bereaved person's grief reaction.

In addition to blaming the company for the death of their husbands, karoshi widows usually also blame themselves and suffer from severe guilt feelings for not having saved their husbands from long or irregular working hours and the resulting stress and accumulated fatigue.

Conclusion

Reflecting on the evolving Japanese perspectives on death and dying, I would like to conclude with four observations.

First, we have to be aware that different cultures have, indeed, different attitudes toward death and dying; as well as toward bereavement and grief. Secondly, Japanese perspectives on death and dying are not a static phenomenon but are rather in a dynamic evolving process. Thirdly, in order to understand a country's perspectives on death and dying, we have to look at the cultural background and the underlying value structures of the culture. A good example of this changing value structure in Japan is the change from aiming primarily at extending the physical life of a patient to taking interest in the quality of life of a dying patient. This has become a basic concern of the hospice movement in Japan. Finally, a fourth observation. Comparing Japanese culture with that of numerous other countries, from my perspective of forty years in Japan I have come to the conclusion that despite various cultural differences, what is common in the experience of people around the world confronting death and bereavement is much greater than what is different.

In the 21st century, there will probably be even greater interaction between peoples and cultures than in the past. Being aware of cultural differences will help us to understand the sufferings and needs of people from different cultures and enable us to share their sorrow and support them in their confrontation with death and bereavement. At the same time, we need not overemphasize the cultural differences when meeting persons of other cultures. As members of the family of human persons we all have a similar experience when confronting death and bereavement.