FRAGILE RESONANCE

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Caring for Older Family Members in Japan and England

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Preface

> **In the exposure of life forms in a disaster situation, the truth of our dependencies emerges. If this moral revelation is possible, it is precisely because of the situation (unprecedented for many of the present generations) of disaster, which reveals radical vulnerabilities. Vulnerability is at the core of the ethics of care. Vulnerability of persons, institutions, and threats to the human form of life.**
>
> Sandra Laugier, "War on Care"

I finished writing this book in the summer of 2020, during the long tail of the largest global epidemic in generations. The first things I learned about SARS CoV-2 were that it was unlikely to result in full symptomatic COVID-19 if contracted by younger people, and that most people in good health experience only mild symptoms. No doubt my mind sifted the stream of information for these facts before the alarm bells started ringing and the supermarket shelves became bare. Even as I felt relieved that my children were not immediately endangered, I was horrified when I found out what was happening in hospitals and care homes as older people and carers faced the peak of infection without adequate protection or guidance. In some cases carers or health staff were told to prioritize those who were younger and more likely to recover—a chilling instance of the inhumanity of rationalized care in a time of political incompetence.

COVID-19 would teach us about exposure and vulnerability, the human condition of our embodied life and its microbial porosity. But as hundreds of voices were quick to point out, vulnerability was not evenly distributed. Most commentators focused on disparities between white British and Black and other minority groups, sometimes using a proxy of "low income" citizens. But the most severely affected were frail and disabled older people. The images were devastating: older people locked in isolation or being ventilated in emergency room wards. I rarely saw an image of an older person at home with family, but as adult day care services shut their doors and home help assistants became sick or quit, family carers were taking up even more responsibility, sometimes while also trying to work or parent, and unable to move freely. The consequences of this time of worry, stress, and exhaustion on family carers will continue for decades.

This is a time to think seriously about family carers. Times of disaster tests our morals, our institutions, and our relationships. But when the disaster moves on, the inequalities and violence that it exposed will not go with it. COVID-19 has made it harder to trust our care homes, and perhaps made us more cautious about too much reliance on paid formal care. At the same time, faith communities and volunteer groups, neighbors and local businesses, became suddenly much more visible. "Key workers" became celebrated as heroes. Yet again, family carers received little attention; they remained the invisible and unacknowledged backbone of the care system (Chan et al. 2020).

While I try to make sense of the deluge numbers and daily reports, I am also faced with the unspoken, unspeakable excess of this tragedy. Family carers know the true costs, of the loss not only of lives and livelihoods but also of the sense of security and trust. This book has tried to show that despite the heartbreaking realities that such care entails, carers endure, find meaning, and deepen their relationships. These are stories that deserve to be told in the voices of the carers themselves. They are stories of ethical commitments of shared lives, the pains and pleasures of proximity, the transcendence of compassion. Carers can teach us more than the headlines and statistics can about how to face a post-pandemic future. Perhaps this is a key moment for us to rethink the ways we care for older people and the value of carers, and to see these as part of a larger project of social justice for aging societies. Now is not the time to reduce this global event to a single war.

In this way, it is my hope that this book can do something to broaden our discussions not only beyond the boundaries of nation and culture, but also beyond mainstream gerontology. To do so would expand the possibilities for imagining relationships of care and enhance what it means to live together in our shared and fragile world.

Acknowledgments

If there is one message that returned to me most often while writing this book, it was the voice of a carer telling me, "There is nothing that teaches you more than caring." I still find these words so wonderfully simple, yet at the same time powerful; hopeful, yet also heavy with responsibility. This book would not have been possible without the many Japanese and English carers who gave their precious time to sit with me and share all the things they learned about accompanying an older family member through the long journey of care. They did so with the hope that their story might resonate with other carers or the many carers-in-waiting. In every encounter, they extended this spirit of care, and I have been moved and humbled by their sincerity and generosity. The lessons carers taught me have been invaluable, and while this book gives only the slightest glimpse of the fullness of their lives, I hold the deepest respect and gratitude for all of them. It has been a joy to learn from all of you.

This research was launched through the generous support of the Social Science Research Council (USA) and the Japan Society for the Promotion of Science Postdoctoral Fellowship program. JSPS not only provided the financial support that allowed me to spend a year conducting intensive fieldwork in Japan but also provided the care and attention to make sure that my family had peace of mind. This opportunity would have been impossible without the labor and perseverance of Professor Carl Becker, whose wisdom and kindness are matched only by his skillful expedience and dedication. I find myself enormously lucky to count him as a mentor and a friend. I would also like to extend my gratitude to the Kokoro no Mirai Research Center at Kyoto University and to its director at the time of my research, Professor Sakiko Yoshikawa, for providing such a stimulating environment for thinking creatively about care. Thanks also to Miki Nakaji and the Kokoro Center office staff for all their help arranging our housing, travel, and affiliation details. My time in Kyoto was greatly enriched by discussions about care, compassion, religion, and health, with those inside and outside the Kokoro Center, especially John and Ruth Campbell, Edward Drott, Tatsuro Fujikura, Yoko Hayami, Iza Kavedžija, Shinobu Kitayama, Makiko Morita, Aya Seike, James Mark Shields, Laura Specker Sullivan, and Yukiko Uchida.

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When I returned from Kyoto, I knew that the story I really wanted to tell about care had to go beyond Japan, even though I was still unsure about what to make of all the fieldwork interviews and observations I had already collected. The turning point for me came in the form of the Enhancing Life Project (ELP), funded by the John Templeton Foundation and led by William Schweiker of the University of Chicago and Günter Thomas of Ruhr University Bochum. The intellectual vibrancy and boldness of this project and its participants inspired me not only to develop and pursue many of the key ideas of this book, but also to ask big questions about how this work can connect with and enhance public life. Among all my ELP friends and interlocutors, I am especially grateful to Amit Pinchevski, who taught me new ways of thinking about echo and resonance; to Christian Chautard, Michael Ing, Monique Mitchell, Anne Mocko, Chris Scott, Heike Springhart, and Ruben Zimmermann for our many conversations about vulnerability, compassion, grief, and care; and to Pamela Sue Anderson, my mentor in the ethics of care, grief, love, and the possibility of transformation.

Many sections in the book came together in conference sessions or invited talks and the questions and conversations that arose from them. When my writing seemed to grind down to a crawl, these opportunities kept me moving forward. Some of the many friends and colleagues with whom I have exchanged ideas in the early days of this book include Anne Allison, Felicity Aulino, Paul Brodwin, Elana Buch, Lawrence Cohen, Jo Cook, Lone Grøn, Jolanda Lindenberg, Cheryl Mattingly, Lotte Meinert, Janelle Taylor, and Jason Throop. Thanks also to the sensitivity and hard work of research assistants Elizabeth Dunthorne and Ryoko Watanabe, who not only transcribed broken and muffled interview recordings, but also offered their kind words of support.

Portions of chapters and some ethnographic material appeared in previously published work, including "'He Wanted to Eat Eel': Food and End-of-Life Care," *Kyoto Journal* 83 (2015); "Learning Compassion: Everyday Ethics among Japanese Carers," *Inochi no Mirai* (Future of life) 1 (2016): 170–92; "Carer Narratives of Fatigue and Endurance in Japan and England," *Subjectivity* 10, no. 4 (2017); "Mourning and Mutuality," in *Companion to the Anthropology of Death* (2018); "Love and Imagination That Transcends Death," *Journal of Death and Life Studies and Practical Ethics* 24 (2020): 165–76; and "'It Rips You to Bits': Woundedness and Compassion in Carer Narratives," in *Vulnerability and the Politics of Care: Transdisciplinary Dialogues* (2021).

Long before the manuscript was finished, I presented the book proposal to Cornell University Press senior editor Jim Lance. It would be another three years before I finally submitted the finished draft of the manuscript. I am very grateful to Jim for his unwavering patience and support for the book over these years and for all his work shepherding it through the editorial process. It has been a privilege to work with everyone at Cornell University Press, including the talented editorial and production staff whose care and consideration for the text have been amazing. My sincere thanks to the anonymous reviewers who, despite the stress and chaos of academic life in the COVID-19 pandemic, offered a close reading and detailed suggestions that have improved the book enormously.

Finally, my greatest sources of care and resonance over this long journey have been my wife and children. I was never lonely while writing this book and never without the chance to care and be cared for. They have been with me every step, picking me up when I stumbled and grounding me when I started to float into the clouds.

Note on Terminology and Transliteration

I use the common term "carer" rather than the equivalent in the United States, "caregiver," to translate the Japanese word *kaigosha*, which I employ in this book to refer specifically to elderly care (as this is the main context where it is used in Japan). "Carer" can refer to paid/professional/formal carers (or "care workers") as well as unpaid/family/informal carers. I tend to use the terms unpaid/paid to distinguish these groups, even though I realize that in practice, such distinctions are often blurred: volunteers and paid carers often provide care that exceeds the boundaries of their compensated work, and informal carers often receive a small carer allowance or other financial support. Nonetheless, the distinction is useful for foregrounding the political and economic value typically accorded to care provided in some social contexts (through welfare schemes or corporate entities), and not in others (the family). The paid/unpaid carer distinction is also preferable to terms like formal/informal care, which imply a hierarchy of skill, expertise, and legitimacy that is demeaning to those who care.

I use "care recipient" and "cared-for" interchangeably. In Japanese this would be the equivalent of *kaigo sareru hito*, or *yōkaigosha*. I use these terms self-consciously, as I realize the roles of carer and cared-for are not static but may blend or reverse at various times. While "care recipient" is commonly used in social science literature regarding care of older people, "cared-for" is more common in the philosophical literature of the ethics of care. By adopting both, I hope to speak to both of these fields.

In England, it is more common than it is in the United States to use the word "elderly" when referring to people over the age of sixty-five (although in ordinary speech it is typically reserved for those much older). In the US, the term can carry a stigmatizing connotation of debility and obsolescence. Yet the common alternative term, "older," is also vague and can be construed as patronizingly euphemistic. While recognizing the impoverished vocabulary for describing people who have aged beyond midlife adulthood, I try to avoid overly general and reductionist language such as references to "the elderly" and adopt the "people-first" principle commonly employed in disability studies, using terms such as "elderly people" or "older people" interchangeably, as seems most appropriate. I clarify when I refer specifically to frail, disabled, or cognitively impaired and dependent older people. I also use phrases in forms such as "people living with dementia" to acknowledge that people are not defined by illness or disability, nor does an illness or disability mean that one cannot have a good and full life.

While the sample of English carers participating in this research all resided in England, I do acknowledge that they may have important cultural heritage elsewhere in the British Isles or around the world. While "English" is not an ethnic term, it can be used to delineate a national boundary; "Britain/British" is much more ambiguous. Since the policies discussed pertain mainly to England, I use the word "English" throughout. The majority of names are pseudonyms, except when individuals specifically requested their real name be used (e.g., Maru-chan and Hashimoto-sensei in chapter 7) and there were no reasons to deny their preference based on research ethics guidelines.

Choosing an appropriate form of address presented a problem. While referring to British carers as Mr. or Ms. would appear overly formal, as it would in the context of an interview, simply using a first name to refer to the Japanese carers appears too informal, even disrespectful for all except the few I was closest to. In the end, however, I have chosen to adopt a consistent form of first-name address that English-speaking readers will be most accustomed to. The exception is when referring to doctors or clergy, whom I address with the more respectful last name followed by "teacher" (*-sensei*).

Romanization of Japanese words throughout the book follows the Modified Hepburn system.

During the period of fieldwork, the exchange rate for Japanese yen (¥) was approximately ¥105 to the US$1.00 and British pound £0.75.

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4

DANGEROUS COMPASSION

Taking the safe roads through life, avoiding risk for the sake of a past one feels beholden to or a future still under construction, is rarely tenable in the context of caring. Pasts seem less real or relevant as relationships change or memories become confused. Futures become murky and uncertain even as finitude haunts every moment. It feels like too much to hope—one must act, beyond the hope of hope. In times of exhaustion, the horizon of possibilities feels diminished, and life becomes narrowed to survival in the present. Just being present, however, doesn't afford many assurances; it means being present to and empathizing with someone experiencing confusion, pain, or the agony of a slow death. This is not easy to accomplish unscathed. Resonance has its risks.[1]

In this chapter, I describe the ways carers inhabit what I call *dangerous compassion*. As described in chapter 1, compassion entails a relationship based on the resonance of empathetic imagination and attunement between the carer and the cared-for. Dangerous compassion describes the fragility of this encounter, the ways it sometimes calls for what Rev. Martin Luther King Jr. called a "radical selflessness" that shifts the inter-subjective experience of caring for another. While care fatigue sinks the soul into "violent, dark revolts of being" (Kristeva 1982, 1), even carers who have endured through the abject darkness know that potential dangers are always lurking in the daily ethical decisions that lie ahead.[2] For the carers I spoke with, responsibility, endurance, and danger came to settle into common territory, even reaching what

Arthur Kleinman (2019) described as a kind of "balance and harmony" (153). Kleinman reflects,

> These became, as the horizon of what was possible narrowed, the best of days. Nothing special happened. Joan didn't somehow get better. The decline continued. But periodically we arrived at moments, important moments, when the caregiving and care receiving seemed to reach an equipoise. This was simply the way it was. The pain didn't disappear. The tasks didn't dwindle. Yet we were happy within the severely diminished limits set by this most troubling disease. Together, we felt at such times that we could handle it. (2019, 153)

Dangerous compassion entails reaching a place where the carer and cared-for have developed enough capacity to live with the potential dangers of physical, emotional, and existential fragility, so that they are able to continue the work of care. In both England and Japan, this shift in the ways care was felt and experienced had long-lasting effects on the carer, but it was also a kind of fork in the path. While English carers tended to turn toward paid care options to mitigate the risk of the "not yet" (Hellström and Torres 2014), Japanese carers more often took on a task of self-transformation, cultivating a new form of embodied compassionate subjectivity. That is, they became more open to adopting sensitivities, attentions, and emotions that would allow them to continue to care.

What I have noticed in carers' stories in both Japanese and English contexts was that one rarely arrives at this point of dangerous compassion without first experiencing some narrowing of horizons, whether this is due to fatigue or some other circumstances. Dangerous compassion is balanced on a knife's edge. This is a kind of care that works at the limits of the safe ground of the self, that tries to mind the gaps between self and other with a heightened sense of responsivity and responsibility, without succumbing to the vertigo of displacement, fatigue, indifference, or grief. In order to become responsible and responsive to the other, compassion must entail both the vicarious experience of another's suffering and the openness to being changed by that experience. Sudden disruptions to care can plunge carers and care recipients back into exhaustion and anxiety. Dangerous compassion speaks to the uncompromising challenge of finding meaning and purpose beyond the banality of comfortable life, but it also situates this challenge within relationships of care. The role of personal and cultural narratives, then, is to provide ways of anchoring the carer to other points of resonance beyond the empathic work of caring.

Dangerous compassion is not only compassion that takes risks with the self, at times radically and abruptly shifting the narrative around care, but it also prompts revaluations and critical responses to social relations more generally.

A window is opened to the possibility for being-with, for resonating with others and with ethical narratives and meanings. It is a new way of sensing and making sense of the world.

The Compassionate Body

Kyoto can be glorious in the autumn, attracting photo-hungry visitors from around the world to its temples, shrines, and gardens. The gingko trees lining the streets in my neighborhood had turned a dazzling gold and were beginning to join the other trees in shedding their broad, fan-shaped leaves along the streets and sidewalks, where the wind scooped them up in rustling pools of color. After Tomomi and I caught up with each other, I brought up the memory of her helping her mother to stand (introduction, 1–2), remarking on how good she was about understanding her mother's feelings. Tomomi smiled and recalled the exhaustion of that time, before adding, "When my mother was in pain—well, there were times when I couldn't tell if she was in pain, but I always imagine that she was. I would think things like, 'If I do this or that now, it might be a little painful for her,' and so on. So, for myself, me, Tomomi—it is about more than what *I* want. Well, I can't *become* my mother, but I *tried* to become her."

At the time, the remark didn't catch my attention. Perhaps, only a few months in the field had already made me so accustomed to these sorts of descriptions that I was already taking them for granted. Reading it later, though, I wonder how I could have missed it. Tomomi eloquently described both the empathy and the opacity that renders her vulnerable in that face-to-face encounter with her mother. She described this transformation later in that conversation as being of "one heart and body" (*isshindōtai*), resonating with her mother. Tomomi's efforts to try to become her mother, to become "vulnerable for the Other's vulnerability" (Nortvedt 2003, 227) beautifully conveyed the embodied experience of dangerous compassion.

Touch and other forms of close attention to the body became a routine part of everyday care for Tomomi, especially after her mother lost her speech; and with her own fatigue, this empathetic resonance became even more fragile and acute. Gradually she noticed the sense of hypervigilance (*hoshin-jōtai*) that made her sensitive both to her mother's pain and to changes in mood: "Because I was [caring] everyday, my attention just naturally, well, my body—" Tomomi took a moment and began again:

> When you are caring every day, when you're always looking at the other person's state, you notice all the subtle changes. Something like they only

> eat a little of something that they ate all of the day before, so you think about what other kind of thing you might give her. Maybe I just became much more aware of things. Even when it's other people, I might think, I wonder if that person's having some trouble? It was because of looking after my mom when she couldn't speak. I didn't know if she felt good or not, but I would think to myself, I think she'll be happy if I do this or that, she'll be happy. When you do that every day, it's like it gets recorded on your body. Carers have that kind of body, it is supersensitive.

Tomomi's body was transformed, or reinscribed by care. Rather than becoming numb from the repetition of touch, she came to inhabit a "supersensitive" body, and I wondered if this sense of fragility was limited to the care of her mother, or whether it affected the way she responded to life more broadly. After thinking about it, she told me about an experience she had the previous week, seeing another carer struggle. Perhaps because of her own experience of caring, what she saw continued to disturb her, lingering in her mind:

> Someone I know is taking care of her mother, and [the mother] does the same things, always repeating herself and getting confused. When I watch her, she's always scolding her, saying "*I already told you!* Why do you have to ask me so many times?" and being really harsh with her. I see that and I think, now, wouldn't it be better if you just went with the flow of things? [Carers] just get so upset. For me, watching that is really hard. I wish she could just relax a bit. Because even if you're sick, you can hear, so it's really painful if they feel like they are being scolded. I feel so terrible for her mother.

Tomomi told me this story not out of a sense of self-righteous obedience to a moral principle or ideology, but because she was surprised at its visceral impact, which made her reflect on how her own relationship to the world had become transformed. She endured and adapted and cultivated affective sensibilities that allowed her to "face" others. With this carer's body of compassion came a sense of moral responsibility, first toward her mother, then toward others. This narrative resonates with broader cultural patterns of self-cultivation (Kavedžija 2019) and intense physical and mental training meant to incorporate values of humility, gratitude, and empathy (*omoiyari*), be it as a religious devotee (Schattshneider 2003) or a new employee (Kondo 1990). It reflected the cultural narratives that enable certain kinds of experiences to be meaningful and memorable not as contained events but as embodied responses to the world.

Tomomi and I kept in touch over the years since her mother's death, during which she traveled the length of Japan, moved to a new city, and dedicated herself to her work. She had even taken up the Japanese martial art of aikido, which can be translated literally as "the way of unifying life energy." Like caring, aikido can be seen as a spiritual and philosophical practice premised on the flows of life energy (*ki*) that move, pass through, and connect us to each other and to the environment. Not knowing much about aikido myself, I asked if Tomomi felt it might have something to teach carers about how to use the body and mind. She took a moment but responded confidently, "Caring for my mother was like *ukemi*"—a term that generally means a passive or nonresistant body. However, in Tomomi's case, there was much more to it. The *ukemi* in aikido was the training partner who received the blows and throws of the other active partner during practice. To the untrained eye, *ukemi* is just a matter of falling to the ground, sometimes after being tossed through the air like a lifeless bundle of cloth. In actuality, Tomomi explained, *ukemi* was a serious technique that took years of practice to master, since the *ukemi* who does not fall properly is at much greater risk of injury than the active partner. Not only that, but falling properly is not about simply being prone, but collapsing in such a way that the body can quickly get back up. Caring was also about the long, painful process of learning to fall without getting hurt, learning that only in actively receiving the other could harmony emerge from what often felt like chaos. I kept asking questions, fascinated by how naturally Tomomi had found a way to continue developing her compassionate resonance by adopting a culturally elaborated, embodied ritual practice. Tomomi's case reminded me how much we can learn by paying attention to the ways carers describe their worlds beyond the immediate tasks of care: from the flows of life energy in aikido, to subtle remarks about the flow of seasons in everyday talk of the weather, the aesthetic sensibilities of care permeated the atmosphere and the senses (Saito 2010).

Ordinary Adventures

The first time I heard a carer in Japan mention the word "compassion" (*jihi*) in the context of care was about two months into my fieldwork. I was sitting in the kitchen of Chie, an eighty-year-old woman, and her husband, Seiichi (ninety), whom she had been caring for at home for the last three years. Chie's posture and manners were graceful and elegant, her short, bobbed hair was always neat, and her makeup subtle and delicate. I had met her at the day-service center where I volunteered, and hearing about my interest in carers, she invited me to her home after my shift for a cup of tea. Following the hand-drawn map she gave me, I arrived on my bicycle, just as Seiichi was being helped out of the day-service van by one of the staff.

Moments later, the three of us were sitting at the kitchen table, a small pot of tea and a plate of soft orange persimmon slices in front of us. Seiichi, who was seated on my left, slowly swiveled toward me in his seat, mustering his breath before finally belting out, “She’s the best mommy in the world [*kaka tenka*]!” Chie cast her stare across the table at Seiichi’s gentle smile. “He always calls me ‘mama,’” she sighed, finally smiling a little herself. “Isn’t that silly?”

Chie and Seiichi were moderately wealthy, compared to most of the carers I interviewed, but although their house was spacious and opulently decorated with ornate furniture and fine art, it also felt eerily abandoned. Their three children had all attended elite universities, and two now lived abroad. The third child lived in Tokyo but visited even less often than the other two, according to Chie. Over the last few years, Chie explained, they used only four small adjoining rooms: the kitchen, a small room used for her husband’s physical therapy, the bathroom, and the bedroom. When he wasn’t resting, Seiichi sat in his usual chair, which was covered by a large baby-blue absorbent cushion. “I have to keep the cushion there because sometimes, well, there’s a ‘murmuring,’” Chie says when she notices me glancing at it. She uses her words carefully, poetically, avoiding the cold clinicality of “urination” in favor of the gentle image of a flowing brook.

At Chie’s side, resting on the edge of the table, was a dark purple metal cane, decorated with gently weaving vines of yellow and pink flowers. About three months earlier, Chie had injured her back straining to lift her husband. While she was recovering, she reflexively shifted her weight to one side, rather than use a cane to support herself, and this led eventually to even worse pain and debility. Still moving slowly, she would do her best to use the cane, but Seiichi still needed assistance transferring out of bed or chairs, and that was a two-handed job. It was easy to see how, for both of them, with age and repetition even minor injuries could quickly become dangerous. Chie seemed frustrated when talking about how long it had taken her own health problems to improve.

Chie would sometimes feign that she was not a “real carer,” saying that she didn’t really do much, and that others had it far worse than she did. But most days it was up to her to look after her husband, morning to night. Despite a regular schedule of visits from professional helpers, health staff, physical therapists, and her husband’s attendance at day service twice a week, she still felt she had almost no time left to care for herself. Even on the days when Seiichi was at the day service, she had to meticulously plan her errands to fit everything in. Like the grand home that had become reduced to a few small rooms, Chie’s life was whittled down to the necessities of getting through the days, but she did her best to make life livable within the diminished field of possibility.

Seiichi quickly finished his tea and sat quietly with his hands in his lap. When Chie spoke about care, she tended to leave out personal examples, perhaps because it would be too embarrassing to discuss in front of Seiichi, so I thought it best to let the conversation wander for a while, coming back to the topic of care if she steered us in that direction. Then Chie surprised me with a different kind of story, one that, like the moment of Augustine's inspiration, began with a momentary impulse to "take up and read," and led quickly to a remarkable self-transformation:

> One day, I just took a random book off the shelf and started reading. It was an old book I had when I was in university and had an interest in Buddhism. I feel like the information just went in and out of my head [at the time], but I read another and another, and that's how I found out about Nakamura Hajime. His book was a little too difficult, I couldn't get through it, but it was interesting. Then I got a recording of his lectures and just listened to them at night. Sometimes I would fall asleep before the end of the talk!

The lectures, she went on to explain, were about the work of the early thirteenth-century Buddhist reformer Shinran Shonin (1173–1263), a revolutionary religious figure who in many ways invites comparisons to Martin Luther in Europe (Ingram 1971). Like Luther, Shinran rejected the strict and secretive authority of institutional religion and preached a form of Buddhist practice accessible to all by virtue of the compassion of Amida Buddha ("the Buddha of Infinite Light"). Nakamura Hajime was a scholar of Shinran's Buddhist thought and the author of another well-known book titled *Compassion* (*Jihi*) (H. Nakamura [1954] 2010). It was this work in particular that sparked something for Chie: "I hadn't really thought much about Buddhism before; it felt like I was looking at it in a new way. And my outlook on everything changed, like the clouds parted! I felt like I had been ignoring other people, just thinking about myself. But now, if someone needed some help, like an old man getting into a taxicab, I would just help without a thought. I guess you could call that compassion [*jihi*]?" She laughed. "Maybe a Buddhist would say that!"

Chie had hesitated slightly when using the word *jihi*, as if she were trying to figure out how to pack something wild into a box that seemed large enough but was not quite the right shape. There was a resonance, however, between what she understood as compassion and the kind of spontaneous impulse to help others that had grown out of her habituated practice of care. This impulse was not proceeding from a sense of duty or obligation, but because of a new sensibility of the world. This resonance had a particular aesthetic and affective mood to it, and an openness: "like the clouds parted."

I was surprised that Chie would even venture to use the term "compassion" to describe something so seemingly ordinary as intuitively responding to a frail older person straining to get into a taxicab. Perhaps her quiet, self-conscious laugh meant she was a little surprised herself. But the ordinariness of Chie's daily life shouldn't diminish what to her was a moment of epiphany; the things she did, the ways she responded to the world, suddenly mattered differently from before. It was not that her actions had changed substantially—she was not responding to an immediate and particular crisis or "moral breakdown" per se (Zigon 2007)—but rather, her relationship to the world and to others in it had shifted, such that she no longer experienced caring as an externally imposed ethical obligation or duty impinging on her personal freedom, but rather as something that emerged from the cultural ordering of embodied experience. "It's funny," she continued, "I'd never told this story to anyone else." She smiled, shaking her head. Then, another thought came to mind.

> CHIE: Maybe it's the environment I grew up in? My father [a doctor] was a person who loved pleasing other people. He looked after so many people. And my mother [*pauses*], my mother was a woman with an extremely compassionate heart. Yes, my mother really had an amazingly compassionate heart. I still can't imitate the way that my mother was. My older sister and I would say this to each other all the time—we can't imitate Mother!
>
> DANELY: In what way?
>
> CHIE: Well, you know, to cast aside your ego to make the other person happy. To not care if you become a sacrifice [*gisei*]. That kind of person. She put her children's happiness first. You hear all these stories today about families with problems in the home and everything—I never knew anything like that. Our mother was amazing. I will never be able to do what she did. She was a very quiet person, but had an amazing personality. So, I can't be like her, but maybe there's been some influence on who I am today. Maybe.

Chie's qualification that she couldn't be like her mother but would still seek to imitate and carry on her mother's example closely resembled the closeness Tomomi described about spending the days with her mother.

As I paused to take notes, I noticed Seiichi shifting in his seat next to me. Chie was already standing up when Seiichi looked over to her and softly said, "Toilet." She excused herself politely, leaving her cane on the table and slowly walking behind my chair, still shuffling slightly, to where her husband sat waiting. When she reached him, I watched as she stepped in and pressed herself against him, one hand reaching around his back to grab the waist of his trousers. Their postures and bodily rhythms were matched, her husband making an effort as well, and like partners in a well-rehearsed dance, the couple moved up to standing in a quick, fluid movement. She did not seem to lift him so much as move his body in such a way that Seiichi could stand himself. He paused and steadied himself quietly, holding on to his wife's arms as she slid her hands down to grasp his forearms. When he was steady, he began shuffling forward; still in synch, she looked around behind her, moving backward out of the kitchen doorway toward the toilet. Seiichi let go of her arms when they were there, and found the security of the familiar walls and grip handles installed there. Chie bent down and helped him take his elastic-waisted trousers down. He lowered himself onto the seat, and she closed the door, waiting outside, leaning against the wall.

Watching Chie and Seiichi navigate the procedure of a simple trip to the toilet was transfixing. In the context of the home, this procedure, which I would regularly perform for Seiichi and others at the day center, felt more intimate. There was no cheerful small talk as the care recipient was paraded through the large, brightly lit room to the toilet. The pace of Chie and Seiichi's movements was slower as well, giving them a feeling of quiet purpose, almost like a dance. She sensed what he was capable of, and therefore how much she would have to lean and pull to support him. The small rooms and narrow corridor gave a sense of security that wrapped around to protect the vulnerability of the two dancers.

When her husband needed her, she responded, performing that empathetic resonance in the slow choreography of supportive yet fragile embrace. They held this moment between them in a silent synchronicity, but it was also a moment that would repeat itself again and again, and would not get easier. At the same time, Chie was strengthening the narrative resonance she found in Buddhist teachings. Sandra Laugier (2009, 9–10), after novelist Henry James, described the transcendental quality of care in ordinary life as "the scene of adventure and improvisation"; "a development of sensitivity" and "relation and appreciation." Such adventures, and the vulnerability or danger that they entail, can be subtle, ordinary and quiet. Care often looks like this. Laugier's understanding "adventure" also reminds us of the creative potential for "moral experiments" (Mattingly 2014b) that bring about something new and sometimes transformative. In many ways, Chie's role and her world had become smaller, but the word "compassion" seemed to open her up in ways that allowed for the ordinary, adventurous moments that made up her world.

Dancing with Danger

The Buddhist notion of compassion that resonated so strongly with Chie was not merely an idea but was embodied in the careful attunement she demonstrated in her relationship with Seiichi. Other Japanese carers rarely used the word "compassion" but instead described this attunement using idioms of bodily merging (see chapter 1) such as "one heart, same body" (*isshin dōtai*), becoming the other's feeling/body (*hito no kimochi/karada ni naru*), or having "coordinated breath" (*iki awase*). Other phrases that were used most often to describe care were "facing" (*mukiau*) the cared-for or "snuggling up" (*yorisou*) to them. These corporeal metaphors expressed the sense that care was something that entered and was expressed through the fragile and fleshy body, prior to other cognitive and reflective appraisals and in ways that were more valuable.[3] Moreover, these metaphors were relational. They described bodies that were directed toward each other, pressed together, vulnerable and resonating to the point of almost merging with each other. Doing care while aesthetically attuned to the cared-for meant being able to respond to a body as a body, corporeality itself as a mode of responsibility and responsivity.[4]

One carer who helped me understand the ways the aesthetic and the ethical (responsivity and responsibility) were expressed in Japanese idioms of care was Naomi. A tall, long-limbed woman in her mid-fifties, Naomi was trained as a professional dancer.[5] She had been caring for her father for several years and, for a short time, worked as a paid carer as well. When I asked Naomi about her experience as a carer for her father, she immediately compared it to dance:

> Maybe since I was a dancer, I understand. [I think to myself,] "maybe I should do it this way? Maybe this other way would feel better?" I have to adjust because I am not always feeling great. . . . If your own mood is going up and down all the time, it isn't good at all. It's incredibly offensive to the [other] person [you dance with]. . . . Even on the stage you think, I want my body to go this way, but then from the audience perspective it might not appear that way at all. So, it is the same when I provide care.

Naomi not only paid attention to the ways her own body coordinated with her father's, the way Chie and Seiichi moved around together, but in doing so, she displaced this attention onto an imagined "audience perspective." This audience intrigued me, so I suggested to Naomi that perhaps this kind of staging or performative aspect of care might have helped her avoid letting her emotions get the better of her. Naomi thought about it for a moment and agreed that there was always a danger of losing emotional composure, but she told me that she was always aware that her father and other people she had cared for were highly sensitive to her emotional state, so she would have to be careful about managing her feelings. Here again was another way that Naomi saw care as a kind of dance:

> When I started working as a carer, I remembered the way I had danced in a pair [in the dance company]. I thought, how shall I dance [as a carer]? The person being cared for, the disabled person, and the care helper get into a kind of coordination, they do everything like one, two, three [*she makes lifting motions in a kind of rhythm*]. If everything is too prescribed, you get this distance in the relationship. So, there are times when it doesn't work out. I thought, this is just like dancing. But I didn't know how difficult it was going to be. It was so difficult! I thought it was going to be easy, but it is serious. And the [cared-for] is so sensitive! Of course, you need to have skills and technique to care, but that's not all there is to it! Because [the cared-for] is so hypersensitive [*binkan*]. So even when I am just entering a room, they can tell exactly what I am feeling on that day as soon as I come in. People who aren't able to even move are really hypersensitive [to feelings]. If I'm kind of annoyed or something, they know. They are aware of the littlest thing, like [*she motions awkwardly*] if I move my hands this way when I touch someone, or the way I would hold a spoon to feed [my father], there are ways to do it right, but if you're a little off, they know. They know if it's rough or feels a bit sloppy, or whether it is careful. They sense this better than I can! Sometimes you'd get upset. A lot goes on between two people [*futari no aida*].

For Naomi, the hardest part of caring, whether it was for her father or for other disabled people, was this work of modulating feelings, smoothing them out so the body would be able to perform the techniques of care in a responsive way. Learning to dance the "duet" of care was an eye-opening experience, but the physical and emotional fatigue it brought on (combined with strict working conditions and high staff turnover) led her to quit her job as a carer after only two years.

Naomi was no longer able to dance professionally as she used to, but she still wanted to use her understanding of bodily awareness and attention with other carers like herself, so she began organizing workshops focusing on sensations of physical contact with the older person's body. Her workshops included simple meditative mindfulness work, as well as pair work, such as using only touch to slowly "read" each other's faces while keeping the eyes closed. Some workshops involved more improvisational movement-based exercises. These workshops were not the kind of training practicums that care aides might take to learn safe techniques for transporting or changing an immobile client. Rather, they focused on opening up the body as a sensory organ through which relationships with others could form. Before such a relationship was possible, Naomi explained, participants would have to take time to build awareness of their own body's capacities for responding to sensation and the environment:

> [In the workshop] first we put aside the whole idea of care and really just [pay attention to] what is going on with your own body. Of course, everyone has back pain, headaches, stomach pains, or you're unwell or feeling sick and so on. There are lots of things causing bodily discomfort. It's not like, "if you do this, you'll be cured," but first of all, it was a time to turn toward one's own body [*jibun no karada ni mukiau*]. So we get the carers together in lots of different pairs and do some things, and then, well, you return to the body [*karada wo torimodosu*]. Then in the later half we focus on memories—something nostalgic, for example, like a memory of touching something with one's hand . . . like there was a grandma, and you know, older people's hands don't have much moisture, so you know, if you go like this [pulls skin on the back of her hand] it is like one, two, three, four, it doesn't go back the way it was right away. So there was someone who used to think that was fun to play with grandma's hand like that.

Again, the idea behind these aesthetic, sensory experiments and their narrative connections was not to reinforce the bounded body/self as the central locus of acting in the world, but to carve out a performative space from which one could attend to one's own body through the encounter with the other's body.[6] This same technique was applied to sensory memories. Participants realized that the sensory memory is embedded in their body, so that recalling and performing it allows the participant to experience it again from a distance; the familiar has become strange and the strange familiar, as anthropologists like to say.[7]

Naomi explained that this experiment in bodily aesthetics allowed for a more "objective" view of oneself, a sense of how one might feel to the other whom one is touching, from empathetic imagination: "[By doing the exercises] you start to look at movements 'objectively.' Not the way you want it to go, but the way the other person sees it. . . . What is it like for the other [*aite*]. What kind of voice, facial expression, touch. . . . So, although you may not be old yourself, of course, you will be, and you can start to get a feeling that there is a common sensibility [*kyōtsū kankaku*]." This process moves attention from one's own body to the other's body, then back to one's own body as felt by or with the other's body. The loop creates what she calls the "common sensibility," a kind of inter-corporeality (Al-Mohammad 2010, 52; Csordas 2008) or a sense of the mutually responsive and responsible, resonant "we."[8]

Naomi and her father did not always dance their duet in step. Their closeness lent itself to regrettable reactions as well. "I might raise my voice [to scold him]," she admitted, “but after, I’d regret it. [I’d say] ‘Damn, I did it again!’” At ninety, her father lived alone, without friends or connections to the community, and he rejected the idea of moving to residential care if he became frailer. Naomi said that she would figure some way of continuing to care for him, but she knew he could be “neurotic,” and she worried if she would be able to handle it.

The ability to imagine oneself from the other’s perspective, the way Naomi explained her duet with her father, provides an opening for the development of compassion. She trained carers in her workshops to understand compassion as an inter-subjective and inter-corporeal aesthetic as well as an ethical and creative project. Creativity, whether in care or other contexts, takes a risk, but it is because of this risk that it is so valuable to moral projects of compassion (Wall 2005). Carers dance creatively, carefully, often on the edge of a cliff of dangerous compassion. While bodily exhaustion can pull both the carer and cared-for closer to the edge, there is something in this creativity and its infinite capacity for crafting relationships that keeps carers anchored to the ground.

Eating Intimacy

The attunement of bodies, feelings, and moods demonstrated by Chie and Naomi was also apparent in the relationship between Japanese carers and food. For carers, feeding was one of the most important barometers of the everyday ethics of caring. From the preparation to the spooning, to the cleaning up, feeding not only involved intimate bodily practices, but usually took place in an atmosphere of almost silent meditative concentration. Carers used their intuition and attention to the nonverbal expressions of satisfaction or disgust, adjusting flavors and portion sizes to strike just the right balance. Like the movements of the dance, feeding hinged on sensory resonances that were ephemeral yet repetitive, as much about fleeting presence as they were about the recurrence of absence.

Whenever I visited Chie, we sat around the familiar kitchen table. On one afternoon, I had arrived just as the paid care worker who helped with cooking had left, and the savory aromas still hung in the air of the small kitchen and dining room. Chie told me that she was grateful for this service, but it didn’t last through the week, so she would buy small, individually portioned microwavable meals from the convenience store. “These meals are wonderful,” she told me, handing me one of the soft, bulbous sachets pinched shut at the top with a stiff seal. The picture on the front showed a plump brown lump of hamburger glistening dreamily in a demi-glace sauce. I handed it back to her as she explained, “I wouldn’t be able to make them on my own, and even now, he’ll eat a whole hamburger if I make it [from the package]. I am just grateful for that. He still jokes that I'm the best 'mommy'!"

The importance of careful feeding as a means of developing empathetic resonance was understood by both men and women I spoke to, but there was no doubt that feeding was associated with the comfort, nurturance, and protection of the mother.[9] During my fieldwork, the Family Mart convenience store chain was even marketing microwavable meals like the one Chie showed me under the label "Mother Cafeteria" (*Okāsan shokudō*). The television commercials cleverly poked fun at their own nostalgic, "home-cooked" image by re-creating the atmosphere of a typical family melodrama where a young man returns from the city to his hometown in the country because "all of a sudden [he] wanted to eat [his] mother's cooking." He blissfully savors the nostalgic tastes, sitting at the kitchen table of his rural childhood home, back to back with his mother, who faces the stove, stirring a steaming pot (actually just boiling a ready-made sachet). The next scene shows the young man catching his mother, still wearing her apron, in the aisle of the convenience store, filling a basket with the "Mother Cafeteria" meals. Most important for this joke to work is the fact that mother does not *eat* at "Mother Cafeteria" but remains at the stove while the food is enjoyed, her feminine labor and sacrifice performed by her shadowlike presence in the background of the other's experience (Lock 1993, 172). The notion of food as a form of intimate communication of love, care, and sacrifice between family members (one that enacts empathy but avoids the certainty and directness of words and touch) is a theme frequently employed in Japanese family stories.[10] Despite the curious absences of older eaters at "Mother Cafeteria," these dramas were reenacted by carers like Chie every day, with the help of aesthetically appropriate props.

The vicarious enjoyment felt by the carers when the care recipients eat all of their meal was matched only by the sense of failure and despair felt when care recipients refused food or became unable to chew or swallow.[11] When I first met Ando-san, a small but fiery woman in her late sixties who cared for her in-laws at home for five years, her first words to me were "making food was the hardest part!" Ando-san went on to explain that after several hospital stays, her mother-in-law's food intake had decreased dramatically. The change had been due to the stress of moving back and forth as well as the lack of good food in the hospital. "Since mother could hardly eat anything after, I had to really think about how to present food that she would enjoy—the way the colors went together, or the textures and so forth," she said. Ando-san, who prided herself on her cooking, felt challenged both physically and emotionally by this task in a way that she had never felt before. The stakes of this aesthetic care were life and death. "The hardest thing" she told me, "was when they would leave some food on the plate.

If they don't eat, they can't live! So if I am not feeding them something, I am killing them. When you can't eat anymore, that's the end."

Another carer, Hanako, told me that she feared her mother wasn't going to live much longer, so she didn't mind letting her eat whatever she wanted, even though it wasn't healthy:

> When she stopped eating—when someone just can't eat anymore, well, you're getting close to the end. It is one of the most fundamental things—walking or moving, and eating. Near the end—my mother loves potato chips, you see. To the point where you'd be thinking, "Are you really eating potato chips again?" Every day she'd buy a bag. And I would say, "Eat whatever you like," and she'd eat so much. She'd even hide it from other people when she ate them! "Today you said you'd eat something else, and now what are you doing!" I'd say over and over. But when I thought about it, well, what does it matter if she eats what she likes? It doesn't really cost that much, so I'd just work it out with our budget. But when she'd eat them, you could see in her face that she really enjoyed them, and I would be happy too. That feeling that she was happy would just suddenly appear like that.

To be responsible for preparing food and feeding an older family member was to live in anticipation of the grace of a satisfied smile, one that could melt away the emotional weight of the day or week, but that would have to be repeated day after day. Carers of people living with cognitive impairment sometimes spoke of the worry they felt when the person being cared for lost memory or speech, spending days and nights in discomfort and confusion. But the familiar joy and recognition of commensality remained despite everything else. The sensation of being-with-others, attuned to the fundamental joy of food, endured. In this context—and particularly if the care recipient could not speak—chewing, salivating, and swallowing all became interlocutory acts that restored this vital connection to the world of others. Eating reassured those cared for that they were worthy of desires, pleasures, and love. Isn't this the meaning of care?[12]

From the inter-corporeality of care emerges the ethics of the dance, the rhythm of shared life, the air currents of shared breath. In the Japanese case, eating was much more than merely a means of survival; it was a means of communicating the liveliness of life, the hunger and enjoyment of eating and feeding. No one put it more poignantly than Emiko, who accompanied her husband during his last days in the hospital when problems swallowing had led to him being fed through a PEG tube (percutaneous endoscopic gastronomy).[13]

Emiko turned away from me when she began telling me about feeding her husband during his last days in the hospital, only a few months earlier. "At the very end, he wanted to eat eel!" she said, starting to giggle. "I wanted to give him even a little bit of eel, but . . . well, [the nurses] were worried that food would get into his trachea, so he always had to spit it back out. But I felt so bad for him, so I would give him little bits of food secretly. I'm glad I was able to do that for him." Emiko looked away again, saying, half to herself, "I never did give him that eel." She then gazed again at the empty corner of the living room where her late husband had lain in the rented hospital bed during the months that she looked after him. She is not a large woman, but her skin was pulled taut over her swollen hands, which anxiously rubbed the sleeve of her black sweater. While the memory of the forbidden food tickled her, the regret about not being able to feed her husband eel lingered on. The food he was unable to swallow gave him only sustenance of the soul, just the sweetness of another's presence.

When I left Emiko's house, I felt aware again of the fundamental joy of eating, of incorporating acts of care through the smells, tastes, and visual beauty and bounty of food. But I was reminded as well of hunger as a lack not only of food, but of connection to the world. Among the most pitiful beings in the lower realms of Buddhist cosmology are the "hungry ghosts" (*gaki*) who live on without a place to dwell, abandoned, their huge distended abdomens and thin necks transforming them into a grotesque metaphor for human loneliness.

At a seminar intended for family carers that I attended at the Kyoto city hall, participants were taught not only how to feed an older care recipient ("using chopsticks will stimulate the brain and stave off dementia!"), they were also shown how to clean the teeth and mouth with a variety of brushes and how to massage the mouth and jaw. For the older person, we were told, breathing and eating become more difficult to coordinate, and while both are essential functions, they also posed risks to each other, especially if food becomes lodged in the trachea or becomes a source of infection in the mouth. The instructor led us in exercises that we could do to learn how to breathe in a manner that would allow the cared-for to eat orally as long as possible.

"Care of the mouth is essential!" declared the instructor. "It doesn't matter if you have lost some teeth or your muscles are not working perfectly, but *enjoying* eating is vital if you want to remain a part of the *community*." The instructor then asked the audience of about fifteen men and women, "What is the opposite of community?" There was a hushed chatter among the group, and the speaker smiled, finally hearing something she liked in the murmur.

> Right! The hospital. The hospital is *not* a place for community, but a place for medicine. Usually older people who are admitted to the hospital come there gaunt and malnourished and thin. They don't eat well. The food there, well, there are all sorts of staff coming in and going

> all the time, and so there are all these things that they just don't think about, and then the food that they give you is all the same, you know? Hospital food is not so tasty [*laughs*]. Soft food, tasteless stuff. So I try to think about getting enough salts and making food that would actually be appetizing. Otherwise they just give you rice porridge instead of real rice. Just stuff that you only eat if you are a sick person. The appetite just goes away.

For the act of feeding and eating to be a form of care, it must be something that inspires desire and pleasure of the senses and stomach; there must be appetite for life. Though aimed at practical skills for dealing with the often messy, private work of feeding, all of us followed directions with the seriousness of a sacred ritual (at one point the speaker did recommend religious chanting as a way of strengthening one's breathing). "In order to live better lives together, we must [not forget] 'care for the mouth. It is support for living!'" as the last slide exclaimed.

When I spoke to some of the audience members after the talk, I was not able to find any unpaid carers. Most, it turned out, had come to the seminar that day to learn about caring for themselves. "I want to start some good habits now so I can keep eating well even when I'm old!" one woman in her forties told me afterward. The message for these carers, or care-recipients-in-waiting, was that food was not merely nutrition, but it was appetite, enjoyment, and most of all a way of being with and for others, resonating with them in a most fundamental sense of community.[14]

Facing the Other

Izumi cared for both her own parents and her husband's parents in overlapping succession over the course of just over twenty years. Three of the four people she cared for lived with dementia in their last years. Like Naomi, the dancer, Izumi was well aware of how people living with dementia were incredibly perceptive, and so for her, caring was most of all a matter of keeping a pleasant expression on her face and maintaining her composure. "I would absolutely never say anything if something upset me," she explained. "Even sad things too. Anyway, whatever the case was, if I didn't [discipline] myself, and approach her with a bright and smiling face, [there would be trouble]."

This wasn't easy for Izumi, whose husband lost his job while she was in the midst of caring for her mother. As a result, their family had to move to a smaller house and make do with less. After the move, her mother's condition deteriorated, and she was hospitalized. Despite all these hardships, not to mention the grief and worry over her mother, Izumi had to maintain her careful "bright" face: "Even when I opened up the door, I would first put on a smile, check it in the mirror, and *then* I would open the door." She continued,

> IZUMI: It was mentally, emotionally [*seishinteki*] taxing. . . . First of all, the other person [*aite*] doesn't see [everything]. Only the *face*, that's what she sees. She only looks at my face, and wonders what kind of expression is on that face. So that was the hardest of all, making sure that she didn't see through me.
>
> TAKI: [*A friend sitting at the table*] You are outstanding!
>
> IZUMI: No, it isn't praiseworthy! It's *experience*. Experience. I am grateful that I was able to see off both of my parents. They have really allowed me to study [*benkyō*] so much.
>
> DANELY: Study?
>
> IZUMI: Right. Mental/emotional learning [*seishinteki benkyō*].[15]

For Izumi, learning to control her face, to care through a form of ego-displacing dissemblance or creative masking, was an experience that cultivated her to learn and embody spirit (*seishin*). Like Chie, Izumi said that this had helped her to better appreciate the spiritual value of Buddhism. Izumi's parents were devoted adherents of Buddhism, but Izumi had not been particularly interested in it before she began caring. From a Buddhist perspective, she explained, you have to act unselfishly, to try to "snuggle up [*yorisou*] to the other's suffering."

Carers of frail older relatives, especially those living with dementia or other cognitive impairment who may be unable to speak or express themselves clearly, are well acquainted with the importance of the face—both their own and that of the cared-for—as the most important means of nonverbal connection. Not only did carers constantly search the face of the cared-for, looking for the faintest clues of recognition, but they made their own face visible to the cared-for, bending down or moving in close, eye to eye when they spoke, in an effort to comfort and respond.

After a month of initial interviews, I realized that most of my questions were about the negative effects of caring on health and relationships, but that I hadn't included any questions on what carers learned. This was a problem. Not everyone could answer confidently when I asked about what they had learned, but Tomomi did not hesitate: "The biggest thing that I have learned was *how to face the other* [*aite ni mukiau*]. I think I've become stronger now because I can understand other people's feelings better." As if to underline the point, she leaned her head forward slightly to come eye to eye with me and held my gaze for a moment.

Apart from corporeal metaphors listed in the previous section, the most frequent expression that Japanese carers used to describe their experiences of close intimate care was "facing" or "turning to meet [the other]."[16] In Japanese, "turning to meet [the other]" (*mukiau*) is a phrase used in everyday speech that might apply to various contexts in which one turns attention away from one's own thoughts, feelings, or desires in order to attend and become open to someone or something else, often with the purpose of cooperation or conciliation. The fact that Tomomi and other Japanese carers used this phrase also suggests a special significance that goes beyond everyday fluctuations of attention to touch on a deeper kind of resonance and responsibility. For Tomomi, caring for her mother produced a presence or posture of what Tahhan (2014, 119) calls "mutual deepening," a kind of touching without physical contact, where the exposure and openness of one person meets the other with empathy and care (*omoiyari*).

As Tomomi remarked, "facing" not only allows one to "understand other people's feelings," but it is a posture that implies a kind of selfless responsiveness—facing disrupts the normal boundaries of individual selves in ways that afford the potential for compassionate encounter. This resonant proximity also implies an ethical decision to resist turning away from the cared-for, allowing carers to deepen their understanding of themselves, to face and accept their own limitations and vulnerabilities. "A face offers itself, gives itself, and calls me out of myself" writes psychologist James Hillman (1999, 102), but in doing so, does it not, by virtue of its responsiveness, also inaugurate a new possible way of being-with and being-for-the-other? When Tomomi mentions learning to face the other, is this different from Chie's embodied ethics of compassion?

This question was also a central concern of the philosopher Emmanuel Levinas, whose phenomenological approach to ethics is encapsulated in the notion of the fragile encounter with the "face" of the other, a face that "exceeds the idea of the Other in me" (Levinas [1961] 2003, 50) or that is irreducible to "the self-sameness of [my] own being" (Throop 2012a, 163).[17] What was important to Levinas, and what seems to resonate with carers' expressions of "facing," was the way the face penetrated its opacity and mystery through the ethical demand. "The face speaks," writes Levinas, and "to speak to me is at each moment to surmount what is necessarily plastic in manifestation" (Levinas 2003, 200). Hartmut Rosa (2019) calls this the "silent call" of the face, which can only be treated with indifference by "suppressing resonance" (70). Just as resonance involves both connection and autonomy of the agents involved (Susen 2020, 312), and touch demonstrates the ability of the skin to both separate and communicate (Tahhan 2010, 2014), Pinchevski (2016) argues that for Levinas, the face "both connects and separates—connects by virtue of separating—producing commonality while maintaining its in-betweenness."[18] This "in-betweenness," or what in Japanese relational aesthetics is referred to as *ma* or *aida* (Crapanzano 2003, 51; Danely 2014, 23–24; Kavedžija 2019, 65; Tahhan 2014, 45), is presence that is characterized by openness, or a loss of the self in order to welcome the other (what Levinas called "sacrifice") (Altez-Albela 2011, 42–43). For both Izumi and Tomomi, then, we might say that "facing the other" meant giving one's face over to the other as an act of care.

While Japanese carers held a close association between the face of the ethical encounter and the fleshy face of intimate inter-corporeal sensibility, the English face was more difficult to decipher. Differences across class and region were impossible to discern from the small sample for this research, yet some English carers echoed the stoic line that caring was something you "just get on with," a sentiment that brings to mind the face that wears a "stiff upper lip." For these carers, the care was something one had to "cope" with or "manage" by placing some distance between the carer and the cared-for. Caring in the English context was less about developing compassion than it was about extending charity, protecting the dignity and autonomy of the cared-for and oneself. Yet for each individual, there were moments when feelings of love and deep connection troubled their sense of self and led them to develop new sensitivities and confront moral choices. This dangerous compassion, however, rarely coalesced into a stable sense of identity that resonated with broader cultural narratives or practices of care, as it did with Tomomi and other Japanese carers. Instead, as the following example illustrates, the English carers found themselves caught in a tense dissonance between empathetic resonance and narrative resonance.

Compassion and Charity in Tension

Russell, in his mid-fifties, lived near his childhood home, where his mother and his younger brother still lived. Russell's mother had been growing increasingly frail and cognitively impaired over the years, to the point where she could no longer make herself a cup of tea, and after she had a bad fall on the stairs (her bedroom and bathroom were on the second floor), Russell and his brother decided she would need constant supervision. Russell would spend most days with his mother at her home while his brother was at work. When I arrived at the house, his laptop was open alongside an array of papers and folders spread out across the length of the dining room table. The chair faced the living room, so that he could keep an eye on his mother.

Russell has a kind of awkward manner that very intelligent people often have, as well as a particularly English habit of self-effacement and hesitance with his words. When he first agreed to an interview with me, he seemed flustered trying to grasp at the right way to phrase his thoughts: “I think, um, I think I quite like [caring]. . . . I think, I think I’m not terrible at it. . . . I’m not . . . I think I’ve learnt that I am capable of doing it.”

Yet despite this sense of capability, Russell also had concerns. Like other carers, for him care had stirred up a mix of emotions, none of which seemed to have a clear and certain resolution. “You know, because there are all kinds of challenges where you’re a bit embarrassed really, and, uh, I think a son caring for a mother is kind of quite a hard dynamic because it’s a female—it’s been traditionally a female role, so I think it’s difficult. But I do find it a privilege to look after Mum really, but a worry and a strain as well. Um, you know I think it’s very important that we all have the opportunity to go away and do other things, because it’s confining.”

What I found most interesting about this conversation with Russell was his admission that he coped with his ambivalent feelings not by trying to become closer to his mother, but by widening the distance, escaping from intimacy’s confinement as a way of preserving his mother’s independence and dignity (as well as his own well-being).

Russell put a kettle on, and the two of us chatted casually in the kitchen of the large, two-story home. Russell’s mother soon appeared in the doorway, a petite woman with a friendly face, whose well-dressed appearance was only slightly disheveled by a missed button on her navy cardigan. She looked to her son, as if to ask who I was, still smiling pleasantly and going through the familiar motions of welcoming a guest. Russell explained, slowing his speech and repeating some details as he watched her expression. She looked at me again, started to say something, then lost the thought, looking away and mumbling a long train of words that I could not make out. I kept my attention on her, hoping this would be reassuring, while Russell tried to piece together what she might be saying, checking in with her to see if he had got it right. She paid attention to him intently but didn’t respond, then she quietly walked back into the other room and sat in her usual armchair, and Russell and I followed with tea and biscuits.

“She knows she wants to say something,” Russell explained as we followed her into the other room. “She just can’t quite connect that with her speech. I usually have to kind of prompt her over and over to make sense of it.” It was a cold day, and the garden, visible through the large glass sliding doors, was still blanketed in the previous week’s snow. Russell sat a cup of tea on a small table beside his mother’s armchair and bent down to meet her face to face. “Careful, it’s very full.” As we sat down, he continued where he’d left off:

> Prompting. Prompting. I mean, yeah, I think that we could reach a point where that would be a concern because it’s—I’m forever looking at

> things through Mum's eyes and through Mum's skill set, and so through our skill set and through our eyes this house doesn't look like it's fraught with danger—but for Mum it is fraught with danger. She doesn't see it that way either because in her mind it's her home, so—and we occasionally have little battles about should that piece of furniture be put into storage because it's another thing—you know, this living room was less cluttered than it was a while ago. There was more, and it's gone.

Again, Russell draws a sharp distinction between the world of his mother and the one that he (and I) inhabit, showing a carer's concern for the "dangers" that she is oblivious to. He sees this work as safeguarding and protecting her, which comes from a certain empathetic awareness of her limitations and concern for her safety.

Russell's eyes were fixed on his mother as she slowly lifted the tea to her lips, her hand trembling slightly. Turning to me, he tells me that he wouldn't really be able to say everything he wanted to say, given the situation, making a quick glance back in his mother's direction. Some things would have to wait until another time.

As we continued our conversation, Russell noted how difficult it was for him to really understand what it must be like to be an older person but that his feelings have started to evolve toward an acceptance of this, as well as an acceptance of his own limits.

> I think as a family it is very difficult though. It's challenging. And I can't think of any way that it wouldn't be. It's impossible for it not to be challenging. I think you kind of learn what you're capable of, what your boundaries are, and where your limits are. You are—I think as we get older we look at life as a journey with a hill up and a hill down, and I think you—I think now I'm much more likely to hear somebody who's very young and hasn't got any experience of what we've been through say something. Say, I'm going to be a racing driver when I'm seventy, and you think, yeah, well good luck with that one! You know, because you've kind of got no idea, have you—and to be honest with you, with Mum, as much as I understand I don't understand, because I can't understand.

Each day was another reminder that he cannot understand. Yet, implicit in Russell's statement was his strong commitment to care, despite this unknowability. This moral decision was possible only because he first acknowledges his separation from his mother as well as his own boundaries and limits. While the interview continued, I watched the way Russell attended to his mother, from getting up to steady her hand with the teacup to simply asking her questions from time to time to keep her involved. There was an easiness and familiarity to their relationship, a real feeling of compassion as Russell watched his mother, giving her space but also ready to spring up if she were to tip her cup over or try to get up.

Synchronizing to this tense but slow tempo was one of the most difficult adjustments for Russell:

> RUSSELL: It's tiring in a strange way because you can look at a day and think I didn't do much today, because everything—[*turning to his mother and raising his voice slightly*] Mum, this is a frustration, isn't it? Because everything takes quite a long time.
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> MOTHER: Oh yes, and I'm sick and tired of it!

Russell and I both started, a little surprised at how clearly she spoke (very differently from the incoherent words earlier), and the timing of her interjection was so spot-on that all three of us ended up laughing. As Russell began speaking again, however, his mother continued to try making her point, suggesting that she had no intention of making a joke.

> RUSSELL: So, you know—going upstairs takes a long time, getting something, getting dressed, having a meal takes a long time. Tidying up takes a long time. Writing Christmas cards . . . and that, I think I—I think I've learnt that I'm human, that I'm not—there's a part of it that's hard, that it's work. It's not that it's physically terribly tough, it's just—it's dealing with change and also finding space for yourself. I think that's the hardest balance of all. I was talking to [my friend] about it, and I was saying—I don't know, it's uh . . .
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> MOTHER: [*Trying to get our attention*] Sometimes I wish I'd never been born.
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> RUSSELL: Oh Mum! No, she doesn't mean that. What do you mean you wish you'd never been born? No, you can't mean that. Oh Mum, I think what she's saying is—Mum . . . no she doesn't mean that, that's her choosing the wrong language. Mum, what do you mean? Do you mean—I don't wish to prompt you, but—you don't wish you'd never been born, do you, Mum? You've had a great life, yeah? And you still enjoy your life! I am going to interpret for you. You mean—do you worry sometimes that you're a burden?
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> MOTHER: Yes . . . yes.

Russell and his mother prompted each other here, getting back in synch. Just as he was beginning to talk about his own sense of human fragility that has come from following the pace of his mother, she interjected with "I wish I'd never been born." Russell's response showed that he genuinely admired his mother, and as he told me more about her life as a devoted Catholic who gave generously to charities, I could understand why it was painful for both of them to be in the situation they were in.

"I'll walk you to the corner," Russell called to me as we ended the interview. He quickly threw on a puffy navy-colored down coat and stepped into his boots. We had only walked two steps from the door before he became visibly more relaxed, rolling his head as if his neck was just released from a vice. "After the fall, she couldn't dress herself," he said in a slow, dry monotone.

"I had to dress her. I had to put her *bra* on. It was hard. *For her*. There really is a point where you think you have reached your limits. You can't relate anymore. The end of your tolerance."

We start walking down the street between cars parked over the pavement, past a building site, trying to avoid the slippery, packed-down snow.

"There have been times when I've said [to her], if you keep doing some of these things, you're going to go into a home. I don't want to think about it," he says, under his breath. "Going up the stairs ten times a day, changing nappies that come in these great big packages. . . . There's going to be a time when she can't do that anymore. Then what? Get a home aide to come in to wipe her bum? Or I'll wipe her? I think that would do it. She would be floored. It would kill her."

His breath came out in puffs that disappeared against the gray sky. We walked close, talking in low voices like conspirators in the silent street. When we reached the end, he turned to me, serious again.

"She's never said that before, you know, about wanting never to have been born—" He stopped. It was time to go back to her.

Although Russell appeared to be in a comfortable rhythm with his mother's care while we were in the house, the post-interview walk outside showed that he was struggling to hold on. He resonated with his mother, feeling her discomfort with the indignity of being changed or doing everything slowly, but the relationship seemed to fight against this resonance, reinforcing separation, autonomy, and distance. The attentive, responsive care that he wanted to give her did not have a resonant cultural narrative to anchor it, and it was constantly slipping out of his hand.

A Quiet Liberation

The nature of resonance, whether it is resonance with others' suffering or their enduring life, resonance with the positively valanced cultural stories or the darker tales that haunt cultural corners, is to pull one into attunement to others and to the world. Attunement enhances feelings of connection, a rhythm or synchronicity of embodied habits of attention and movement. Tomomi, Chie, Naomi all demonstrated how this attunement results in a heightened aesthetic sensitization to suffering and a repeated practice of decentering the self to respond. I have called this "dangerous compassion" to emphasize the fragility of caring when pain and uncertainty persist alongside resilience and responsibility. Compassion, in the sense in which my Japanese interlocutors understood the concept, entailed not only empathetic imagination and the habituated impulse to care, but also an openness to the ethical encounter such that selves are transformed and transcended. Cultural models and practices of cultivating and embodying compassion through persistent physical and emotional exertion in everyday nonverbal acts of touching, feeding, and facing provided a familiar reference for Japanese carers, but this was still dangerous work.

I found that in contrast to the Japanese cases, English carers like Russell, whose general orientation toward care emphasized the maintenance of autonomy, independence, and bodily separateness, were more hesitant about the possibility of resonance. This did not mean, however, that empathetic imagination, love, or concern were absent in their care. Russell patiently, gently accompanied his mother, anticipating her words, her hunger, her discomfort. Yet I could also see in his narrative an effort to protect the distance between himself and his mother in ways he felt offered her more dignity. This orientation makes the choice to use paid care services not only logical, but moral from the perspective of charitable care. However, Russell's feelings of guilt and shame for pursuing more paid care support indicated that for each individual, care remains a fraught and complex matter.

"Seeing the world as dangerous and uncertain," Arthur Kleinman writes, "may lead to a kind of quiet liberation, preparing us for new ways of being ourselves, living in the world, and making a difference in the lives of others" (2006, 7). Dangerous compassion may offer this same liberation, but it is still a precarious and imperfect solution. We must not forget that one of the most iconic images of resonance is the shattered glass. Resonance exposes our fragility, particularly when we are trying to face the other. The closer we are to resonance, the more dangerous things become. It raises the question, how can a carer be responsive, vulnerable, and yet endure without breaking? For a carer who is physically and emotionally exhausted by the unremitting call to responsiveness that care often demands, compassion may further erode the tenuous infrastructure of the world—what Rosa (2019, 65) calls "catastrophic resonance"—or it might be the durable ethical lifeline to anchor oneself to others and to find transcendence.[19] In the next chapter, I look more closely at the ways narrative resonance shapes carers' stories, making experience meaningful, lasting, and the basis for building relationships of cosmic resonance with other carers.