

Abstract

The current rhetoric which is disseminated in connection with women in Japan who are thought to be vulnerable to trouble at menopause is examined in this paper. It is shown how this rhetoric is one part of the much larger ongoing internal debate in Japan, in connection with the problems and value changes associated with modernization and internationalization. The ideal middle-class housewife is set up in the debate as the "model" modern Japanese woman. The self-discipline and behavior which are expected of her are based upon traditional values, and women who suffer from the "disease" of menopausal syndrome are believed to be those who no longer follow the traditional "disciplined" life-style or alternatively, those who are neurotically "over-disciplined." The attempted medicalization of women at menopause and its lack of success to date is examined with reference to survey research and interview data.

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The Selfish Housewife and Menopausal Syndrome in Japan

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THE SELFISH HOUSEWIFE AND MENOPAUSAL SYNDROME IN JAPAN

My mother is rather tall for a Japanese. She is intelligent, modest, unselfish, and always thoughtful of the other members of the family. She is particular about her manners, and impresses everybody she meets with her graceful dignity. Strict with herself, and formal, she plays the part of a samurai's wife, majestically, as if in a dramatic performance. She rises earlier and retires later than anybody else in the family. She has never allowed herself to enjoy a lazy Sunday morning in bed, and the sickbed is the only place for her to rest. Nobody ever saw her sit in a relaxed manner: she is always erect, wearing her kimono tightly with her heavy sash folded on her back....

My mother uses polite words only, never liking to pick up the vulgar words spoken in the street. She never betrays unpleasant feelings. "Endurance" and "repression" are her greatest ideals. She says to me, "Endurance a woman should cultivate more than anything else. If you endure well in any circumstances, you will achieve happiness."

My mother was especially assiduous in educating her children. She made every effort to further their development but her feudal concept of "man first, woman to follow" was clearly seen in her treatment of her sons and daughters... "Unselfishness, sacrifice and endurance for woman. That is all-sufficient" my honorable mother maintains.

Facing Two Ways: The Story of my Life
Shidzue Ishimoto 1935

The passage cited above, written by a well-known Japanese feminist, provides an example of the way in which power in Japan has, for many years, been implemented primarily through the creation of a "disciplined" body (Foucault 1979).

One fear which is voiced very frequently in official documents and the mass media in contemporary Japan is that self-control and discipline are no longer taught properly in the family or in schools, and that this situation is a threat to the continued progress of Japan as a leading economic power in the world today (Ikemi 1982, Iino 1980). A body of popular literature has been written about each member of the "model" nuclear family: the salaried man/father, the schoolchild, and the housewife/mother. This genre includes popular medical literature, often written by eminent doctors, which appears in newspapers, magazines, and soft cover books, and which describes the type of illnesses and family problems likely to beset the men, women, and children of modern Japan. This literature often considers, usually very explicitly, the way in which control, discipline, and loyalty to groups, and also the supposed negative offshoots of modernization, individualism and selfishness, have an impact on health and ill-health, respectively (Japan Times 1984, Takahashi 1984).

The transformation which took place in Japan during the course of the twentieth century into an urban-centered, contractually-based economy has been accompanied by an incessant debate about the novel concept of individualism. This "western" value is often equated with selfishness and generally perceived to be in opposition to the traditional values of self-control, devotion to work, and loyalty to groups (Moeran 1984), the ethos upon which Japan is believed to have been modernized. An increase in individualism is often, therefore, viewed as a threat to further economic development, that is, if development is to continue to depend upon the values of selflessness associated with "Confucian capitalism" (Rohlen 1980). Men, women, and children are all thought to be vulnerable to the blight of individualism, and contemporary observers believe that the recent rapid internationalization of Japan has precipitated a current crisis of national identity on a massive scale in which the topic of individualism is central. The vast production of popular literature which keeps this cultural debate well fueled is known as nihonjinron (essays on being Japanese) (Befu 1983; Mouer and Sugimoto 1983).

In this paper I will examine the rhetoric of nihonjinron which is associated with the person thought to be focal in the nuclear family, the housewife/mother. Her role, behavior, and state of mental and physical health are subject to particularly close scrutiny in popular literature in Japan, since she is responsible for maintaining the health of the entire family and her fears about her perceived lack of discipline as she wallows in the supposed freedom and material comforts of the modern automated household create a potent anxiety for some commentators. Viewed through the lens of traditional Japanese values, a modern housewife is, in effect, a type of deviant since she has been structurally eliminated from participating fully in the work ethic (so central in Japan). This is partly because of household automation and partly because she is responsible for the care of a nuclear (rather than an extended) family whose members are rarely at home due to the demands of work and school. (Work and school can occupy men and children fully for five and a half days a week, fourteen hours or more a day on weekdays). A housewife is, therefore, somewhat of an anomaly and hence threatening to the social order, especially since it is generally regarded as inappropriate for her to seek employment outside the home.

The data on which this paper is based are the preliminary results of a cross-sectional questionnaire survey on over 1300 Japanese women between the ages of 45 and 55. The sample is divided into three groups: middle-class housewives, farming women, and women who work in factories. I also carried out open-ended interviews in their homes with 150 women from the survey sample, and with 15 gynecologists, 15 general practitioners, and 6 practitioners of traditional medicine.

I will focus in particular on current beliefs about menopause in Japan including recent attempts to medicalize this part of the life cycle. It will be shown that the rhetoric used by medical practitioners, both traditional and modern, and by women themselves to account for trouble at menopause reflects the current internal debate in Japan (as it is made manifest in nihonjinron, with all its contradictions and self-scrutiny about the effects of modernization, the rise of the nuclear family, and the fostering of the concept of individuality). This rhetoric serves as a "covert form of oppression and control" (Smart and Smart 1978:2), since supposed personality defects and behavioral faults of individual women are exposed to national

scrutiny and used (not necessarily consciously) as a displacement mechanism for diffuse but potent political concerns about internationalization, economic growth, and national identity. It will be apparent that I draw upon Foucault's work on the micro-politics of power, in that I accept that the subjective experience of distress is often largely constituted by a topical discourse or rhetoric. I also wish to show, however, that in the case of menopausal syndrome in Japan medicalization and its associated rhetoric touches the lives of most Japanese women only indirectly. Nor is the relevant medical knowledge grounded in either subjective experiences of distress with any great frequency, or even in anything which can be quantified (the usual Japanese test of reality), to any degree of significance. This political/medical rhetoric drifts around, largely unrelated to the experience of real people and does not appear to shape the lives of more than a vulnerable few.

Medicalization, which usually embraces a dominant rhetoric, such as nihonjinron to justify physician intervention, is not necessarily all bad, and not simply the naked enactment of power over duped subjects. Popular medical literature, no doubt, often written in an effort to produce a market for the medical care of many "normal" life experiences, can partly serve to create an awareness that one's distress is not a unique event but rather something shared by many others (Lock 1987). It can function therefore, to break down the isolation which is especially prevalent in modern urban life. Private suffering, the experience of the embodied self, often resonates with the stories of others. Although in the books and articles written for the public by Japanese physicians, blame for the occurrence of an illness is usually laid at the feet of the victim, a small portion of the literature explicitly suggests that there are social and political variables involved; hence the way is opened for the social origins common to much distress to be made conscious, perhaps for the first time, and hopefully to lead to greater political sophistication (Bourdieu 1977). The rhetoric can then be torn apart, so that what was taken as "common knowledge" and "natural" becomes subject to tentative questioning: the "murmurings of a shadowy counter-image," (Parkin 1984:362) which can potentially evolve into a grand chorus.

The "Selfish Housewife"

Mothers Should be Strong-Minded

It is said that juvenile delinquency arises when there is no human kindness put into a mother's cooking.A mother should season rice balls by hand, only then is her care properly expressed. Packaged rice balls that are bought in the supermarket are not adequate.It is important that mothers get up early in the morning for children's sake in order to make them a meal.... I have coined the phrase: "Juvenile delinquents are born through food."

Commentary by an educator
Mainichi Shimbun 1984a

The rise of the urban nuclear family is largely a post-war phenomenon in Japan, and the full-time "professional" housewife, as she is known, has come to represent the epitome of a modern Japanese woman. Her life is assumed to be devoted to the care of her husband and two children, and to her parents-in-law who will in all probability be incorporated into the household as they

grow old and infirm. The foundation for the modern role of housewife, traditionally summed up as "good wife; wise mother" (ryōsai kenbo) was laid down in the Meiji era at the end of the last century. Modeled in part on European ideas which were current at the time, the argument was based on the assumption that a woman's nature best equips her to nurture others (Nakamura 1976). It was officially acknowledged, for the first time, that women could be regarded as more than simply a "borrowed womb," and they were encouraged, within the confines of the domestic sphere, to become the guardians and educators of their children. Hence, above all, they should be educated in morals and religion and should expect to a degree, to exercise power within the household. From the perspective of the latter half of the 20th century, it is difficult to appreciate the revolutionary nature of early Meiji thinking on women. Comparison with 18th century treatises, the best known expression of which is Onna Daigaku (Greater Learning for Women), is revealing:

Woman has the quality of yin (passiveness). Yin is of the nature of the night and is dark. Hence, because compared to man she is foolish, she does not understand her obvious duties....She has five blemishes in her nature. She is disobedient, inclined to anger, slanderous, envious, stupid. Of every ten women, seven or eight have these failings....In everything she must submit to her husband.

Kaibara Ekken (1672)

translated in Joyce Ackroyd (1959)

The struggle for rights for women in Japan is a story which started from a position of extreme subservience at the end of the feudal regime. During the first wave of major industrial expansion in the latter part of the 19th century, women of all classes, including the wives of many ex-samurai, were coerced into working in appalling conditions on production lines in factories (Sievers 1983). Since the end of the last century the women's movement has a history which closely parallels most of the turbulent times in the West (Sievers 1983), but modern Japanese women have not so far attained the same degree of civil rights as North American and most European women. Today, just over 50 percent of women over 15 years of age in Japan work in the labor force. Many of them are still thoroughly exploited since they are kept permanently in a temporary status, therefore available for periodic hiring and firing according to the vagaries of the Japanese and world economies (Cook and Hayashi 1980). These women, however, hardly figure at all in the popular image of the average modern Japanese woman: this is a role reserved for the middle-class housewife whose daily round is sardonically described as san shoku hiru ne tsuki (an easy, permanent job with three meals and a nap thrown in). The housewife is the inheritor of the Meiji image of the "good wife and wise mother"; her life is circumscribed by the domestic round which, with the spread of affluence and the development of household technology, has become somewhat of an anomaly in a society where the work ethic prevails.

Recent studies and government surveys indicate that most middle-class women are largely satisfied with their roles as housewives and mothers of two (Kokumin Seikatsu Hakusho 1983; Lebra 1984; Pharr 1976; White and Molony 1979). Many of them report that they enjoy what to an outsider appears to be a relatively easy life of material comfort, but this role, like those of other "model" members of the nuclear family, the salaried man, and the schoolchild, is replete with contradictions and paradox (Lock in press).

Shitsuke, the behavior and discipline which is expected of the modern housewife, is based upon an assorted mixture of values created in part from the rules laid down in feudal times for the wives of samurai, and often portrayed today as onna rashiisa, womanly behavior. The Confucian ideal encouraged discipline in women, not for military service, but in order to practice unquestioning submission and obedience. Modern Japanese women are taught to believe, like their predecessors in feudal times, that patience, diligence, endurance, even-temperedness, compliance, and gentleness all contribute to womanliness. It is believed that moral training in these virtues leads to the right kind of personality. This internalized behavior is complemented by discipline of the body language usage (Lebra 1984:46). The existence of those female language forms which are associated with submissiveness and gentleness still goes virtually unquestioned by anyone (Ide 1982). Courteous greetings, good posture, a neat appearance, good manners, elegance in the handling of things, an orderly house, and established routines in one's lifestyle are all associated with womanly behavior (Lebra 1984:42). Modesty, reticence, and a soft voice are considered important, and covering with one's hand the unsightly partly open mouth created by a smile is still common among many women. Housewives often describe themselves as "weak" if they do not keep up the appearance of gentle but firm control in their daily lives. Competitive pride is frequently taken in being the first up in the household at 5:30 or 6:00 a.m. each day in order to prepare breakfast and boxed lunches for the family, and in staying up last in order to organize the house for the next day and close it up at night. These traditional values are compounded by newer images of Western influence:

...Young, cute, smiling and apparently mute girl-women are on every genre of [TV] program at any hour of the day or night.

Why does this phenomenon exist? Television personalities reflect the ideals and values of any given society, and the women that appear on television are therefore only "ideal" women....in Japan, women, in order to fit the definition of the ideal woman, must not only be youthful and pretty, but they should also be sweetly silent.

...according to Tomoyo Nonaka, a newscaster... "People think of women as flowers and if there were no women on TV it would be a bit bizarre. So they think, 'O.K., let's put a nice flower on the table'..."

These televised blossoms do not only represent idealized women but they also act out the ideal role between women and men. The reason that these women are not outspoken is because they must be properly deferential towards men. Women are usually referred to as assistants rather than co-hosts....the role of an assistant is to "make a man stand out and bring out his good points"....

It must not be assumed, however, that all women in television are in real life subservient or opinionless...

Kikuko Itasaka
Mainichi Shimbun (1984b)

Not only should it not be assumed that the housewife is necessarily subservient or opinionless (as above) but a few housewives say that they are raising their daughters today with little concern for womanly behavior.

The middle-class housewife is associated with many stress-related problems including "the kitchen syndrome," in which a variety of severe somatic symptoms are experienced every time one enters the kitchen to prepare the evening meal; apartment neurosis; childrearing neurosis; "menopausal syndrome", and so on.

There are several contradictory themes associated with each of these afflictions which can be illustrated by describing the etiologies which are thought to contribute to the menopausal syndrome.² It is said that women who are busy, who hold a job, and who do not have time to dwell on their problems will not notice menopause nor experience any symptomatology. "Menopausal syndrome" is described as a luxury disease (zeitakubyō), something which occurs in women who are selfish and turned in on themselves or in women who just "play around" all day. People like this are thought to lack a real identity, to have "no self" (jibun ga nai), and to be deficient in the willpower and endurance characteristic of their mothers. It is believed that such women are likely to raise children who are undisciplined or deviant.

A second set of etiologies associated with trouble at menopause (these two explanations can be offered by the same person but usually about different women), states that women who are "over-socialized," over-controlled, too concerned with tidyness and order, and of nervous temperament (shinkeishitsu) are vulnerable. These women are thought to produce children who suffer from psychosomatic illnesses or problems such as "school refusal syndrome." The stifling atmosphere that they create in the home and its effect on the children is described by one commentator thus: "The roots of even a healthy plant confined in a pot will rot if given too much water" (Higuchi 1980:90).

Ambiguities are layered one upon another. Hard work, perseverance, and discipline are valued, but running a small house with the aid of modern technology, where one's husband is absent most of the time, and where the two children are fully occupied in the pursuit of an education, takes relatively little time. Nevertheless, women, who are said to be the pillar of the family, should devote themselves to the care of other family members (and apparently suffer from guilt if they fall ill and are unable to fulfill these duties (DeVos and Wagatsuma 1959; Lock 1982). It is agreed that housewives today, however, become lonely and bored and tend to use "organ" language to express their discontent (as one specialist in internal medicine put it), (Lock 1987), but, with virtually no exceptions, women are required to discontinue employment once they become pregnant and, apart from factory employees, are highly unlikely to be re-employed once they have raised their families (Robins-Mowry 1983).

On the other hand, it is said that women today cannot endure as their mothers did, that they are selfish and spoiled and no longer make good mothers. One physician who has written a best seller on the subject of "illnesses caused by mother" (Bogenbyō, Kyūtoku, 1979) states that mothers were formerly good at childrearing but that in the past 20 years they have become very poor at it. Industrialization has, he says, distorted the "natural childrearing instinct" into something which satisfies the mother's "narcissistic ego" but does not produce a healthy child. Mothers are described as too bossy or too over-protective. The best remedy for a sick child is "parentectomy"--the removal of the child from the mother's charge for extended care in a hospital (Ikemi et al. 1980). In order to combat boredom,

it is suggested that housewives take up more hobbies; this will act as a preventive measure for both mother and child against illnesses of psychosocial origin. Frequently these contradictions are summed up with a suggestion that housewives are themselves victims of modernization and, in particular, of the inevitable isolation which develops with the rise of the nuclear family (Kyūtoku 1979).

Menopausal Syndrome

From at least the 10th century it appears that special attention has been given by the medical profession to the problems thought to be associated with menstruation and its cessation (Nishimura 1981). There was no special term, however, for the end of menstruation until a concept kōnenki (often glossed as the change of life) was created under German medical influence at the end of the last century. Disorders associated with kōnenki were usually attributed in part to an unbalanced autonomic nervous system--a very popular explanatory model in both Germany and Japan which is still in regular use today. Since the 1950s, in common with contemporary Western medicine, the term "menopausal syndrome" has become popular in medical circles (Lock 1986b). It is viewed as a "disease" which, now officially recognized, allows diagnosis and treatment by physicians who can receive reimbursement under the socialized health care system.

The interviews conducted with gynecologists, general practitioners, and practitioners of traditional medicine produced a variety of etiological explanations for menopausal syndrome. At the physiological level some focused on an unbalanced autonomic nervous system caused by declining estrogen levels, while others simply focused directly on lowered estrogen levels. All of the practitioners had, in addition, several ideas about why some women are more vulnerable than others to menopausal syndrome. The most popular explanations include: an excess of free time; no clear role; no self-discipline; selfishness, boredom, no hobbies and, in contrast, too much control; a neurotic personality; over-protectiveness toward children; inward focus; loneliness. Additional explanations include suffering from unresolved guilt related to abortions, no sense of self, and, less frequently, family problems and the "empty nest syndrome." Housewives are thought to be especially vulnerable. Some practitioners recognized the contradictory nature of their statements but justified themselves by saying that women are affected in a variety of ways depending upon their basic personality types. Practitioners frequently added that women are victims of modern social organization and discriminatory employment practices and, therefore, should not be held responsible for their "weak" behavior. A few physicians blamed thoughtless husbands for menopausal problems, and the majority believe that the nuclear family, especially when it is situated in a small apartment, is not a healthy place for a woman to spend most of her time.

Despite their beliefs in the social and psychological origins of menopausal syndrome, the majority of practitioners simply prescribe medication: estrogen replacement therapy, tranquilizers, or herbal medication. They have neither the time nor the inclination to try to manipulate anything other than the physical body. One recent development is, however, very striking. During the course of the 1980s an interest in counseling has become apparent. Physicians are allowed to advertise in Japan, and it is now not uncommon to see gynecologists listing counseling among their

specialities, in addition to internal examinations and surgery. Time is usually set aside two afternoons a week for counseling, at a fee of about \$15 an hour. When asked what form their therapy takes, gynecologists most usually replied that they suggest women go out more often, take up another hobby, go out to dinner, and so on. One or two recommend the practice of Buddhist ceremonies in connection with guilt incurred over abortion.

The cross-sectional survey demonstrated that Japanese women report very few symptoms, either somatic or psychological, at menopause (a statistically comparable Canadian sample reports symptoms nearly three times as often (Lock, Kaufert, and Gilbert, ms), although they share the stereotype with their physicians that lazy, bored, selfish, and neurotic women are likely to suffer (Lock 1986b). Like their physicians they assume that "menopausal syndrome" is a recent problem, a by-product of modernization and the nuclear family, and that modern women cannot practice endurance as did their mothers:

My mother had seven children. She had no freedom, and in fact, she had no self (jibun ga nai). She was always suppressing her feelings and not letting anything show on the surface. I can't do that. I had depression at menopause and that is because I am a spoiled type. Women who work hard don't get any symptoms.

A Kobe housewife

A younger woman who runs a farm in Nagano single-handedly (while her husband works in a nearby town) does not anticipate menopausal problems; she says that it is a "tough time," but believes that with the right mental attitude that is, emotional control and will power, one can overcome the unavoidable physical changes. Like most other informants, this woman, should she need assistance, would resort first to patent medicine or herbal medicine bought at a pharmacy before she would go for a consultation with a medical professional.

The mass media, popular articles by academics, and popular medical literature, which is heavily influenced by Western medical views on menopause (see Okamura 1977), have apparently helped to create a stereotype of the suffering menopausal woman. This stereotype however, does not mesh with the actual experiences of most women, but rather serves to reinforce the idea in the minds of the Japanese public that the anomalous modern housewife who has time on her hands does not have the ability to endure adversity as did her own "good and wise" mother. In one of her representations the menopausal housewife becomes, instead, a key actor in the current cultural debate, in which she is characterized as a materially oriented, leisured, weak, and selfish character who is the epitome of what some people believe is wrong with modern Japan. She embodies the results of slack physical discipline and represents what is fearful about Western values, especially extreme individualism. An alternative representation, equally damning, has her portrayed as neurotic and "over-socialized," the "good wife and wise mother" to excess, over-protective and stifling, unable to adapt to modern times.

The attempt to medicalize menopause seems, on the part of the medical profession, to be a response to two principal factors: first, an influence from American and European professional literature in which menopause is portrayed as either a deficiency disease or a syndrome, and second, a reduction in gynecological business in Japan. Japanese gynecologists in

private practice are usually also practicing obstetricians. They obtain most of their income from three sources: obstetrics, abortions, and prescribing medication. Two of these sources have declined recently: Japanese women now usually opt to have their babies in large hospitals with full technological backing, and birth control is more widely practiced through the use of contraception than by means of abortion, as was formerly the case (Coleman 1983). There is therefore considerable incentive for gynecologists in private practice to create new sources of income, and innovations are the promotion of menopausal syndrome as an "official" disease, and counseling for distressed women. So far the success of the gynecologists is not overwhelming since out of the sample of 1,323 women only 11 percent had consulted a gynecologist in connection with menopausal problems (Lock 1986b).

Conclusions

The majority of housewives today pursue their lives in relative comfort and happiness, but a few suffer considerable distress. The plight of these few is packaged and broadcast around as a kind of public warning of the perils that are in store for Japan if traditional values crumble further. A hedonistic embrace of individualism, loss of discipline, and the family with no core seem to be images which generate particular concern, and the "selfish housewife" has come to be a symbolic representation of this concern. Medicalization of menopause draws upon and contributes to a reinforcement of the rhetoric. There is, however, no neat fit between medicalization and the actual experience of menopause, or the explanations given for "menopausal syndrome" by the mass media, by the majority of medical practitioners, or by the women themselves.

The cultural construction of menopause is a comparatively haphazard affair: refractions created from snippets of idealized Japanese history and the role and behavior of women in that history, from medical mythology created initially in the West, and from current concerns over the future direction of Japanese society and economy and in particular its international image. Paradoxically, virtually none of this rhetoric is grounded in the biological transformations which take place in connection with mid-life and the natural process of aging, and it touches the lives of only a few Japanese women directly.

With some notable exceptions (Aoki 1982), very few Japanese women question their second-class citizenship. It may well be in part because there does not appear to be anything very inviting about participating in the work routines and schedules that middle-class Japanese men endure. It is surely also in part because of the efficiency with which the female body is still "disciplined" to accept its assigned place in Japanese society. There are, nevertheless, some signs of unrest. The divorce rate of middle-aged, middle-class women is soaring (Madoka 1982), for example, and there is a small but active feminist movement (Buckley and Mackie 1986). It remains to be seen in the rising tide of conservatism in Japan, with its call for the "Japanese-style welfare state" in which there will be a return to traditional values including the full care by women of the young, the sick, and the elderly in the family, whether young Japanese women can or wish to mobilize themselves for more radical change in the near future. Should a large scale change in the traditional ideal role of domesticity for Japanese women eventually take place, it will be instructive to observe how this is reflected in the rhetoric

associated with the professional housewife, who would de facto become obsolete, but perhaps not redundant, in the ongoing cultural debate.

Notes

1. In a questionnaire survey that I carried out in 1984 of 1,323 Japanese women 90 percent reported that they were reasonably or very happy with their present life.
2. This information was obtained from 15 gynecologists, 15 general practitioners, and 6 practitioners of traditional medicine whom I interviewed in 1983-84, and from popular literature and articles written by medical practitioners.

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