Therapeutic Recreation in Modern Japan: Era of Challenge and Opportunity

Hitoshi Jin Nishino, Hiroaki Chino, Naomi Yoshioka, and Joseph Gabriella

Although Japan is a modern, industrialized nation, therapeutic recreation (TR) has not yet reached its full potential. In spite of the fact that Japan has a large and steadily growing elderly population, TR opportunities have not been fully explored, due in part to a lack of awareness of the role of qualified fukushi (welfare) recreation workers in Japan. This article describes the Leisure Education Program based on TR principles, noting how the program was adapted to suit Japanese culture. The article also describes the socio-cultural contexts in which TR has developed in Japan. To facilitate the development of TR in Japan, the authors suggest adjusting TR approaches to make them suitable for long-term care facilities and the use of culturally appropriate recreational activities.

KEY WORDS: TR, Japan, fukushi recreation, elderly welfare, LEP

What do you know about Japan and Japanese culture? Do you imagine a quaint island country of cherry blossoms and Mt. Fuji? Sushi and tempura? Bonsai and the tea ceremony? But do you know that although one in five Japanese people is older than 65 years old, and the life expectancy in Japan is the longest in the world, the word therapeutic recreation

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(TR) is not popular here. I would not be surprised if you did not know this. Through my experience living in the U.S.A., I have recognized that information from the mass media about Japan tends to focus on exotic Japanese culture or trade and the economy. Topics related to ordinary life in Japan rarely receive attention, so it is no surprise that recreation and TR in Japan are little known to the outside world. This observation was the initial motive to write this paper.

Japan is a highly developed country in terms of economy, technology, medicine, education, ecology, social welfare, and so forth. However, therapeutic recreation (TR) in Japan is still restricted within narrow limits, mostly to the area of elderly welfare. Both the importance and necessity of the advancement of TR in Japan are supported by the following evidence: The number of elderly aged 65 or older has reached a new high of 25.6 million. The percentage of the elderly in the total population also has increased to 20% (Cabinet Office, 2006). The number of the elderly aged 100 or older nationwide recorded a new high, exceeding 23,000 at the end of September 2004. The number of the elderly aged 90 or older also exceeded one million for the first time (Cabinet Office, 2005a). In Japan, there are currently about 3.516 million persons with physical disabilities, about 0.459 million persons with intellectual disabilities, and about 2.584 million persons with mental disorders (Cabinet Office, 2005b).

In this paper, we address the recent situation of therapeutic recreation in Japan and highlight some difficulties in the promotion of TR in Japan. Specifically, we describe what is currently happening with TR in Japan and explain why this has occurred.

This paper is divided into four parts. First, we discuss the current situation of therapeutic recreation in Japan, noting its focus on elderly welfare. Then, an experimental Leisure Educational Program for the elderly as a part of psychosocial rehabilitation services at an independent living training center in a suburban area in Japan is introduced. Thereafter, this paper examines two related factors accounting for the current state of TR in Japan based primarily on a social, cultural, and historical review. As elaborated in a later section of this article, one factor is researchers’ and practitioners’ negligence in improving the general quality of recreation and leisure services. The other factor relates to the fact that the qualification system for the fukushi recreation worker (similar to TR specialist) was initiated prematurely, without proper forethought or preparation. Finally, we will conclude this article by proposing two possible future improvements.

**Elderly Welfare and TR in Japan**

Similar to other developed countries, Japan has been facing issues associated with aging. According to the Annual Report on the Aging Society released by the Cabinet Office, the number of elderly (aged 65 or over) reached 25.6 million (20% to the total population) in 2005 in Japan (Cabinet Office, 2006). This indicated Japan as a super aged society. In addition, since World War II, the mortality rate in Japan has decreased and the average life expectancy has consistently increased to 78.6 years old for males and 85.6 years old for females as of 2004 (Cabinet Office, 2006).

At the same time, the number of elderly with health problems have steadily increased in Japan for the last 30 years. As a result, many of these older people require long-term care. The Japanese government responded to this emerging situation by revising the Elderly Welfare Law in 1991, which was designed to assure a healthy, meaningful life among older people, allowing them to participate in cultural and social activities. The government also provided the New Gold Plan in 1994 that suggested increasing the number of long term care facilities and nursing care professionals, and passed the Long-Term Care Insurance Law in 1997, enacted in 2000, in order to provide a choice of services for older people who need long-term care.

One of the important movements along with these changes in Japan was an inclination...
toward recreation activities in welfare settings. "Fukushi Recreation" became a focus in Japan as recreation activities provided in social welfare settings, such as hospitals, nursing homes, and rehabilitation centers. As Mobily and Ostiguy (2004) mentioned, *fukushi* means welfare and the concepts of *fukushi* recreation are very similar to those of TR. For instance, textbooks of *fukushi* recreation provide information about basic concepts of leisure and recreation, the history of recreation movements in the United States and Japan, and strategies for providing recreation activities in welfare settings, such as APIE (assessment, planning, implementation, evaluation) and TR service models like the Stumbo and Peterson (2004) Leisure Ability Model (Sonoda et al., 2000). In 1993, the National Recreation Association of Japan (NRAJ) started a qualification for *fukushi* recreation workers. According to qualification information of NRAJ, as of April, 2006, there are 10,224 qualified *fukushi* recreation workers in Japan.

Even though the number of qualified *fukushi* recreation workers has increased, research has suggested that the qualification process has not worked as effectively as is desirable. For example, based on their investigation of 52 nursing homes in Japan, Yamamoto et al. (1996) reported that the practitioners who provided the recreation activities were counselors, matrons, care workers and nurses in these facilities. Unfortunately, no facility employed professional recreation workers qualified to provide recreation services. The researchers found that those individuals who provided recreation activities were not qualified *fukushi* recreation workers, and that they hardly had an opportunity to participate in workshops and conferences related to *fukushi* recreation.

Yokomi, Hirata, and Nagayoshi (1999) and Yamazaki, Ueno, and Takahashi (2005) found similar results in their research, concluding that there were no qualified *fukushi* recreation workers in all investigated facilities, that there were few facilities which provided a training program for recreation services either on or off premises of the facilities, and that awareness about the benefits of recreation activities was still low.

This research demonstrated that significant problems exist in recreation services delivery in welfare settings over a period of more than 10 years in Japan. Unlike TR in the United States, qualified *fukushi* recreation workers are not provided with enough opportunity to work as professionals even though the qualification status of *fukushi* in recreation was inaugurated in 1993, now more than a decade ago. The reason of this unfortunate situation is the low recognition of recreation in Japanese society. For instance, although managers may say that it is essential to provide recreation activities for their clients, on the other hand, they do not hire recreation professionals. They may think that recreation is important but it can be easily done by anyone. Clearly, improving the quality of recreation service provision in long-term care facilities and recognition of *fukushi* recreation workers is a matter of great urgency in Japan.

In 2005, the Japanese government revised the Long-Term Care Insurance Law. One of the changes in the revised Law focuses is prevention care. It emphasizes that under professional supervision, prevention care programs should be provided in day care and day service centers to pro-actively prevent health problems and injuries in older people, helping prevent them from becoming bed ridden. When clients at certain care levels receive a preventative care program, they have to pay for the service. At this point, though, there is no system to evaluate the quality of services. Therefore, any recreation services that were explained as prevention care programs would be paid by clients without regard to their desire. In Japan, there are still few facilities which have recreation professionals. Thus, clients may have to pay for recreation services without proper assessment, planning, implementation, and evaluation.

Society should take this problem seriously and act to improve the situation. Since the revised Long-Term Care Insurance Law includes regulations to pay for recreation ser-
vices when they are done for the purpose of preventative care for certain types of clients, the quality of activities provided should necessarily be appropriate to the desired outcome. That is, at least, assessment, planning, and evaluation should be appropriately done by professionals and the results should be documented to show the quality. Otherwise, clients would presumably have no responsibility to pay for such recreation services.

In order to improve relevant knowledge and skills among staff in welfare settings, workshops and educational sessions should be provided. For example, after giving lectures on leisure, recreation, and aging for staff in a long-term care facility for 10 years, Akiyoshi (2000) emphasized that although recreation activities served in long-term care facilities are not individualized, the lectures were effective to improve staff’s leisure awareness, acknowledgment toward recreation services, and the quality of recreation activities. In addition, because recreation activities are still provided without proper assessment, planning, and evaluation in most welfare settings in Japan, Chino (2005) maintained that documentation has to be substantial. Chino (2005) explained that documentation can lead to increased appeal of the positive effects of recreation activities in welfare settings. This may help move the government to establish a regulation that long-term care facilities should hire at least one fukushi recreation worker, a result similar to that of the Omnibus Budget Reconciliation Act which regulated the liability to nursing homes in the United States. In this way, more suitably trained fukushi recreation workers would be serving as qualified professionals in welfare settings.

Although recreation services in long-term care facilities in Japan are not fully developed enough to claim to be delivering TR services, research has demonstrated the positive influences of recreation activities among elderly in long-term care facilities. If the recreation provided is less than “therapeutic” in the formal sense, the provision of this recreation none the less offers positive improvement in quality of life and general health. For example, Tsuboi (1996) investigated the effects of recreation activities on older people in a nursing home. The results showed that after participating in a two-hour recreation program once a week for one year, those who participated in the program more than 12 times reported higher scores on Hasegawa’s Dementia Rating Scales—Revised (HDS-R) and Visual Analogue Scale of Happiness (VAS-H), compared to those who participated in the program less than 12 times.

Similarly, Omatsu and Yamada (2000) found that those who continuously participated in recreation programs in a hospital for frail elderly improved the conditions associated with loneliness and life dissatisfaction. The researchers also found that small group activities are more effective for improvement of happiness among frail elderly in the hospital (Omatsu et al., 2001).

In addition, Hakoishi et al. (2002) analyzed documentation evaluating participants’ responses during a Reality Orientation (RO) program provided in a hospital once a week for 15 months. The results indicated that the RO program had positive effects on physical and psychological activities and moods among older people with Dementia. Similar to Hakoishi’s research, Hasegawa (2004) found that those with Dementia who participated in recreation programs for one year improved their care level, balance, and feeling of existence. The researcher also discussed that the formation of a group and approach well being elements to process an effective recreation program. Moreover, Kuroda et al. (2006) suggested that clients with Dementia who participated in recreation programs with music for one month improved the quality of sleeping and decreased disturbed behaviors. Finally, Minamiyama and Yamana (2002) emphasized that Sunday outing programs provided based on clients’ requests helped these clients show their feelings and desires, and to increase communication not only among clients but also between clients and their families.

In addition to this line of research, TR
professionals in Japan have tried to publicize the concepts of TR in Japan. For instance, Koike (2000) discussed an innovative hospital where TR professionals have implemented assessment, planning, implementation, and evaluation processes (APIE). His research found that the facilities where fukushi recreation workers provided professional services offered substantial recreation programs, and workers' awareness of recreation was high in the facilities.

In addition, Ueki (2002) reported in a case study of an elderly person with sequela from stroke that TR services based on APIE process had positive effects on the client's facial expression, emotional expression, and recreation and rehabilitation participation. For example, care workers were surprised with the client's "big" smile during a card game for the first time in three years after her hospitalization.

Moreover, Yoshioka (2002), Ueki (2003), and Ueki, Sato, and Yoshioka (2004) have discussed the establishment of a TR documenting process in a long-term care facility in Japan. They included TR service models to create documentation forms, and made it used by care workers who do not have qualification of fukushi recreation. They found many problems and issues to implement an American way of TR documentation and have worked to accommodate it to fit to Japanese long-term care facilities.

In Japan TR professionals have implemented their special knowledge base and skills in the field of elderly clients and in the other related fields. One of them is a leisure education program in a rehabilitation center.

An Educational Program for TR in Japan

As the current state of TR in Japan has been described, the authors will try to enhance the readers understanding up programming. Next, the Leisure Education Program conducted by one of the authors will be introduced as an example of the implementation by TR professionals.

The Leisure Education Program (LEP) at an independent living training center (ILT Center) in Japan, which is a part of a prefecture-level rehabilitation center, was established in 1997. LEP was developed based on the Community Reintegration Program, which originated at the Center for Recreation and Disability Studies (1989) at the University of North Carolina at Chapel Hill, directed by Dr. Charles Bullock. This section explains LEP in terms of its setting, operation, clients, and outcomes as well as the future perspectives of Fukushi Recreation Workers in Japan.

Setting

LEP has been operated as a part of psychosocial rehabilitation services in the ILT Center since 1997. The ILT Center is located about 400 miles southwest of Tokyo, Japan. There are about 150 clients temporarily living in the Center for a minimum of 3 months up to 5 years. Other facilities nearby include a rehabilitation hospital, a vocational training center, sheltered workshops, a nursing home, a sports center, and an institute of rehabilitation technology. The objective of the ILT Center is to provide a variety of psychosocial training programs for enhancing independent living skills of person with physical disabilities. Programs involve:

1. Training in independent living skills including outings (i.e., acquisition of how to use public transportation and to ask for help from strangers), driving, physical exercise, and activities of daily living (ADL);
2. Vocational education including pre-vocational programs and education programs;
3. Social skill training; and,
4. Recreation programs,
   a. Rec-Sport (i.e., recreational sports) such as flying discs, boccia, badminton, sitting volleyball, and other various facile sports; and,
   b. Clubs such as wheelchair basketball, wheelchair tennis, flower arrangement, tea ceremony, archery, music (including karaoke), and so on.

Although various training programs are
provided in the ILT Center to achieve independent living skills for each client, no individual program has been offered in relation to leisure and recreation. Moreover, caseworkers have been striving to develop a program in order to facilitate the transition of lifestyle in the ILT Center into a community setting. In a sense, LEP appears to be appropriate to meet this need.

**Operation of LEP**

LEP has been developed based on their program keeping in mind intercultural factors between U.S.A. and Japan. The goal of LEP is to facilitate freely chosen leisure involvement as a way to restore/enhance optimal functioning upon returning to one’s community. The ultimate behavioral objective is that clients demonstrate the ability to carry out leisure activities independently selected by herself/himself. The process of LEP involves the following components:

**I. Assessment.**


2. Intake: A LEP staff member asks the client about a hometown, cause of disability, goals of her/his behavioral changes, current medication, and hobbies in order to obtain a current client baseline profile.

3. Case conference for each client with caseworkers: At the beginning of the LEP processing of each client, a case conference is held with caseworkers. Particular concerns of each client are discussed such as issues with family members, income, other private information, and so on. The goal of a case conference is to clarify a client’s information and to decide a component according to TRS model by Peterson and Stumbo (2000).

**II. Planning.**

1. Designing an individualized program plan: A researcher makes a leisure education program plan based on individual assessment. It is essential to decide a goal designated by the unit’s goal of LEP.

2. Additional concerns: Upon request, researcher and caseworkers meet each other to share additional information and other matters that affect the client’s independent living skills and the client’s program as a whole.

3. Pre-meeting for each session: All staff members share goals and objectives at a session for each client. In addition, a caseworker will notice any kind of information in relation to clients involved in LEP. Program plans should be changed based on that attention if it is necessary.

**III. Implementation.**

1. A 60-minute session: LEP is held on every Monday at 2:30pm until 3:30pm. There is no obligation to attend LEP. The duration of attendance varies by clients from 3 months to 24 months or more.

2. Report by clients: Clients report results of assignment designated by worksheets of LEP. Clients need to show written worksheets or speak out for record keeping.

3. Facilitation by staff: A staff member listens to one client at a time and facilitates the client’s expression of experiences, emotions, ideas, and thoughts, as well as acceptance of disabilities. The staff consists of a researcher, a caseworker, a peer counselor, and undergraduate & graduate students in social work or clinical psychology.

4. Assignment by clients: Clients consider their next assignments. If assistance is necessary, staff will intervene appropriately based on assessment goals. If a client intends to experience a self-chosen activity, staff will typically recommend the client notify the respective caseworker in order to properly plan before doing the activity.

5. Relationship with others: Each client is encouraged to apprise one’s caseworker of
what is going on in regards to LEP and also to ask other professionals and/or clients for all kinds of leisure information. Enriching the relationship with the caseworker is especially important for the client to achieve the goal of independent living. This kind of relationship is also important for a multidisciplinary team approach to function.

**IV. Evaluation.**

(1) Post-meeting for each session: Staff reports behaviors of clients based on SOAP (Subject, Object, Analysis, Plan) note. Subjective and objective behaviors observed during the session are reported, and an analysis of those behaviors is discussed. In addition, a caseworker gives comments of the client’s behavioral changes in relation to independent living skills. Types of interventions, changes in interests, appropriateness of objectives, and more are also evaluated. As a result, objectives can be changed if it is necessary. Then, goals of the next session will be considered.

(2) Post-test: A post-test is conducted at the end of LEP. The post-test includes (a) ILM-J for leisure activeness and (b) LBS-J for leisure boredom.

(3) Client’s comments: Beside the post-test, each client is encouraged to submit comments, such as things learned, things disliked, impressions, and suggestions. Comments by the clients are essential because the therapeutic process is not totally objective. In social rehabilitation settings, not only numerical results are important, but also behavioral and subjective changes must be considered.

(4) Summary: A summary paper is submitted to caseworkers and staff members. In the paper, a researcher examines whether the client has acquired (a) an ability to plan a total lifestyle in the community, (b) the ability to become active in leisure as well as in a daily life, (c) an understanding of oneself as well as one’s disability, and (d) appropriate leisure skills. The researcher also notes changes in the client’s behavior and/or attitude of workers.

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**Clients**

Currently, six clients are involved in LEP. The characteristics of each client are described in Table 1. Fifty-five clients have been involved in LEP since 1997. A majority of the disabilities represented have been paraplegia and hemiplegia. It seems that a number of participants who have hemiplegia with high brain dysfunction has increased recently.

**Outcomes**

Outcomes of LEP discussed with care workers are as follows:

(1) Becoming positively motivated as a result of positive emotions such as fulfillment and/or accomplishment through a selected leisure activity and/or a process of planning leisure activities by the client;

(2) Being able to solve and manage various problems toward her/his selected leisure activity;

(3) Being able to take proper steps to meet the situation; and,

(4) Becoming confident in oneself to live independently in the community through experience of her/his selected leisure activity.

Additional outcomes were noted by caseworkers. They were:

(1) Positive changes toward independent living skill training;

(2) Active changes in daily life; and,

(3) Acceptance of the disability.

This LEP is not popular in Japan. It is a special case. Actually, recreation services in most of social settings for the elderly provide unfocused, poorly directed, and unorganized activities, such as group games, kindergarten play, elementary activities, singing games, and so forth. Moreover, there is a tremendous number of books written about these kinds of recreational activities. Unfortunately, many clients dislike the recreation services offering these kinds of activities. It is clear that the
Table 1.
Clients Currently Involved in LEP

<table>
<thead>
<tr>
<th>No.</th>
<th>Sex</th>
<th>Age</th>
<th>Disability</th>
<th>Duration</th>
<th>Goal of LEP</th>
<th>Latest Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>41</td>
<td>hemiplegia</td>
<td>4 months</td>
<td>playing golf with colleague</td>
<td>to acquire putter skills</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>58</td>
<td>hemiplegia with severe depression</td>
<td>5 months</td>
<td>(undecided yet)</td>
<td>to list current interests</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>19</td>
<td>cerebral palsy</td>
<td>5 months</td>
<td>travel independently by train</td>
<td>to make a day trip to a neighboring town with attendant</td>
</tr>
<tr>
<td>4</td>
<td>F</td>
<td>44</td>
<td>hemiplegia with high brain dysfunction</td>
<td>5 months</td>
<td>writing letter on PC</td>
<td>to write an impression of an experience on a PC</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>60</td>
<td>quadriplegia</td>
<td>2 years</td>
<td>PC skills</td>
<td>to complete a calling card</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>42</td>
<td>paraplegia with severe depression</td>
<td>7 months</td>
<td>volunteer in a community</td>
<td>(currently, all programs have been suspended due to doctor order)</td>
</tr>
</tbody>
</table>

current provision of recreation services have not met the preferred needs of the identified client base.

History of the Socio-cultural Context Related to TR in Japan

In the previous sections of this paper, we have furnished background information to help the reader understand the present problems surrounding TR in Japan. To sum up, as of 2006, there were over 10,000 qualified fukushi recreation workers. However, in terms of experience and preparation, they should not to be equated with Certified Therapeutic Recreation Specialists. Why has this happened? In this section, to help the reader understand helpful clues toward finding the reasons, we review the history of the socio-cultural context related to TR in Japan.

Japanese society was a small scale agricultural society until the 1960s. Fukutake (1989) pointed out that in such an agricultural society, "The aged were to be looked after by the eldest son. . . . When poverty and hardship were alleviated by kin or by the help of neighbors, social welfare did not become a serious problem." It is easy to imagine that neighbors and members of large families took care of the unfortunate, such as persons with a disability and the elderly. In such an agricultural society, people desired a stable family life in their community. The rhythm of work and festivals were well organized. The object of recreation was to sustain community life. By cooperating to put on festivals and events from beginning to end, community and family members derived a sense of identity. Of course, to the individual, leisure had some other meanings such as rest, refreshment and diversion.

The National Recreation Association of Japan (NRAJ) was established in 1947, soon after the termination of World War II. The

therapeutic recreation journal
organization has been certified as a Privilege Non Profitable Organization by the Japanese Ministry of Education and Science. The mission of the organization is to promote and facilitate recreation through bringing along recreation specialists, publishing books, holding conferences and workshops like NRPA.

In 1960, the National Income Doubling Plan was implemented. At that time, the Japanese people’s greatest concern was “money” and material wealth. Accordingly, they moved to metropolitan areas in pursuit of industrial employment. Following this shift, the average Japanese family size began to decrease as many city dwellers formed nuclear families.

In 1964, the First World Recreation Congress was held in Osaka, Nara, and Kyoto. At the congress, six plenary sessions and thirty-one section meetings were held. The subject of TR was discussed at the 28th section meeting in the Congress. According to the report of that meeting, a lot of time was spent introducing the situation of TR in the United States. It might have been the first professional meeting on TR in Japan.

However, the participation was small though the actual number was not reported. (IRA and NRAJ, 1964). Although the concept of TR was introduced to Japan at the congress, people’s interest had not been very stimulated. At that time, the great interest within recreation was focused on the recreational benefits of human resource managements such as diversion of mind and improvement of interpersonal relationships for employees in the industrial work setting. Actually, NRAJ held numerous recreation leadership training courses, and used many strategies to make their employees participate in the courses.

Such a social phenomenon paired with high Japanese economic growth from the latter half of the 1960’s to the first half of the 1970’s went well together. In such circumstances, economic priorities did not afford room to accommodate social welfare. The importance of social welfare seemed to be hidden by the nature of “an economic animal in a rabbit house,” to quote one westerner’s mockery of Japanese. In industrial Japan, many corporations offered various recreation facilities and opportunities for their employees, but recreation has been conducted as corporate recreation programs designed to increase productivity.

In those days, as Japanese life expectancy rose rapidly, an aging society was becoming a reality. In such a situation, expectations for recreation as a method of human resources management declined gradually, replaced by expectations of quality of life improvement. The emphasis of the recreation movement in Japan has shifted over time from recreation for employees at the work place to recreation for ordinary people in everyday life settings.

The leadership training of the NRAJ gradually changed welfare recreation specialist’s education and direction in response to this change in situation. In 1974, NRAJ conducted leadership training seminars on recreation workers for the elderly nationwide in 15 different cities and towns; this continued until 1988. (However, it should not be overlooked that most subject matter and contents of the training program except several subjects were similar to those for the leadership training programs for employee such as group games, singing games, dances, and so on.)

In 1987, Y. Kakiuchi et al. conducted a recreation survey on actual conditions in facilities for individuals with disabilities. This investigation revealed that recreation assistance in each facility was still insufficient (NRAJ, 1989). The Social Welfare Counselor and the Care Worker Law were enacted in the same year, and “the recreation program and its service” has been put in the Care Worker training specification subject for the national examination. This law’s enactment was a chance to advance the social welfare recreation worker system of the NRAJ greatly.

Although Japanese society was heated up by an unprecedented economic boom, called the “bubble economy” or the asset-inflated economy in the beginning of 1990’s, there were clear indications that the society was at a turning point. Around June 1992, in the middle of the boom, the Economic Planning Agency

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(EPA) of the Government of Japan announced its Five-Year Economic Plan: Sharing a Better Quality of Life around the Globe (EPA, 1992). The plan focused on “Reforms towards a better quality of life” and included objectives such as “respect for the individual,” “focusing on the consumer,” “achieving distinctive, quality life space,” “in harmony with the global community,” and “contributing to the global community” (EPA, 1992). Regarding the object of “respect for the individual,” four targets were set. They were reducing working hours for greater leisure, providing an environment for more satisfying free time, providing an environment in which all can participate socially, and ensuring secure and comfortable life style with respect to free time. The plan clearly states, “Free time is the basis for achieving personal self-actualization” (EPA, 1992). The plan also emphasized the importance of participation in society not only for the elderly, but also for the individuals with disabilities. This plan is an epoch-making initiative in leisure and recreation in Japan and is slowly being implemented step by step.

In 1993, a special project of the NRAJ for developing a new curriculum announced the scheme for the fukushi recreation worker. In 1994, the qualified fukushi recreation worker system started along it. In addition, the accreditation system that gave the authorization of the qualification to universities and vocational schools started.

The number of enrollees of the qualified fukushi recreation worker was 10,224 as of April, 2006, and the number of schools with accredited courses is 53. Though these numbers are good, the quality of the programs is a problem. The recreation worker’s job description includes leading group games such as balloon volleyball as a play leader and easy physical exercise and social events such as providing birthday parties as an event producer. It is not surprising that recreation workers likely seek new games, songs, and dances as useful and practical teaching materials in follow-up training sessions. But, unfortunately, they do not seem to be interested in theories and concepts of leisure and TR, assessment, documentation and evaluation, organizing and management services. Their preoccupying concern seems to be recreational activities and practical techniques for leading play.

The Fukushi Recreation Worker system itself should not be criticized even if the realities are as yet imperfect. The problems involved can be identified and resolved in a process of training and by revision of the qualification procedures. Because of insufficient study hours for acquisition of the qualification, potential practitioners learn too little, and such learning is, at best, superficial.

The concern of individual Japanese and society in general is trending toward social welfare and quality of life issues. Needless to say, as this quality of life orientation increases, people’s judgment of the quality of recreation programs and the competence of fukushi recreation worker is becoming increasingly strict. As introduced in previous sections, fukushi recreation workers are facing an uphill struggle.

Future Perspectives: Two Concrete Proposals for Improving the Present Condition

Japanese society once placed its hope in fukushi recreation as an effective way of improving the quality of life of Japanese elderly. However, this expectation has not been entirely borne out in time. Therefore, many have called for the reconsideration of fukushi recreation. Without thorough reconsideration, TR in Japan might not benefit from the progress of the evolving social welfare program.

Obtaining the Care Worker license, the national license for giving care, has required passing 13 subjects including “recreation programs and its services” since 1987. However, the advisory committee for curriculum under the Ministry of Health, Labor, and Welfare has been discussing removing the subject “recreation” from the requirements for the national examination because they feel recreation programs are not helpful in the care setting. If care
workers do not learn recreation and its programming. Fukushi Recreation Workers will become ever more important in helping clients to achieve fulfillment in their lives. Clearly, researchers and administrators have an eviden-
tiary burden to prove the efficacy in terms of the provision of recreation services to clients. This proof should include not only research for academic papers, but also for practice and practical application. Unfortunately, researchers are far behind in furnishing this research.

The situation of TR in Japan cannot be improved easily. However, since TR is important for Japanese people, we need to begin to pursue improvements. Two suggestions are introduced. One is "refinement of TR documentation and accommodation so that it is suitable for Japanese long-term care facili-
ties," and the other is development of original activities for Japanese elderly.

**Refinement of TR Documentation and Accommodation to Fit to Japanese Long-term Care Facilities**

As Chino mentioned above, advancing the documentation of recreation services is an important action to develop TR in Japan. Although textbooks on fukushi recreation emphasize the idea, the task is not practiced adequately in many long-term care facilities. To improve this situation, Yoshioka (2002), Ueki (2003), and Ueki, Sato, and Yoshioka (2004) have tried to include APIE process and TR service models to create document forms, and to also make sure these forms are used by care workers who do not have the fukushi recreation qualification. They found many problems and issues in attempting to implement the American approach to TR documentation and have worked to adjust it to suit Japanese long-term care facilities.

Yoshioka (2002) states that care workers criticized TR planning documentation by pointing out that the form was too complex to implement. They indicated, for instance, a long-term goal associated with several short-
term goals and objectives was too detailed to easily understand. Care workers also indicated that evaluating clients' condition, behavior, and criteria was too specific to monitor.

Similarly, Ueki (2003) found that a docu-
ment form based on a TR textbook was impractical in a Japanese day-service center. For example, care workers complained that they do not have enough time to fill out all information in the assessment sheet and that other requested information was unnecessary. Ueki (2003) also pointed out that since care workers did not have enough training to complete the TR evaluation form, the documentation was not consistent.

There seem to be several factors underlying these problems. First, at this point, care workers without the qualification of fukushi recreation worker do not possess enough knowl-
edge and skills to utilize TR documentation. Even those with the qualification may not have adequate skills under the current curriculum. Second, since the shortage of staff in long-
term care facilities is severe in Japan, care workers simply cannot spend their time completing complex documentation for recreation services. Finally, and most importantly, document-
ing recreation services is not considered essential in many long-term care facilities. In other words, recreation itself is not yet ac-
cepted seriously enough in Japanese society.

In order to resolve these issues, profession-
als have worked with nursing staff and care workers to establish documentation for recreation services. For example, TR professionals have tried to simplify the content of the forms so they can be completed in a shorter time. In yet another case, nursing staff and care workers started developing document forms under the supervision of TR professional. They have written a recreation service plan for each client based on an assessment and have evaluated the client every 6 months. As a result of these efforts, it became clear that providing TR documentation developed in the United States and training care workers to use it is not essential. Rather, uniting the effort of all staff with TR professionals seems to result it suit-
able TR documentation.
Development of Original Activities for Japanese Elderly

Another important action is to assimilate Japanese traditional culture and concepts into TR. We have found that ideas and activities developed in the United States do not always show the same positive outcomes in older Japanese people. Because there are cultural differences between the United States and Japan, and because the perception of “recreation” is very different in Japanese society, it would seem appropriate to establish a Japanese approach for representing “TR.” In other words, we should develop a system in which practitioners can identify what is effective for Japanese elderly.

One perspective for incorporating Japanese culture and concepts into TR is through activity selection. In many long-term care facilities, practitioners provide Japanese traditional recreation activities to their clients. For example, seasonal activities include Ohanami (cherry blossom-viewing picnic), the Bon Festival (Japanese summer ancestor worship), Momijigari (autumn color leaf-viewing picnic), Setsubun (a day in February celebrated as the beginning of spring), and so on. Seasonal activities are very meaningful in helping Japanese society to experience the four seasons and regional culture. Such activities allow older people to feel comfortable in Japan. Some practitioners also utilize Otedama (Japanese bean bags), Igo and Shogi (Japanese Othello game), and Karuta (Japanese card game) for activities. New sports and games may be fun, but may not always be as familiar and comfortable as traditional games for Japanese elderly. Therefore, when practitioners adequately assimilate Japanese traditional aspects into new games, more positive influences may appear among Japanese elderly.

We have not yet developed an accurate way of describing Japanese TR. However, when Japanese cultural background is successfully implemented into “recreation,” providing activities in long-term care facilities may become more widely acknowledged. Moreover if research shows these Japanese traditional activities to be effective, TR would be more fully accepted in Japan.

Conclusion

While the Japanese economy has flourished during the past 50 years, therapeutic opportunities in Japan have not. In fact, recreation opportunities were limited historically as companies focused on economic growth. And those opportunities for recreation offered by companies were often intended to increase productivity. As the elderly population has continued to increase, the Japanese government has passed laws to increase the number of long-term care facilities and care professionals, among them the licensed fukushi worker. Though these licensed workers are underutilized, in part because there is low awareness of their expected role in the long-term care setting, the Leisure Education Program has shown that TR can work in Japan. Though Japan faces many challenges in implementing TR programs, adopting approaches suited to long-term care settings and making use of culturally appropriate recreational activities should facilitate the process.

During the years following World War II, Japan miraculously transformed itself from an agrarian society to an advanced, industrial economy. Having entered the 21st century, the nation’s next important area of opportunity lies in providing suitable care and recreation options for those who sacrificed so much to develop the economy.

References


