

LETTER FROM...JAPAN

‘Ikigai’ in older Japanese people

In the twenty-first century, Japan will become an extremely aged society, where about one-quarter of the population is elderly [1]. To enable older people to achieve better health and fulfilling lives, the Ministry of Health and Welfare has introduced National Health Promotion (Active 80 Health Plan), which encourages a healthy life style and a sense that life is worth living (ikigai). Ikigai should contribute to health in older people, because it is closely related to creativity and is indispensable to well-being.

The word ‘ikigai’ is usually used to indicate the source of value in one’s life or the things that make one’s life worthwhile (for example, one might say: “This child is my ikigai”). Secondly, the word is used to refer to mental and spiritual circumstances under which individuals feel that their lives are valuable. There is a difference between ikigai and the sense of well-being. Ikigai is a more concerned with the future: for example, even when one feels that one’s present life is dark, possessing a desire or goal for the future allows one to feel ikigai.

Ikigai gives individuals a sense of a life worth living. It is not necessarily related to economic status.

Behaviours which make one feel ikigai are not actions which individuals are forced to take, but they are spontaneous activities which people undertake willingly.

Ikigai is personal; it reflects the inner self of an individual and expresses that faithfully.

It establishes a unique mental world in which the individual can feel at ease.

People may find ikigai in one or more areas of life. For example, they may experience pleasure of living through work, family or communication with neighbours. Kamiya has proposed that people have seven needs associated with ikigai, including the need for a fulfilling existence, the need for change and growth, the need for future perspectives, the need for receiving responses, the need for freedom, the need for self-actualization and the need for significance and value [2]. Needs associated with ikigai are not simply equal to the desires for biological satisfaction or the desires of humans as social creatures. They are individual desires of humans as spiritual beings. Needless to say, people may have needs other than these seven, and the strength and combination of needs vary between different individuals. In some cases, needs are related to each other in a complex manner: some may be fused with others. Several needs can be met by a single ikigai object.

According to Maslow’s hierarchy of needs [3], high-level desires, such as self-actualization and significance,

appear after basic desires for affection, respect, safety etc. have been satisfied. Ikigai, which is the highest level of desire, may be considered to be essentially the processes of cultivating one’s inner potential or that which makes one’s life significant. Maslow called the desire of humans to live a more rich and active living “growth motivation”, which has some features in common with ikigai. What Allport [4] called “bursting forth of drives full of life energy” or “mysterious excitability of the protoplasm” may be also close to ikigai. Cantril [5] says that people can intuitively evaluate the worth of each experience which seems to be equivalent to the feeling of ikigai.

Despite the emphasis on ikigai in Japan, especially in older people, the extent to which it affects functional, social and psychological well-being is rarely considered. This could partly be because ikigai is a complex process and its role in mental and physical conditions difficult to measure. The lack of ikigai is associated with poor general health and is an independent risk factor for intellectual dysfunctioning [6–8]. Furthermore, the lack of ikigai is related to the mortality of older people [7, 8].

The desire for what the Japanese call ikigai is a universal human experience. We must recognize that old people can lead fulfilling and worthwhile lives and consider ikigai as an integral component of the health and well-being in old age.

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References

1. Health and Welfare Statistics Association. Kokumin eisei no doko 1997 (Trends in the nation’s health, 1997; in Japanese). Tokyo: Kosei no shihyo, 1997.
2. Kamiya M. Ikigai (in Japanese). Tokyo: Misuzu Shobo, 1966.
3. Maslow AH. *The Farther Reaches of Human Nature*. New York: The Viking Press, 1971.
4. Allport GW. *Becoming: Basic Considerations for a Psychology of Personality*. New Haven, CT: Yale University Press, 1955.
5. Cantril H. *The ‘Why’ of Man’s Experience*. New York: Macmillan, 1950.

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6. Nakanishi N, Tatara K, Takashima Y *et al*. The association of health management with the health of elderly people. *Age Ageing* 1995; 24: 334-40.
7. Nakanishi N, Tatara K, Takatorige T, Murakami S, Shinsho FV. Effects of preventive health services on survival of the elderly living in a community in Osaka, Japan. *J Epidemiol Comm Health* 1997; 51: 199-204.

8. Nakanishi N, Tatara K, Ikeda K, Hino Y, Yamada A, Nishioka C. Relation between intellectual dysfunctioning and mortality in community-residing older people. *J Am Geriatr Soc* 1998; 46: 583-9.

Received 21 July 1998; accepted 3 August 1998