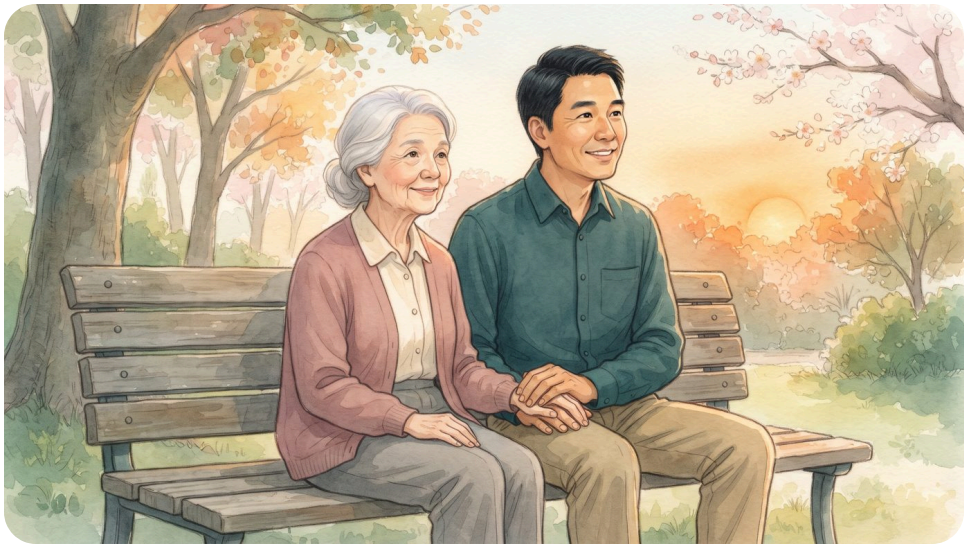
KOKUA MARKET · COMPLETE GUIDE

The Yorisou Way

A complete guide to Japanese dementia care: respecting the person, protecting their dignity



寄り添う

For families caring at home, and for care staff in assisted living, memory care, and nursing homes.

By Shibuya — a nurse in Japan for more than 30 years, now caring for patients with dementia

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WELCOME

A gentle way of caring, from Japan to you

I have been a nurse in Japan for more than 30 years, and today I care for patients with dementia every day. This guide shares what I have learned at their bedsides, and from the families and care staff I work alongside.

Japan has the oldest population in the world: nearly 3 in 10 people are 65 or older. Families, nurses, care workers, and whole neighborhoods have spent decades learning how to care for people with dementia. One lesson stands above all the others:

> Dementia changes the brain.
> It does not take away the person.

The person you care for still has feelings, pride, likes and dislikes, a life story, and a need to be loved and useful. When we care with that in mind, many "difficult behaviors" become calmer, and caring becomes a little lighter for everyone.

Two cultures, one goal

This guide does not say the Japanese way is better. American care has its own strengths: respect for independence, individual choice, privacy, and honest conversation. Japan and America simply grew different habits. In each chapter, you'll see what is common in the U.S., and then *another way* from Japan you might like to try. Take what fits your family and your culture, and leave the rest.

Who this guide is for

Families caring at home, and **care staff** (aides, CNAs, nurses, activity staff) in assisted living, memory care, adult day programs, and nursing homes. You do not need any medical training. Every chapter gives you simple steps, words you can say, and things to avoid.

How to use it

- **Read Part 1 first.** It explains the heart of Japanese care. Everything else grows from it.
- **Then use the rest like a cookbook.** Go straight to the chapter you need today: bathing, meals, nights, or a hard moment.
- **Print the pages at the back.** The "About Me" sheet and the Dignity Checklist are made to share with family and staff.

This guide offers general information and practical ideas. It is not medical advice and does not replace care from a doctor, nurse, or other licensed professional who knows the person. In an emergency, call 911.

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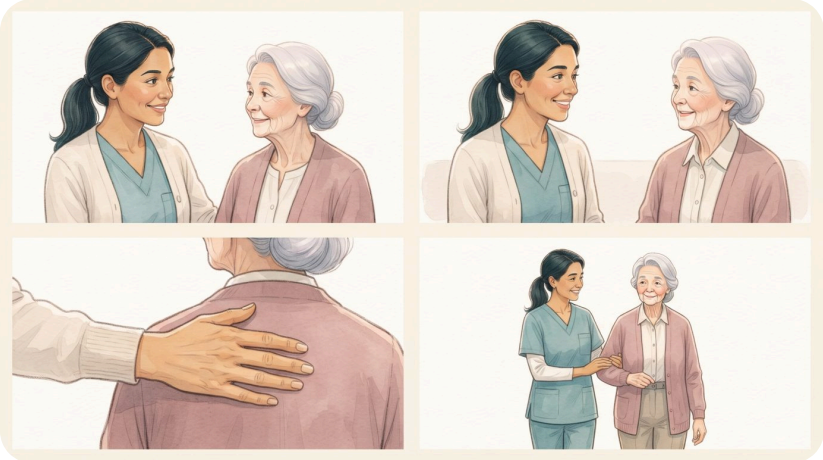
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CHAPTER 3

Look, Speak, Touch, Stand

Many hospitals and care homes in Japan use **Humanitude**, a method created in France and widely embraced in Japan. Its four "pillars" tell a person, without words: *you matter*.



👁 Look

- Come from the front, slowly.
- Get down to eye level, about 8 to 16 inches (20 to 40 cm) away.
- Hold eye contact for a few seconds, with a soft face.

💬 Speak

- Use a calm, warm, slightly low voice.
- Keep talking gently while you help, like describing a nice day.
- Say what you're doing: "Now I'm washing your hand. Nice and warm."

🤲 Touch

- Touch with a wide, open hand, never a grab from above.
- Start at less sensitive areas: back, shoulder, arm.
- Move slowly, like you're handling something precious.

🧍 Stand

- Help them stand and walk whenever it is safe, even for a short time each day.
- Standing keeps muscles, balance, and dignity. Lying in bed all day takes them away fast.



The approach in 4 steps

1. Knock or say hello before entering.
2. Approach from the front, get to eye level.
3. Say their name and yours; wait for a smile or a look.
4. Ask before you touch: "May I help you with your sleeve?"

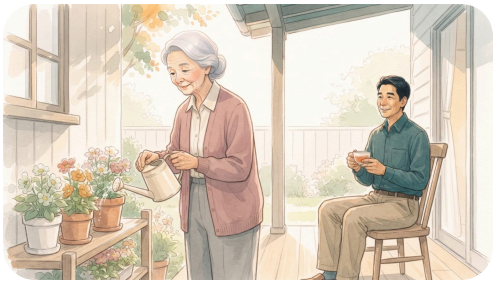
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CHAPTER 4

Mimamori: watch, wait, and support

Mimamori (見守り) means "watching over." It is the art of staying nearby, ready to help, while letting the person do as much as they can on their own.

It is often faster to do things *for* someone. But every task we take away is a skill they lose sooner, and a little more of their pride. In Japan, care workers are taught: **do with, not for.**



She waters the plants. He stays close, ready to help.

The "help ladder": start at the top

1. **Wait.** Give them time. Count to 10 in your head.
2. **Suggest.** "Shall we brush your teeth?"
3. **Show.** Brush your own teeth next to them, or mime it.
4. **Start it.** Put the toothbrush in their hand and guide the first stroke.
5. **Help with part.** Do the hard part, let them finish.
6. **Do it for them**, gently, and only the part they truly can't do.

Things many people can keep doing

- Choosing between two shirts
- Washing their own face and hands
- Buttering toast, stirring, peeling
- Folding towels and laundry
- Watering plants, light gardening
- Setting or wiping the table
- Sorting coins, buttons, or photos
- Greeting visitors, holding the door

Two cultures, one goal: Americans deeply value independence, and busy days often push us to "just get it done" for the person. *Mimamori* honors that same love of independence, with one difference: we accept a slower, imperfect result. A towel folded crooked by their own hands is worth more than a neat one folded for them. Say "Thank you, that's a big help."

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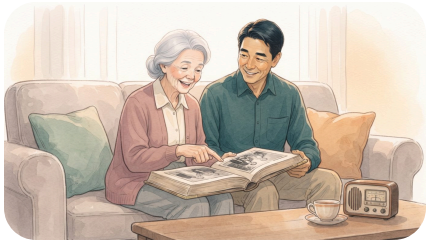
CHAPTER 11

Gentle therapies without medicine (1)

In Japan, as in the U.S., doctors may prescribe medicines for dementia and for some symptoms. Please keep following your doctor's advice about medicines. Alongside them, Japanese families and care homes use many simple, non-drug approaches every day. Most are free, safe, and easy to do at home.

These approaches won't cure dementia. But they can lift mood, ease anxiety, and bring moments of real joy. For changes in mood and behavior, doctors in both countries generally recommend trying non-drug approaches first.

1. Reminiscence: talking about the good old days



Called *kaisōhō* in Japan, this is one of the most popular therapies in Japanese care homes. Old memories often stay longer than new ones, so talking about them helps a person feel capable and connected.

- **How:** sit together with old photos, a school yearbook, a favorite recipe, or objects from their past (tools, fabric, records).
- **Ask open, easy questions:** "Tell me about this picture." "What was your first job like?"
- **Avoid quizzing** ("Who is this? You know her!"). If a memory is painful, gently move to another topic.
- 15 to 30 minutes, a few times a week, is plenty.

2. Music: the songs of their youth

Music we loved between about age 15 and 30 often stays with us longest. Even people who speak very little may sing every word.

- Make a playlist of their favorite songs and artists from those years.
- Sing together, clap, tap the rhythm. Use calm music before bathing or bedtime, and upbeat music in the morning.
- In the U.S., the **Music & Memory** program (musicandmemory.org) uses personal playlists in many care communities.

3. "Cognicise": moving and thinking at the same time

Developed by Japan's National Center for Geriatrics and Gerontology, *cognicise* combines light exercise with a simple thinking task. It is mainly for people in the early stage.

Try it (seated is fine): march your feet in place and count out loud, 1, 2, 3… On every multiple of 3 (3, 6, 9), clap instead of saying the number. Mistakes are fine; laughing together is part of it! 5 to 10 minutes. Ask the doctor before starting any new exercise.

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END OF FREE SAMPLE

Thank you for reading

This sample includes 6 of the 32 pages. The full guide includes 21 chapters, with illustrations and printable pages.

Also in the full guide:

- ✓ Mimamori (watch, wait, and support) and Ibasho (a place to belong)
- ✓ Communication step by step, with "Instead of… try…" examples
- ✓ Bathing, meals, and toileting with dignity
- ✓ More gentle therapies without medicine: reading aloud, hand massage, nature, pets
- ✓ Behavior is a message: Pause, Check, Respond, and quick help for hard moments
- ✓ No force, no restraint, and what to do when you feel close to the edge
- ✓ For families: caring for yourself · For care staff: dignity as a team
- ✓ Dementia cafés and community · Mitori: care at the end of life · Planning ahead in the U.S.
- ✓ Printable "About Me" life story sheet and Daily Dignity Checklist

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