Seoul Journal of Japanese Studies Vol. 6, No.1 (2020): 95-118
Institute for Japanese Studies, Seoul National University

"When I Die": Biopolitics and the Ethics of Dying in Japan's Super-aged Society

KIM Heekyoung*

Abstract | This article investigates the notion of the elderly in Japan as agents who practice biopolitics themselves, and not simply the sacrificial targets of governmental biopolitical policy. It examines the sociocultural context which obligates senior citizens to engage within the national biopolitical arena despite their cognizance that neither medical technology nor welfare policies can ensure a desirable end to their lives. By looking at case studies within Nagano Prefecture, it considers how the ontological framing of old people has changed through historically sequential governmental biopolitical projects, and how the elderly have come to formulate their own sense of ethics surrounding death in response. This study uncovers how governmental biopolitical approaches, which seek to deny the deteriorative processes of human aging, risk fostering contempt for, and the exclusion of, all senior citizens of an advanced age, as they reach the conclusion of their lives.

Keywords | aging, biopolitics, ethics of dying, *pinpin korori*, governmentality, super-aging, Japan

Introduction

In Nagano Prefecture, nestled in the heart of Japan, there is a train station called Obasute-yama, a name which connotes "a place to bring and abandon people who reach retirement or old age." According to local legend, a lord who abhorred the elderly ordered that all people who turn sixty be taken to a mountain and abandoned, and this has caused parents and children alike to internalize the notion of a sixtieth birthday as the day "one must go to the mountain" ("Obasute-yama" n.d.). Anthropologist Leo Simmons (1970) noted that an abandonment of the elderly and senicide predominantly occur in societies that suffer food insecurity or are located in inhospitable climates. Accordingly, Nanago Prefecture is seventy-three percent forest and far-removed from the coast, meaning that

* KIM Heekyoung (anthrohkkim@knu.ac.kr) is an anthropologist and Assistant Professor in the Department of Archaeology and Anthropology, Kyungpook National University.

securing ample protein, such as meat and fish, has historically proved difficult. Given that the transportation of goods was relatively underdeveloped and the winters were long, in the past the residents of Nagano Prefecture would often consume foods pickled in salt. These eating habits turned out to cause strokes (primarily cerebral hemorrhages), and Nagano became known for having the highest rates of cerebrovascular-related deaths in the country.

In Nagano, the historical mode of governance based on the exercise of a classical sovereign power that "made the elderly die and let the young live" was transformed in the immediate postwar period into the practice of "making live and letting die." Starting in the 1960s, physicians and municipal government officials actively led an effort to improve dietary habits in the region, such as by reducing sodium. Furthermore, to remedy the preponderance of local people only seeking medical help when terminally ill, they established a range of community health activities, such as regular medical check-ups and health education programs.

Thanks to these efforts, from the 1990s the average lifespan of Nagano's elderly has become the longest in the nation, and their employment rate the highest. Yet the per capita medical expenses for geriatric care are the lowest nationally, and the time old people spend in hospitals is the shortest. These changes notwithstanding, the age of Nagano's senior population remains comparatively young, exemplified by the fact that at the start of the twenty-first century the number of centenarians was below the national average (Saku-shi 2008). When viewed through only statistical figures, it might seem as though the aging population of Nagano Prefecture lead healthy and vivacious (*pinpin*) lives, not overly reliant on medical care, which apparently end in an instant (*korori*). That is, the elderly of Nagano seem to live and die in what is commonly known in Japan as a *pinpin korori* manner.[1] *Pinpin korori* or as it is abbreviated, PPK, refers to the ideal of going through life vivaciously (*pinpin*) only to die, as if an object shattering, in a single moment (*korori*)—that is, to live healthily and then die without being a bother to others. In Foucauldian terms, the city of Saku could therefore be considered to offer a case illustrating how the sovereign power of "making die and letting live" has been transformed into a biopolitical framework of "making live and letting die."[2]

---

1. A similar term exists in Korean: "9988234" (*kugup'alp'arisamsa*) which uses numeric homophones to denote living to ninety-nine (*kugu*) vivaciously (*p'alp'al*) only to fall sick for two to three (*isam*) days and die (*sa*). The concept of "rectangular life" in western societies is analogous.

2. Foucault used the terms biopower and biopolitics overlappingly without providing an adequate explanation as to how they are interrelated. By using the term biopolitics in this study, the focus is on the agency of the elderly as political subjects.

Most studies that utilize Foucault's ideas to analyze the fields of medical and social welfare have either elucidated the negative effects extant in the processes of forming the patient-subject or senior-subject, or focused on the gulf between discourse and reality (Kim Heekyoung 2014). The biomedicalization of old age fosters a "tendency to view aging negatively as a process of inevitable decline, disease, and irreversible decay" (Estes and Binney 1989, 594), and a widespread perception of the problem of geriatric care as being solvable by paying ever larger sums for medical services and technologies persists (Lock 1993; Mitteness and Barker 1995; Sanker 1984; Vesperi 1985). However, in reality physicians working in geriatrics frequently turn a blind eye to the corporeal issues of which seniors complain (Kim T'ae-u 2012; Becker and Kaufman 1995; Dawson 2006; Henderson 1995; Kaufman 1997). Therefore, a paradoxical situation is unfolding in which the enactment of geriatric welfare policies is negatively transforming the image of the elderly into "those in need of protection," while state provision for low-income seniors is actually worsening (Kim Heekyoung 2004; Yi Hyŏn-jŏng 2014; De-Ortiz 1993; Estes 1993; Kim Heekyoung and Traphagan 2009, 2010).

Furthermore, health exam programs that check seniors' everyday dietary habits and emphasize prevention, or discourses that stress preparing for old age early in life to better spend one's middle age energetically, are serving to produce neoliberal subjects that require ever more vigilant self-scrutiny. It is necessary, therefore, to critically examine geriatric health policies from the perspective that they largely ignore the structural problems that cause chronic illness or involuntary retirement, and instead stress the responsibilities of the individual (Coveney 2006; Gilbert 2006; Borovoy 2017). That is to say, we must focus on the paradox that the geriatric public health programs conceived by the government primarily tend to evoke new forms of anxiety, uncertainty, and despair within the elderly populace (Borovoy and Zhang 2017).

There is an unfortunate dearth of research on the types of practices and agencies seniors have developed in active response to such policies and discourses, and the significance their actions in response might hold. Because of this, seniors are often simplistically represented as the helpless victims of omnivalent political and economic structures and subjectifying Western medical discourses. Here it is salient to remember that Foucault's radical social constructivism obfuscated the subjects' agency to politically refigure the productive grid of practices of classification and separation, and largely discussed the technologies of the self, the body, and population in the abstract (Smart 1982). Foucault's concern with power was driven by his intent to elucidate how the relationship that an individual has with herself is changing due to the influence of government.

Although Foucault (1983, 208-209) himself declared that the general theme of his research was "not power, but the subject," the theme of individual political self-development, although increasingly present in his later work, was left insufficiently theorized and incomplete with his early death (Lupton 1997). As such, many of the ideas he was trying to convey in his later works have not been subject to a useful range of subsequent academic discussion.

Katz (1996), who has traced the historical formation of seniors as a subject of discourse and academic study, argues that even if Foucault's postulated power-knowledge couplet primarily functions to constitute individual subjects as governable, there is no reason for all individuals to acquiesce to this process. Instead, some might become agents, opposing such government. Katz viewed an individual's agency and collective practices as phenomena produced within their personal historical context of infinite daily reversals, and thus, in this case, constituting a subject's means to alter the negative physiological effects created by the process of advanced aging. For Katz, power's mechanism to "stringently restrict life… while not altogether forfeiting it," ironically does not result in the uniform "subordination" of individuals, but rather the "relentless circumvention" of power (Yang Sŏk-wŏn 2003, 52). Katz, however, arguably overemphasizes the potential of the individual to utilize their subjectivity independently, and simplifies the issue of age through commonplace terms of the "public good," while failing to provide sufficient cultural and historical evidence for his assertions (Powell 1998, 399). As a result of his merely tracing the historical process of the development of the senior subject through a review of documentary sources, Katz also avoids discussing the meanings seniors themselves afford to their advancing age, or how they respond to the subjectifying discourses of the state and science.

Such disputes over how to explain individual agency when applying Foucauldian theory arise, in part, from a persistent defining of the elderly as simply "the governed" (Rose 1999). Scholars largely hypothesize that seniors are either incapable of realizing their agency due to being unable to escape being governed, or that they are in a state of ceaseless resistance against this subjection. In part, this issue reflects the fundamental limitations of Foucault's discussion of the subject. For Foucault, life and politics were framed as two differing concepts and distinct entities that were only later joined in a manner extraneous to them (Esposito 2008, 43-44). To resolve this aporia Foucault's latter contemporaries have proposed several ideas. These include, "considering biopolitics [as] the excessive exercise of sovereignty on life (Agamben); the excessive potentiality of life regarding the sovereign (Negri); the reduction of life under absolute power (Agamben); or the absorption to life's absolute power (Negri)" (Esposito and

Kim Sang-un 2015, 407, and see also Kim Hwan-sŏk 2013).

In contrast to conceptually separating life and politics, Esposito (2008, 56) proposes the concept of "immunity," arguing that politics has always been intrinsic to human life. The term immunity reflects his idea that politics, like the immune system, in general seeks to protect life, but can also proceed in negative forms which precipitate (self-)destructive and life denying results. Esposito considered the racist extermination policies applied in Nazi Germany as an extreme form of this immunological rationality, in which the practice of biopolitics is entirely encompassed by a negative thanatopolitics, a form of political action based on death. As an opposing model to thanatopolitics, Esposito proposed an "affirmative biopolitics" (11), which takes the incomplete and open individual/collective body as its central reference point. This body resists any external domination of life's processes and advocates for the normative balance inherent to life (Lemke 2015, 145-47). Esposito's discussion enables us to grasp the entanglement that exists between the expansion of medical attempts to deny the universal and unavoidable ontological condition of death itself, and the actions through which seniors weave their personal ethics of living and dying into their everyday practices.

This study examines the sociocultural and historical context to explain why seniors, despite being aware that medical technology and welfare policies cannot ensure them the end that they desire, are compelled to engage within a biopolitical arena intended to make them live (and die) in a *pinpin korori* manner. In addition, through fieldwork, I investigate how the modes of being practiced by seniors are changing in a circumstance where *pinpin korori*-oriented governmentality is expanding,[3] and through what new practices seniors are constructing themselves as political and ethical subjects. I consider how the directives aimed at ensuring seniors live and die in a *pinpin korori* manner and the political and ethical practices of seniors themselves are entangled, as well as the risks that emerge through this tapestry. The fieldwork upon which this research is based was undertaken in the city of Saku, in Nagano Prefecture, between 2009 and 2011, and supplemented by further annual visits to the area between 2013 and 2016.

---

3. Foucault viewed governmentality as a way of thinking or mentality that forms the basis for modern thought and action, not least in the field of politics (Rose, O'Malley, and Valverde 2006, 86). In this article I refer to the variegated practices enacted by the state and civilians for the sake of realizing *pinpin korori* as well as the expansion of such a mentality "*pinpin korori* governmentality."

Examining the Project to Produce Farmer-Subjects in Saku

In this article, the attempts to create a senior-subject that is able to manage her own health by influencing local residents' social and personal habits are referred to as part of an overall "project of making farmer-subjects," and the attempts to make seniors live and die in a *pinpin korori* manner are designated as part of the "*pinpin korori* project."[4] This section examines the regional and historical context which enabled Saku to become the stage for the "*pinpin korori* project" to flourish. Before settling on the city of Saku, I visited numerous regions of Japan and conducted interviews, and most medical professionals I encountered named Saku as a pioneering local example where medical workers and bureaucrats had collaborated successfully to support seniors in the community since the 1960s.

When I first visited Saku City Hall, I immediately sensed that the attitudes of civil servants there differed starkly from those in other regions. Typically, when I would reach out to local governments for interviews in other regions, I would often be initially presented with a formal introduction and pamphlets or marketing materials that had information about the area. Yet in Saku, the section chief and head of the Senior Welfare Department (Rōjin Fukushika) were waiting for me. They offered me materials that they had independently put together for visiting observers and trainees. These materials included an introduction explaining how Saku, with its historically low life expectancy due to the challenging environment and limited local diet, had now become celebrated for the health and longevity of its citizens. This introduction included statistical data, and a description of the ninety-odd senior welfare programs currently available within the city. Moreover, the section chief personally accompanied me on a visit to a senior care facility and connected me with the director of the facility for an interview. Along the way, she also stopped at one of Saku's top destinations, the Pinkoro Jizō statue (a depiction of the bodhisattva of *pinpin korori* that people visit and pray to in order to live and die in a *pinpin korori* manner), and took a picture for me.

Toward the end of the interview, I noted that I would need a Japanese school to be affiliated with to proceed with my research, and asked if there were any universities associated with the city. The section chief presented the business card of a "the University of Tokyo (Tōdai) Professor," and told me that, starting in the 2000s, this professor had regularly been conducting visiting clinics in

4. This article utilizes Shilling's concept of "body projects." Shilling (2003) asserts that in modern society, the body is becoming a type of project. That is, a spreading notion that through technology and knowledge, as well as personal ability, one can adjust her way of living and thus transform her body.

Saku and researching the area. I contacted the professor, and, with his help, was able to affiliate myself with the University of Tokyo as a visiting researcher.

This course of events preceding my choice of Saku as a place to study illustrates the region's history as a "laboratory-village" (Yi Gyŏng-muk 2017, 10). Equally, the persistent bond that the University of Tokyo professor and civil servants had maintained exemplified Saku's celebrated stature as a research location. In the process of transforming Saku from somewhere known for its high elderly mortality rate into a "city of health and longevity," they had relied considerably on the increased strength of the city's image, based on statistical data (Kim Heekyoung 2017b). This data was produced by doctors from the University of Tokyo. To wit, the number of articles published between 1950 and 2010 using data collected by the doctors at the Saku General Hospital (Saku Sōgō Byōin), where the University of Tokyo Medical School alum Wakatsuki Jun'ichi had once presided as chief of medicine, was around 391 (JA Nagano-ken Kōseiren Saku Sōgō Byōin 2011).

These doctors were not simply reactively working to treat the illnesses of locals but were researchers using technology to translate residents' health status into the scientific language of knowledge and construct them as a specific target group. Just as the production of social scientific knowledge was crucial to framing the poor as a discernible minority prior to the implementation of governmental policy (Cruikshank 2014, 122), these University of Tokyo alumni doctors used health exams to construct an extensive archive documenting the local community. Physicians were able to produce myriad statistical figures and graphs through the cooperation of residents. This data then offered the proof to help prove the progress of Saku. This provided uncontestable scientific evidence that this place where seniors had historically been abandoned, was now, "a city of health and longevity."

Physicians had initially intended to create farmer-subjects who were able to manage their own bodies using basic medical knowledge.[5] For the first time in Japan, they carried out health exams on an entire local population to assemble a complex body of data. When we look at the health exam charts used to collect information about the residents at this moment in time, we can identify an implacable and holistic "will to knowledge" guiding the research of the physicians.

---

5. Even up until the 1960s, half (51.8 percent) of the population of Saku were full-time farmers (Saku-shi 1960). And, because even a majority of those who were not working full-time in the agricultural business maintained small agricultural holdings, cultivating enough to feed their family, many more people considered themselves to be "farmers." Because of this, physicians at the time focused their efforts on health issues of farmers, such as Japanese farmer's syndrome (*nōfushō*), to broaden the discussion of the health problems of local residents.

They investigated all-encompassing and exhaustive topics, such as the number of meals eaten per day and types of foods (rice, bread, udon and soba, milk, goat's milk, eggs, quantities of fish and poultry consumed, quantities of soy sauce and oil), lifestyle and hygiene (subscriptions to newspapers or magazines, time spent watching TV, number of baths), favorite foods, mental well-being (personality, levels of satisfaction within/outside of the family, levels of political satisfaction), injuries or health issues occurring while farming, basic physical measurements, record of disease, and history of medical examination. In addition, they collected information on residents' households, their occupation, religion, area of land cultivation, kitchen layout, bedroom layout, bathroom layout, number of family members, total income, taxes paid, manner of paying medical costs, scale of farm earnings, method of heating one's home, ages of those participating in farming, and income excluding one's farm. Through this exhaustive surveying physicians sought to uncover the "local biology"[6] unique to Saku and resolve its foundation relative to the regional lifestyle.

Furthermore, physicians encouraged the residents to diagnose their own health status based on simple medical knowledge and pressed them to confess intimate details about themselves. The physicians distributed diaries to residents and instructed them to record their health status. When we look at the contents of one of these health diaries, it is clear that physicians had them document all illness within their families, including basic information about themselves, the types of illnesses they had a history of, such as any symptoms of Japanese farmer's syndrome (*nōfushō*), basic information about their fitness, results of urinalysis, table of records of blood pressure, results of health exams, results of chest X-rays, results of comprehensive physical examinations, as well as their regular doctor's opinion on their illnesses. Accordingly, many residents meticulously noted their body temperature, number of meals, medication taken every single day. This is shown in figure 1, a numerical record of the condition of their body to show to and discuss with their doctor.

Such practices paradoxically made residents feel that their authority over their bodies was being abdicated (Kim T'ae-u 2014). Because of this, some people opposed the practices, saying that the doctors were treating them as their "marmots" (Ōmoto 2008, 250-51). Yet most residents acquiesced to the physicians' requests to procure medical resources which had once been scarce. Many locals

6. Medical anthropologist Margaret Lock (1993, xxi) has argued that perceptions and responses to the biological phenomenon of menopause could differ completely due to differing social expectations about the role of women in the US and Japan and aspects of medical advancements. To highlight how sociological processes are necessarily entangled in the recording and experience of biological processes, Lock proposed the concept of "local biology."

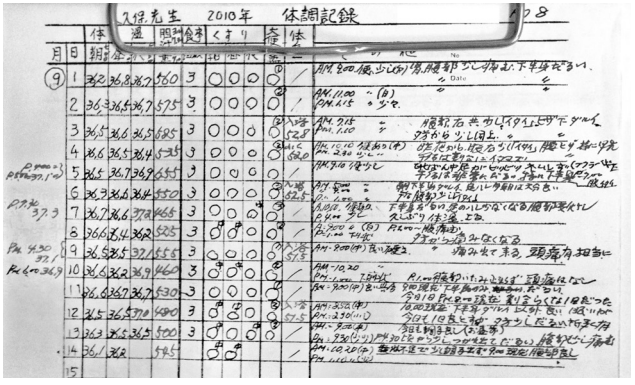

Figure 1.
Contents of a local resident's health diary

also claimed that regardless of how talented the doctors were, they would not have been able to produce such detailed research results had they themselves not cooperated, reflecting their pride in usefully collaborating with this process. This broad willingness demonstrated the widespread correspondence of the interests of the locals with the medical professionals. However, while the former wanted simply to procure much needed state health provision even if it meant becoming a "lab rat," the latter sought to rectify the high mortality rate in Saku primarily using scientific data, in order to realize their governmental project to produce "farmer-subjects."

Likewise, local politicians desired to utilize the image of Saku as a "city of health and longevity" for political gain. A good recent example being Miura Daisuke, the former mayor of Saku who held power between April 1989 and March 2009, and was formerly a doctor and official within the Ministry of Health, Labor and Welfare. To highlight Saku's enviable image as a city of "health and longevity," Miura collected statistical figures and made and distributed promotional materials. In fact, the pamphlets and brochures given to me by city hall when I arrived in Saku in 2009 had been created by the former mayor. On occasions such as media presentations and gatherings of the nation's mayors, Miura would often hold presentations and reference statistical figures, promoting the case of Saku to help build the reputation of the area at home and abroad.

Not only did Miura invest painstakingly in public health and welfare programs, but he also carried out a senior care provision program and a visitation program during his tenure. Each year he would visit the homes of seniors turning eighty and those over one hundred years old, to take photographs, give presents, and offer congratulatory money. When these visits occurred throughout the months of August and September, welfare workers and civil servants had to

personally prepare for the visits, forfeiting days off to do so. Employees at city hall willingly related to me their predicament of being unable to do any other work because of this burden. They were frustrated with the arduous visitation program because it was compulsorily carried out only to help Miura's political career. For instance, one said, "Seniors? When they see the mayor face to face? They think it's like seeing a god (*kami-sama*). That's how they are. If they see his face even once they'll vote for him in the next election."

In addition to the efforts of city hall employees, the former mayor advanced that Saku was emerging as a city of "health and longevity" primarily due to the traditional regional diet of "freshwater fish such as common carp, crucian carp, and loach, as well as insects such as grasshoppers, silk worms, wasp larvae, and diving beetles [… All eaten by locals] from a young age." This incited a backlash from various groups who had committed themselves to local public health and medical programs in concert with the University of Tokyo doctors. However, Miura's localized explanation for why Saku had become a region of exceptional health and longevity was supported by a substantial number of residents. This was because the former mayor's assertion of "having something of our own to be proud of" to the residents of Saku, which "had nothing particular to see or boast about," made many local people feel self-respect. It also rectified a sense of marginalization they felt in comparison to the symbolic national center of Tokyo (see Kim Heekyoung 2017a). In this manner, local explanations for why Saku emerged as a national region celebrated for health and longevity differed according to the political circumstance of each individual articulating the reasons.

In this section, I have examined the physical, psychological, and historical foundations unique to the region which allowed Saku to emerge as a laboratory in which the *pinpin korori* project was carried out. The process of transformation was partially linked to and driven by the subjectification of local elderly residents as a problematic group. Accordingly, some resisted the governmental methods used to affect this change, saying that they felt they were becoming "lab rats," while some even showed skepticism that the region was now celebrated as a "city of health and longevity" (see Kim Heekyoung 2017b). However, despite such divergences, most locals willingly participated in the subjectification of their bodies as an object of governmental knowledge and power, so they might secure better medical care. Moreover, most locals took the side of politicians (such as Miura) who sought to utilize Saku's image of wellbeing as a political resource. By allowing residents to feel that Saku was a "place worth living in" in a situation where they had felt sidelined due to the Tokyo-centricity of the national discourse, Saku's reputation as a "city of health and longevity" eased the sense of marginalization that residents had felt.

Therefore, as a matter of optics at least, the project of making health conscious farmer-subjects was a great success, and this enabled it to function as a platform for the subsequent *pinpin korori* biopolitical project.

The Enactment of the *Pinpin Korori* Project

Foucault has argued that as population emerges as the focus of government, an increase in the wealth, lifespan, and health of the general populace becomes the primary goal of governance (Foucault 1990, 2007b). This concern is arguably greater now than ever before (Gupta 2001, 68). I will next critically examine how the historical postwar project of making farmer-subjects was transformed into the wider, more recent *pinpin korori* project of governing the mass population of the elderly in Nagano, and the ongoing outcomes of this endeavor.

City hall employees with vocational backgrounds in healthcare, who had experience in participating in the effort to produce farmer-subjects, played a vital role in leading the *pinpin korori* project. Some of these people were those who had explained to me the details of the senior welfare program when I first visited Saku: Senior Support Division Director Ms. Yokoyama (60), Section Chief Ms. Sasaki (58), and Ms. Kozu (62), who was the head of the Welfare Department. These three were the first women in the Saku region to rise to the positions of department head and section director and were therefore considered professionally self-made. While doubtless due to their talent and hard work, this professional success was also possible because the status of the departments carrying out health and welfare policy in the Saku region were higher than parallel health departments in other regions.

As the aging population became an increasing social problem, the kind of work they were doing also changed. During the time they had participated in the local public health and medical program with doctors from the University of Tokyo, the civil servants working in the Saku health department maintained close personal relationships with many local seniors who were the focus of their work. However, with the increase in the Japanese elderly population during the latter part of the twentieth century this circumstance began to change, altering drastically in 2000 when the national government legislated Long-Term Care Insurance (*Kaigo Hoken,* hereafter LTCI).[7] This legislation reflected the government's greater concern with controlling the "phenomenon of aging" itself, through

7. Started in 2000, this is a form of social insurance in Japan which serves seniors who are no longer able to maintain their daily lives independently and require assistance.

the construction of a bureaucratic apparatus to systematically manage the elderly.

Under the auspices of the LTCI, local bureaucrats annually updated personal information on family relations, health status, emergency contact details and other things, for seniors sixty-five and older. Furthermore, before delivering the results of health exams to the seniors themselves, hospitals first reported the results to city hall. Local government health workers would then use assessment criteria issued by the central government to identify seniors at risk of needing LTCI, check such seniors' current health status, and assess whether or not they were properly managing the problems related to their aging. In so doing, one fundamental aim was to ensure that these seniors would not fall into the "*nen nen kororí*" state of needing a full-time caregiver.[8]

If a person is deemed to require a full-time caregiver based on the results of their physical exam, nurses, health aids, and kinesiologists either phone the seniors or visit them in their homes and counsel them, and direct them to participate in a preventative education program for LTCI. During this total of six months of classes, kinesiologists and health workers periodically measure the seniors' height, weight, grip strength, walking speed, and sit-and-reach test results. Additionally, nutritionists check that seniors are consuming healthy diets.

Saku City Hall has also implemented a program for training part-time health workers who could disseminate "techniques of aging well" at gatherings for local seniors. As I elucidate below in Case 1, these community based health workers would encourage seniors to publicly talk about their health problems and how they are handling them, with the aim being to ascertain if they are taking good care of themselves. The health problems of seniors were, therefore, framed by the government not as an issue within an individual body, but were set forth as a communal problem, something to be shared and resolved amongst themselves by local residents.

Case 1

In October 2011, I was introduced to Tanaka, a welfare commissioner, and participated in a local seniors' gathering in the Katsuma region. At one o'clock in the afternoon, around ten seniors gathered in the town hall. After sitting in a circle and performing some simple hand exercises together, Tanaka began the conversation:

8. *Nen nen kororí*, or NNK, is the antonym of *pinpin kororí*. As the first bar of a lullaby passed down from the Edo period, it means "hushaby, sleep well," but currently it is used sarcastically to refer to reality of many seniors who spend a period in a bed-ridden state (*neta kiri*) before dying.

Tanaka: Now let's go around and talk about ourselves. I'll start. First off, I've been trying to eat only brown rice for a year now. But come December I have to take a blood test, so I think I'll have to keep an eye on what those results tell me.

Mitsui: Because I have high cholesterol, I think that walking is good for me, so I've been walking for twenty to thirty minutes each day. Not too long ago Doctor Shinohara came to a nearby classroom and said that laughter was the best medicine for cancer. I'm grateful that I can still laugh at things in my life.

Tanaka: Laughing is certainly important. Say, everyone, let's all laugh loudly together. Normally there's not much of any opportunity to laugh, is there? And even when there is, you never laugh that loud.

Katō: I'm seventy-four going on seventy-five. This past June I heard after my exam that they weren't sure if I had prostate cancer or not, so I went to the hospital. Based on some kind of number that when you're around our age, it is supposed to be around forty, I think, but mine was around 40.2. In any case, it had gone up 0.2. So, I got a complete checkup but there was no sign of me getting cancer. They said there were no irregularities on either side.

Tanaka: Katō's story, this is from six years ago, but still, that when your thigh had hurt you treated it yourself by riding your bike? That was very moving too.

Through such communal interactions local civil servants continuously monitored seniors in the area to see if they were taking care of their bodies or unnecessarily taking advantage of health services through self-negligence. With the LTCI system, the Japanese government had therefore instituted a way to self-manage the population aged sixty-five and over. Ostensibly speaking, the government had acted by constructing a system that would resolve the problems of seniors and the families caring for seniors in a communal public dimension. Yet in reality the LTCI system was also a safety apparatus made for the sake of managing the costs of social care spent on the aged population. The Japanese government has stated that too much abuse of welfare services, combined with insufficient funding being available for such, is the joint reason why they continuously tighten the criteria for care and attempt to suppress an increase in the number of recipients of LTCI.

Given the government's approach, it is unsurprising that numerous seniors consider the process of LTCI screening as humiliating. In one extreme case I heard about, a man refused to be surveyed to see if he was eligible for LTCI, and chose rather to buckle his dementia-suffering wife into his car with him and attempted suicide. Sakurai, who had worked extensively as a kinesiologist in the Saku area, explained the feelings of seniors who refused care, saying: "In the past there was less of a conception about what was normal and what wasn't, but as

professionals enter into the mix, the concept of normalization has been introduced. So, getting rated for LTCI has become something like getting a report card. If you're healthy, that's great, but if you aren't, it's like you've committed a crime." The onset of physical deterioration with old age is ubiquitous, and for many advanced seniors problematically debilitating. But in a situation where the direct management of aging bodies has become a determinate prerogative of the state, the public shame individuals derive from openly requiring extra palliative care is unquestionably heightened. This is even more so in Saku, where such circumstances are tacitly framed as anomalous within the discourse of exceptional local "health and longevity."

In *Society Must Be Defended*, Foucault reversed Clausewitz's aphorism "War is the continuation of politics by other means," to read "Politics is the continuation of war by other means." Here, war denotes "an internal institution, not the raw event of the battle" (Foucault 2015, 200). Under biopolitics this notion of war takes on specific meaning as the permanent activity to eliminate the signs of death from the arena of life. When we apply this perspective to the current discussion, we can see that this field, in which a variety of preventative education programs have been enacted with the elderly population as target participants, is very much a context of this war for the total erasure of all signs of aging.

As a social concern with the promotion of seniors' health, longevity, and productivity expands, the individual's personal hope to achieve "*pinpin korori*" is subtly changing into a collective moral imperative or "need." The phenomenon of aging, which had once been considered a natural process of living, has been pushed out of the realm of life and become recognized as a sign of death necessitating management. No longer are seniors considered the collaborators of doctors, offering their bodies for the construction of a local biology. Instead they are denigrated as a problematic object that must receive all-encompassing guidance in their everyday lives to prevent an "indecorous death"—such as by dementia or dying alone without private or family caregivers (*kodokushi*). In this manner, the *pinpin korori* project is not concerned simply with the production of an ideal model of old age, but the production of a prescriptive public moral code regarding the circumstances of an ideal death as well.

The Dilemma of Preparing for Death and Constructing an Ethics of Death

Foucault viewed the subject as constructed through a myriad of technologies of self-examination, self-acknowledgement, and self-development, such as reading,

writing, learning, and exercise. In short, it is by utilizing these various technologies that one constructs herself. This subject that forms relationships with others, commodities, and her own physical body can be deemed an "ethical subject" (Sim Se-gwang 2007, 12-13). Now I explore how, in a situation where the *pinpin korori* moral imperative predominates, seniors are constructing themselves as "ethical subjects" through assorted technologies of the self and experiences including their relationships with themselves, with family, and with friends and acquaintances, and their involvement in the community. This section focuses on the case of a Saku local named Ms. Waku, who attempted to construct an ethics of death through a new genre of writing called the "ending note" (*endingu nōto*).

Born in Saku in 1928, Ms. Waku (88) spent much of her youth moving around Japan due to the nature of her father's work in the sericulture industry. She returned to Saku during her middle school years, and in 1944 when she was sixteen and attending high school she was conscripted and began working in an arms factory in Nagoya. Following the end of the war, she returned to Saku and graduated, earning her teaching certificate. At the age of twenty-one (in 1949), Ms. Waku married her husband, an heir to a *ryokan* (traditional inn), and began her life as an *okami* (chief female owner of a *ryokan*). Their *ryokan* had eighteen rooms and the number of guests on any given day reached around forty to fifty.

Soon after Ms. Waku married, Dr. Wakatsuki, a graduate of the University of Tokyo, and his family stayed at her *ryokan*, a connection which initiated a lifelong friendship between Dr. Wakatsuki and Ms. Waku. Later, when Dr. Wakatsuki had risen to Chief of Medicine at Saku General Hospital, he hosted an international conference titled "The Japanese Association of Rural Medicine" (Nōson Igaku Kenkyūkai) and used Ms. Waku's *ryokan* as the receiving area for foreign guests. Ms. Waku's *ryokan* then continued to play a vital role for events held by the Saku Hospital.

Though she had grown close to Dr. Wakatsuki, someone who remotely had an even greater influence on Ms. Waku's life was the writer and philosopher Maruoka Hideko. Maruoka Hideko was born on a small farm in Minamisaku-gun, and devoted her life to the improvement of the status of peasant women. She traversed the country on a fact-finding mission about the realities faced by farming women, collecting and publishing her findings in *Issues Concerning Japanese Women in Rural Areas: Homemaker and Motherhood Edition* (*Nihon nōson fujin mondai: shufu-bosei hen*) in 1937. Maruoka Hideko worked steadfastly to spread the idea that women in rural areas must become "subjects who think while writing, act, and are bonded in solidarity with one another."

Deeply affected by the ideas of Maruoka Hideko, Ms. Waku organized a gathering of women in the Saku area, later developing it into a public society

called the "Happiness Classroom" (*Shiawase kyōshitsu*), which she had managed for nearly thirty years. Ms. Waku would announce the monthly meeting's topic, time and location in a local newspaper, and events were open to all who wanted to participate. The "Happiness Classroom" presented a wide variety of activities such as restaurant etiquette, *qìgōng* exercise and practices, western-style cooking, and photography.

Starting in April 2006, Ms. Waku began hosting monthly gatherings titled "Conversation Hour with the Doctor" (*Dokutā to oshaberi taimu*). These meetings took place monthly at her *ryokan* or a nearby teahouse. Each month they would invite speakers from an array of medical backgrounds, such as private physicians, pharmacists, nutritionists, massage instructors, as well as doctors from the Saku Hospital and Asama Hospital. Depending on the speaker, topics ranged from care, influenza, lumbar pain, AIDS, Wilson's temperature syndrome, pesticides and industrial accidents, among others. Once the topic and speaker were set, Ms. Waku would advertise the location and time in the local paper and ensured that anyone could participate for the cost of 500 yen. She also adhered to a principle of having the doctors who participated in the meetings contribute 500 yen as well. And, to ensure a space in which ordinary people and professionals could "speak about what they wish to" as equals, Ms. Waku played the role of a mediator. Generally, the meeting would follow a format where the speaker explained a topic that seniors were interested in, and if germane local issues arose in relation to this lecture, the meeting then became a space for debate and discussion between local residents and medical professionals. Because of this, these meetings had become a forum for discussions on local political issues such as, whether or not it was right for Saku to build a cultural center and if that money would be better used expanding the medical and welfare budgets; or the local difficulties faced by doctors, such as the renovation of Saku Hospital or patients being drawn to larger hospitals. Rather than knowledge being unilaterally passed from professionals to local seniors, a wide range of attendees to the meeting were able to grasp the limits of expertise on a given topic, and reflect on how they would absorb that knowledge and utilize it themselves.

In contrast to Ms. Waku's involved engagement, another local resident, Ms. Manabe (75), declared all civil servants associated with city hall, including medical professionals, "fluorescent people," distinguishing them from local residents, such as herself, working in manual labor such as farming, whom she called "sunlight people." She described the "fluorescent people" as "stringently cold and confined by formality." In her view, these bureaucrats and professional medics are not concerned with what troubles seniors, nor what needs to be done to address their problems. She went on saying that even if they knew how to

help, they would not know how to respond in any way that "would fall outside of regulations," and that "they might be book smart, but they're idiots who don't know a thing about the real world (*gakumon rikō, yo no naka baka*)." From the perspective of elderly residents such as Ms. Manabe, the *pinpin korori* project is not substantially different from the prior program to make farmer-subjects, and its effects are unremarkable.

In this respect, it is notable that despite her frequent interactions with local medical workers through the "Conversation Hour with the Doctor" meetings, Ms. Waku was preparing for her death based primarily on her own life experiences and her ethical intuition, rather than her recently accumulated medical knowledge. Having witnessed her husband die from cancer and having to increasingly attend the funerals of people she knew, Ms. Waku, who was eighty-eight, began to keep an ending note starting the year that she turned seventy-four. She titled these, "Notes for When I Die."

Ms. Waku's record of ending notes was filled with handwritten requests regarding her death and funeral. At first, she found it difficult to imagine anything after her death. But, in the process of writing down her reasons for wanting a certain type of funeral, she found herself able to better reflect on her life. In her ending notes she wrote about the household she was born into, how she spent her school years, the ideas and philosophies she took away from the friendships she gained after marriage, as well as the realizations she had while managing the "Happiness Classroom" and "Conversation Hour with the Doctor." Many of these notes were filled with simple descriptions of all the things she had done in her life.

While writing these notes, Ms. Waku confronted an ongoing dilemma. With the passage of time, occasionally the thoughts or circumstances she had finitely recorded in her notes would change. For instance, in terms of her personal relationships, people who she insisted be invited to her funeral would pass away, and she naturally drifted apart from numerous living friends and acquaintances once considered important. Then, the year she turned eighty-eight Ms. Waku quit writing her ending note.

A woman by the name of Ms. Sakurai (75), who in the past had led the project of making farmer-subjects centering on the Saku Hospital as a hygienist, regularly held an "ending seminar" for local seniors. For this she would invite lecturers to speak about how to write an ending note, as well as plan outings to introduce new types of funeral practice, such as burying one's ashes with a sapling. Interestingly, neither the lecturers she invited nor Ms. Sakurai herself were keeping ending notes. When I asked why she did not have an ending note despite hosting seminars about them, Ms. Sakurai explained that, "You never

know when you're going to die, and what I want is always changing, so I would feel bad leaving behind notes asking my surviving family to do this and do that. I just want to say, 'do what you will.'"

In this manner, many seniors in Saku were apparently coming to the conclusion that death is not some type of task that one can simply achieve through good preparation. Moreover, a substantial number of seniors worried that by leaving a wish list of how they specifically want things to be taken care of, their deaths would create an even heavier burden for their families. Because of this, there were many instances of people either not leaving any records at all, or just hoping that their family will take care of it "as they will" in accordance with their own circumstance.

Seniors both desire to leave the world in a *pinpin korori* manner and have difficulty planning the process leading to death because the relationships that they have created over time are always changing. As Simone De Beauvoir ([1952]1974) stated, the body is not a thing but a situation. When the state of one's body changes, the relationships that one had created up till that point change as well. Seniors feared that they would be haunted by the desire of their own ego for satisfactory closure, discarding all the social and familial relations that they had so carefully maintained throughout their lives. The fear of these seniors is encapsulated well in the sentiment, "I want to die of cancer or heart disease rather than dementia (*ninchishō*)."

Cognizant of how society views them, seniors attempted to prepare for death to narrow the gap between the ideal finish expected of them and the likely problematic reality of their own final days. In writing ending notes, seniors such as Ms. Waku sought to define both the type of person they are and the type of person that they want to be, endeavoring to complete themselves by integrating their future helpless *nen nen korori* self with their ego.[9]

The common ethical perspective on dying here is created through parallel individual processes of reflecting on how society at large views old age, people's relationships with their family, with neighbors and friends, and with the civil servants and medical professionals who seek to control the phenomenon of aging. Through this process these seniors in Saku define their place amidst the discourse and technology devised and espoused by professionals, but also by reflecting on how desirable the way they are acting is relative to a wider range of social relationships. Though "their" life may belong to them individually, this practical approach to life's completion is based on combining a collective ethical

9. Foucault (2007a, 386) remarked that "by writing we absorb the thing itself we are thinking about. We help it to be established in the soul and… to be established in the body, to become a kind of habit for the body, [or] a physical virtuality."

approach to death with a personal reflection on one's relationships and considering at what point you will decide for yourself which course is the best.

Conclusion

This study understands seniors to be not victims or sacrificial lambs helplessly subject to governmental machinations, but political agents practicing a personal form of biopolitics. This assertion is based on the above investigation into the sociocultural and historical contexts of the local biopolitical arena in Saku. Through the efforts of local physicians and civil servants, Saku, an area legendarily famous for the abandonment of elderly people, successfully changed its public image to become renowned as a city of health and longevity. However, this perceived transformation was based on statistical figures produced by physicians rather than a uniform feeling of progressive transition within the community itself, and many local residents resented being used as the guinea pigs for the physicians' experiments and resisted the imposition of this new image. However, as many also realized, the establishment of Saku's new image as a city of health and longevity both enabled the greater procurement of medical resources and a wider influx of external resources and opportunities for seniors in the area. Accordingly, many locals came to actively and positively participate in these governmental efforts despite that they effectively sought to problematize and manage them as backward and helpless farmer-subjects.

Once established, this local system that sought to control the bodies of elderly residents transitioned within a wider *pinpin korori* project, as the national percentage of the aging population advanced. Within this paradigm, remaining healthy up until the moment of a painless death became a critical obligation placed on the elderly. At the same time, to reduce the negative social effects of its growing elderly population, the Japanese government increased its efforts to observe and control the behavior of seniors and their families. As what had once been accepted as the natural process of aging was eliminated from the scope of life and came to be considered a sign of death that must be managed, seniors were faced with questions like should a person incapable of managing oneself still be acknowledged for who one is? Or, does such a helpless person deserve to live? In this respect, the *pinpin korori* governmental approach had clearly expanded beyond its stated focus on positively promoting the ideal aspects of senior life, and came to function by producing a moral imperative on what constitutes an ideal death.

Yet, people were aware that even if they were to practice the "methods of

aging well" conveyed to them by government professionals, it did not mean that they would be able to end their lives in a *pinpin korori* manner. Accordingly, some seniors wrote out ending notes and strove to integrate the reality of their slow unsteady *nen nen korori* march to death with their desire to trouble no one for assistance in their final years. However, most pragmatically requested only that their families "do what they will" when taking care of their funerals. Rather than conforming to the moral code that would define a non-*pinpin korori* death as a "wrong death" or a "deplorable death," many elderly people were independently marking the limits to which they could exert their agency regarding their life and death. Here, their choices were based on wide ranges of experiences and insights, particularly those shaped through social relations with people closest to them.

Any governmental concern to promote longevity and well-being by using a strictly physiological approach to fight illness, degeneration, and death, inherently risks espousing a contempt for and exclusion of the vast number of people that are already experiencing the final signs of irreversible decline (Esposito 2008). Over the last decades, Japanese society has been forced to confront its existence as a society in which deaths majorly outnumber births. If it continues to so staunchly deny the processes of physiological decline that naturally accompany human aging and death, in an attempt to, in effect, banish the process of death from the realm of life, the inescapable circumstance of population aging will soon slide from crisis to disaster. Instead, an ethical governmental approach to the general population must surely strive to openly accommodate people in their most vulnerable ontological conditions. To be successful, such an approach would do well to critically reflect on the limits of modern scientific methods of subjectification that seek to reign even death into the realm of regulation. What is demonstrated here is that we should deepen our insights drawn from the humanities and the realms of social connectivity, if we desire to more humanely determine the final modalities of individual existence in a society that is defined by super-aging and the consequent burden of mass death (*tashi shakai*).

• *Translated by Grace PAYER*

Acknowledgements | This article is a revised and translated version of the author's Korean article "'Nae ka chugŭmyŏn': chŏgoryŏnghwa Ilbon sahoe esŏ saengmyŏng chŏngch'i wa chugŭm yulli," published in *Han'guk munhwa illyuhak* [Korean cultural anthropology] 51 (2) (2018), with the permission of Han'guk Munhwa Illyuhakhoe [Korean Society for Cultural Anthropology]. The translation and the English editing of this article were supported by the (Chae) Hakbong Changhakhoe [Hakbong Scholarship Foundation].

References

"Obasuteyama (Nagano chiiki)" [Obasuteyama, Nagano] n.d. Nagano-ken [Nagano Prefecture]. Nagano (website). http://www.pref.nagano.lg.jp/koho/kids/menu03/minwah01.html. Accessed May 27, 2018.

Becker, Gay, and Sharon R. Kaufman. 1995. "Managing an Uncertain Illness Trajectory in Old Age: Patients' and Physicians' Views of Stroke." *Medical Anthropology Quarterly* 9 (2): 165-87.

Borovoy, Amy. 2017. "Japan's Public Health Paradigm: Governmentality and the Containment of Harmful Behavior." *Medical Anthropology* 36 (1): 32-46.

Borovoy, Amy, and Li Zhang. 2017. "Between Biopolitical Governance and Care: Rethinking Health, Selfhood, and Social Welfare in East Asia." *Medical Anthropology* 36 (1): 1-15.

Coveney, John. 2006. "Food and Aging." In *Foucault and Aging*, edited by Jason L. Powell and Azrini Wahidin, 61-73. New York: Nova Science Publishers, Inc.

Cruikshank, Barbara. 2014. *Simin ŭl palmyŏng haeya handa: minjujuŭi wa t'ongch'isŏng* [The will to empower: Democratic citizens and other subjects]. Translated by Sim Sŏng-bo. Seoul: Kalmuri.

Dawson, Louis. 2006. "Invisible Bodies: Older Women and Multiple Sclerosis." In *Foucault and Aging*, edited by Jason L. Powell and Azrini Wahidin, 49-60. New York: Nova Science Publishers, Inc.

De Beauvoir, Simone. (1952) 1974. *The Second Sex*. New York: Vintage.

De-Ortiz, Carole M. 1993. "The Politics of Home Care for the Elderly Poor: New York City's Medicaid-Funded Home Attendant Program." *Medical Anthropology Quarterly* 7: 4-19.

Esposito, Roberto. 2008. *Bios: Biopolitics and Philosophy*. Minneapolis and London: University of Minnesota Press.

Esposito, Roberto, and Kim Sang-un. 2015. "Myŏnyŏkchŏk minjujuŭi" [Immunitary democracy]. *Munhwa kwahak* [Cultural sciences] 83: 390-415.

Estes, Caroll L. 1979. *The Aging Enterprise*. San Francisco: Jossey-Bass Publishers.

Estes, Caroll L. 1993. "The Aging Enterprise Revisited." *The Gerontologist* 33: 292-98.

Estes, Caroll L., and F. A Binney. 1989. "The Biomedicalization of Aging: Dangers and Dilemmas." *The Gerontologist* 29: 587-97.

Foucault, Michel. 1983. "The Subject and Power." In *Michel Foucault: Beyond Structuralism and Hermeneutics*, edited by Hubert L. Dreyfus and Paul Rabinow, 208-26. Chicago: Chicago University Press.

Foucault, Michel. 1990. Vol. 1 of *The History of Sexuality*. New York: Vintage Books.

Foucault, Michel. 2007a. *Chuch'e ŭi haesŏk hak: K'olleju dŭ P'ŭrangsŭ esŏ ŭi kangŭi* 1981-1982-nyŏn [The hermeneutics of the subject: Lectures at the Collège de France 1981-1982]. Translated by Sim Se-gwang. Seoul: Tongmunsŏn.

Foucault, Michel. 2007b. *Security, Territory, Population: Lectures at the Collège De France 1977-1978*. New York: Picador.

Foucault, Michel. 2015. *"Sahoe rŭl boho haeya handa" K'olleju dŭ P'ŭrangsŭ kangŭi 1975-76-nyŏn* [Society must be defended: Lectures at the Collège de France 1975-1976]. Translated by Kim Sang-un. Seoul: Nanjang.

Gilbert, Tony. 2006. "Governmentality, Health and Aging: Re-Figuring the Third Age." In *Foucault and Aging*, edited by Jason L. Powell and Azrini Wahidin, 75-88. New York: Nova Science Publishers, Inc.

Gupta, Akhil. 2001. "Governing Population: The Integrated Child Development Services Program in India." In *State of Imagination: Ethnographic Explorations of the Postcolonial State*, edited by Thomas Blom Hansen and Finn Stepputat, 65-96. Durham: Duke University.

Henderson, J. Neil. 1995. "The Culture of Care in a Nursing Home: Effects of a Medicalized Model of Long Term Care." In *The Culture of Long Term Care: Nursing Home Ethnography*, edited by J. Neil Henderson and Maria D. Vesperi, 37-54. Westport, Conn.: Bergin & Garvey.

JA Nagano-ken Kōseiren Saku Sōgō Byōin [JA Nagano Prefecture Welfare Federation Saku General Hospital]. 2011. *Kenkō na chiiki zukuri ni mukete Yachiho-mura zenson kenkō kanri no gojū-nen* [Fifty years of universal health management in Yachiho: Towards healthier regions]. Saku: Saku Insatsujo.

Katz, Stephen. 1996. *Disciplining Old Age: The Formation of Gerontological Knowledge*. Charlottesville and London: University Press of Virginia.

Kaufman, Sharon R. 1997. "Construction and Practice of Medical Responsibility: Dilemmas and Narratives from Geriatrics." *Culture, Medicine and Psychiatry* 21: 1-26.

Kim Heekyoung. 2004. "Noin ŭiryo munje ŭi sahoe munhwajŏk ch'ŭngmyŏn: muryo noin byŏngwŏn sarye rŭl chungsim ŭro" [Sociocultural facets of senior medical issues: A case study of free senior hospitals]. *Pogŏn sahoe yŏn'gu* [Health and social welfare review] 24 (1): 158-70.

Kim Heekyoung. 2014. "Nonyŏn e taehan illyuhak yŏn'gu ŭi ironjŏk chŏnghyang kŏmt'o" [A critical review of anthropological studies of the elderly]. *Han'guk munhwa illyuhak* [Korean cultural anthropology] 47 (3): 129-59.

Kim Heekyoung. 2017a. "Chungang-chibang ŭi kwan'gye donghak kwa chiyŏksŏng ŭi sahoejŏk saengsan kwa kusŏng: Nagano chiyŏk ŭi sarye rŭl chungsim ŭro. [Social production and the construction of locality in the area of Nagano, Japan]. *Ilbon pip'yŏng* [Korean journal of Japanese studies] 16: 112-35.

Kim Heekyoung. 2017b. "Ubasŭťeyama esŏ kŏn'gang jangsu dosi ro: ch'o goryŏnghwa sidae ŭi chiyŏk hwalsŏnghwa wa in'gu chŏngch'i" [From Ubasuteyama to city of health and longevity: Population politics and regional revitalization]. *Irŏ Ilmunhak yŏn'gu* [Journal of Japanese language and literature] 102 (2): 191-219.

Kim Heekyoung and John W. Traphagan. 2009. "From Socially Weak to Important Consumer: Changing Patterns of Elder Status in South Korea." *Care Management Journals* 10 (1): 32-39.

Kim Heekyoung and John W. Traphagan. 2010. "Irony and the Sociocultural Construction of Old Age in South Korea: Perspectives from Government, the Medical Profession, and the Aged." *Care Management Journals* 11 (3): 183-91.

Kim Hwan-sŏk. 2013. "Saengmyŏng chŏngch'i ŭi sahoe kwahak, ŏttŏk'e hal kŏt in'ga?" [How to approach biopolitics from the social sciences]. *Kyŏngje wa sahoe* [Economy and society] 97: 13-38.

Kim T'ae-u. 2012. "Nonyŏn e taehan hyŏndae ŭihak ŭi kaeip: munhwa illyuhak i parabon tangdae ŭi nonyŏn" [Biomedicine's intervention in later life: A cultural anthropological examination of later life in contemporary society]. *Sŏyangsa ron* [Western history review] 114: 5-28.

Kim T'ae-u. 2014. "Mansŏngbyŏng such'ihwa ŭi saengmyŏng chŏngch'i" [The biopolitics of quantifying chronic illness]. *Han'guk munhwa illyuhak* [Korean cultural anthropology] 47 (2): 299-326.

Lemke, Thomas. 2015. *Saengmyŏng chŏngch'i ran muŏt in'ga: P'uk'o esŏ saengmyŏng chabon kkaji hyŏndae chŏngch'i ŭi susukkekki rŭl balkhinda* [Biopolitics: An advanced introduction]. Translated by Sim Sŏng-bo. Seoul: Kŭrinbi.

Lock, Margaret. 1993. *Encounters with Aging: Mythologies of Menopause in Japan and North America*. Berkeley, Los Angeles: University of California Press.

Lupton, Deborah. 1997. "Foucault and the Medicalisation Critique." In *Foucault, Health and Medicine*, edited by Alan R. Petersen and Robin Bunton, 94-110. London and New York: Routledge.

Mitteness, Linda S., and Judith C. Barker. 1995. "Stigmatizing a 'Normal' Condition: Urinary Incontinence in Late Life." *Medical Anthropology Quarterly* 9 (2): 188-210.

Ōmoto Keino. 2008. "Sengo Nihon ni okeru yobō-kenkō undō no seisei-hatten-gendankai (ge): Saku Byōin to Yachiho-mura to no rekishiteki kyōdō (koraborēshon) o chūshin ni" [The creation, development, and current state of the movement for illness prevention and health in postwar Japan (2): The historic collaboration between Saku Hospital and Yachiho]. *Tōkyō Keidai gakkaishi* [Journal of Tokyo Keizai University] 262: 247-334.

Powell, Jason L. 1998. "Review: Disciplining Old Age-the Formation of Gerontological Knowledge by Stephen Katz." *Acta Sociologica* 41: 398-99.

Rose, Nikolas. 1999. *Powers of Freedom: Reframing Political Thought*. Cambrige: Cambridge University Press.

Rose, Nikolas, Pat O'malley, and Mariana Valverde. 2006. "Governmentality." *Annual Review of Law and Social Science* 2: 83-104.

Saku-shi [Saku City]. 1960. "Saku-shi tōkeisho" [Saku City statistical report]. Saku:

Saku-shi.

Saku-shi [Saku City]. 2008. "Heisei 20-nendo Saku-shi kōreisha fukushi shisatsu shiryō" [2008 annual on-site inspection data on Saku City senior welfare]. Saku: Saku-shi Kōreisha Fukushika.

Sanker, Andrea. 1984. "'It's Just Old Age': Old Age as a Diagnostic in American and Chinese Medicine." In *Age and Anthropological Theory*, edited by David I. Kertzer and Jennie Keith, 250-80. Ithaca, NY: Cornell University Press.

Shilling, Chris. 2003. *Mom ŭi sahoehak* [Body and social theory]. Translated by Im In-suk. Seoul: Nanam.

Simmons, Leo William. 1970. *The Role of the Aged in Primitive Society*. North Haven, CT: Shoe String Pr Inc.

Sim Se-gwang. 2007. "Yŏkcha sŏmun" [Note from the translator]. In Michel Foucault, *Chuch'e ŭ haesŏkhak: K'olleju dŭ P'ŭrangsŭ esŏ ŭi kangŭi 1981-1982-nyŏn* [The hermeneutics of the subject: Lectures at the Collège de France 1981-1982], translated by Sim Se-gwang, 11-29. Seoul: Tongmunsŏn.

Smart, Barry. 1982. "Foucault, Sociology, and the Problem of Human Agency." *Theory and Society* 11 (2): 121-41.

Vesperi, Maria D. 1985. *City of Green Benches: Growing Old in a New Downtown*. Ithaca, NY: Cornell University Press.

Yang Sŏk-wŏn. 2003. "Misel P'uk'o iron esŏ ŭi chuch'e wa kwŏllyŏk: ŭngsi ŭi kaenyŏm ŭl chungsim ŭro" [The subject and power in Foucault: A reading of Foucault's notion of the gaze]. *Pip'yŏng kwa iron* [Journal of criticism and theory] 8 (1): 31-64.

Yi Gyŏng-muk. 2017. "Mul tayangch'e wa sirhŏmsil-maŭl: Chak'arŭt'a bukpu pinminch'on esŏ ŭi mul munje ŭi jŏn'gae wa hyogwa" [Water multiple and lab-village: Developments and effects of water problem in a kampung, North Jakarta, Indonesia]. PhD diss., Seoul National University.

Yi Hyŏn-jŏng. 2014. "Koryŏnghwa sidae Han'guk ŭi pokchi p'ŭrogŭraem kwa saeroun nonyŏn chuch'e ŭi hyŏngsŏng: Sŏul K pokchigwan dosirak paedal saŏp ŭi sarye" [Welfare programs and the formation of new elderly subjects in South Korea: a lunchbox delivery project in a seniors' welfare center]. *Han'guk munhwa illyuhak* [Korean cultural anthropology] 47 (3): 161-203.