Being a Good *Rōjin*

Senility, Power, and Self-Actualization in Japan

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During the summer of 2000, six women and three men gathered at about ten o'clock in the morning at the Furiiai Puraza (Contact Plaza), a senior center located in the town of Yonegawa in northern Japan. The group assembled for the first day of a cooking class that would meet six times over the following three months. As the participants, all of whom were in their late sixties and early seventies, waited for the class to commence, the director of the center spoke briefly about his hopes that all the students would learn not only to cook, but also about proper nutrition. The class, he said, fit within the “goal of having zero people using the *kaigo hoken* system”—the long-term-care-insurance scheme initiated in 2000 as a comprehensive social program aimed at helping people cope with frailty and disability in old age (Campbell and Ikegami 2000; Traphagan, forthcoming). He then went on to inform everyone, “There are various kinds of uneasiness [*fuan*] that the elderly encounter: economic uneasiness, social uneasiness, and so on. This sort of class should help prevent this uneasiness, at least at the social level.”

After the introduction, the women in the group headed for the kitchen and began managing the process of cooking, using as a guide the recipe they had been handed by the instructor and largely ignoring the few directions she gave. All the women, having used the facility for a previous class, knew where all the pots and pans were located and were adept at food preparation. The men, in contrast, were for the most part uninvolved with the preparation of the food. Two of them helped with peeling some of the vegetables and then went to the adjacent room to smoke. The one man who participated in the entire process of preparation was seventy-five years old and lived alone, having lost his wife about a year earlier. As the women boned the fish and made a mayonnaise

dressing for the salad, I asked him if he enjoyed cooking and he quickly replied, "No, but it's better than eating at restaurants all the time."

For this man, there were practical consequences of taking the course in terms of learning something about cooking so that he could take care of himself, but for most who were involved, instruction in cooking was virtually irrelevant. Throughout the morning, there was no specific instruction in the preparation of the food; instead, the "class" seemed to be an opportunity for the participants to get together and cook. The one time that the instructor did offer advice was during a brief summation of the day in which she went over the nutritional value of the meal that the class had prepared. She indicated that fish is very high in calcium, a point that she had made casually several times during the preparation, and that it was very important for the elderly to have calcium to strengthen their bones. She also commented on the high nutritional value of using mayonnaise in the salad dressing because of its plentiful calcium, ignoring the various drawbacks to mayonnaise, such as its high fat content.

In many respects, the cooking class had little to do with nutrition or learning to cook. As noted above, there was virtually no instruction in how to prepare the meal, and the men, all of whom lacked knowledge of cooking, either stayed out of the process or simply observed the activities of the women, who already knew what to do. Rather than being centered around learning to cook, the class had as its focus two key issues that are closely tied to conceptualizations of growing old in Japan: (1) being involved in group activities is essential for a good old age, and (2) maintenance of health in old age, in part accomplished through such group participation, is a social and moral responsibility that is fundamental to being a good *rōjin* (old person). The placement of the class within the context of the senior center and the center director's characterizing the class as a means for the participants to avoid the *kaigo hoken* system are intertwined with the moral discourse on old age and senility in Japan. Local governments use a narrative that emphasizes the moral concepts of effort and self-cultivation in the project of being a good *rōjin*.¹ Engagement in these practices is presented not only as positive behavior for personal reasons, but also as a moral responsibility, to be carried out by being involved socially in contexts such as the cooking class. Social interaction forms a valued "object" (Bell 1975, 82) that is implied through the manner in which government officials strategically deploy rhetoric and manipulate the discourse on growing old. The context of the Furiai Puraza, and numerous other, similar contexts in which elders come into direct contact with government officials, form a matrix of power relations, structured not only in terms of dominance, but also as a strategic field through which the concept of a "good *rōjin*" is both conceptually and practically defined by both government officials and those who are potential users of the social services and government facilities (Foucault 1978, 94). At the center of this strategic field

of power is senility, which in certain forms represents a basis for differentiation, distinguishing the good rōjin from the bad.

Foucault's conceptualization of power having been invoked, it is important to point out that while I think that Foucault is largely correct in his notion that power and resistance are typically found together (1978, 95), in the example discussed here, it will become clear that the object toward which the use of power is directed—maintenance of physical and mental well-being through social interaction—is valued both by those who make use of such facilities as the Furiiai Puraza and by the government officials who invest their time and sometimes political careers in the development and use of those facilities, even if this object is valued for different reasons. Thus, there is little call for resistance.

Power, as it relates to the discourse on old age in Japan, is conceptually structured in terms of the notion of *ikigai*, which translates loosely as “one's *raison d'être*” but which is better understood as signifying a moral ideal that emphasizes self-actualization and self-discipline. *Ikigai* is employed by government officials as a means of encouraging older people to focus their primary attention on maintaining physical and mental health. While this is certainly beneficial to the elderly themselves, its use can also be understood as a subtle form of coercion in which old bodies are directed to become (self-) disciplined bodies through the exploitation of the moral force contained in the concept of *ikigai*.

Northern Japan

The Furiiai Puraza, described briefly above, is located in the center of a town of about eight thousand people and to which I have given the pseudonym Yonegawa. Like most such facilities in Japan, the Furiiai Puraza is little more than a kitchen and a few rooms that can be used for many different types of activities. On the day of the cooking class, another group of women was using an adjacent room for a sewing group that met on a regular basis. This particular facility was built specifically as a location for older people to gather in, and one of the town officials explained that its construction was made possible by funding connected to the *kaigo hoken* program and that the center was specifically intended to be part of that program as a means of helping people be active and, thus, hopefully maintain physical and mental health further into old age. This, in turn, would mean less drain on other resources for elder care, such as nursing visits, home helpers, or more expensive needs such as nursing home residence.

Yonegawa is an agricultural community devoted to rice farming, situated a few kilometers outside of Akita City, the capital of Akita Prefecture, on the northwestern side of Japan's main island of Honshū. Yonegawa is one of three

locations where I have conducted fieldwork since 1994, the other two being in the neighboring prefecture of Iwate. In each of these locations, I have held numerous discussions with people about their ideas, perceptions, and attitudes concerning senility. The region's heavy orientation toward agricultural production defines it as one of the most rural areas of Japan; and, indeed, many of the older people who live in the region have spent at least part of their lives engaged in agricultural production. The toll of the hard labor involved in rice farming is evident in the bodies of the elderly, particularly the women, who often have bowed legs and severe osteoporosis that leaves many permanently bent at the waist at a ninety-degree angle. Moving around to do simple household chores or errands about town is difficult for these women, as they struggle to hold their heads upward as they walk. Locals often attribute these back problems in women to years spent in the rice fields bent over for planting, weeding, and harvesting, but it seems equally likely that a lack of calcium in the traditional rice diet also played a significant role.²

Throughout the region, broad expanses of checkerboard rice paddies stretch out to meet a dark green mountain range, whose peaks are snow topped from September until June. While rice is the central agricultural product, apple orchards and dairy farms are also common throughout the region, particularly in Kanegasaki, where dairy farming plays a major role in the town's economy. Although agriculture is important economically and the region is viewed as rural, the presence of industrial society is unavoidable. Along with the rice paddies, mountains, and winding rivers, there are automobile factories, semiconductor-production facilities, high-speed rail lines, and shopping centers. The region is closely linked to Japan's high-tech economy and is tightly integrated into modern society. Satellite dishes are a common sight on houses throughout the area, and sport utility vehicles are a ubiquitous mode of transportation to the area's supermarkets, shopping malls, discount stores, and video arcades.

Senility, the Japanese Version

Elsewhere, I have presented detailed discussion of the cultural construction of senility in Japan (Traphagan 2002, 2000, 1998a, 1998b); here I will offer only a summary of the main issues, emphasizing the manner in which senile bodies are differentiated from healthy bodies and the linkages between concepts of individual and communal well-being (cf. Cohen 1998). Although the concept of senility in Japan overlaps with the North American version, important differences shape the way in which Japanese think about functional decline in old age and the ways in which people react to the potential onset of senility. Three categories of senility obtain in the Japanese context: Alzheimer's disease (*arutsuhaimā*); other forms of dementia associated with old age (*rōjinsei chihō*),

such as vascular dementia; and *boke*, a polysemous term that is difficult to translate directly into English but in the broadest sense connotes “being out of it” or a combination of physical and mental disorientation (Traphagan 2000, 135). The first two categories are primarily thought of as biomedical or clinical categories of disease, understood in terms of a pathological cause that is largely outside the control of the individual. When people refer to these conditions, they often use the phrase *shikata ga nai*, a kind of shrug of the shoulders meaning “there’s nothing one can do.” Long (1999, 19) argues that this phrase indicates a sense that circumstances are beyond one’s control, but also may index attempts to maintain personal control over the process of dying and the sense of self in the face of terminal illness, which is in many ways not differentiated from death itself. Similar to terminal illnesses such as many forms of cancer, there is a belief with these types of senility that when control is lost, “existence is no longer thought of as a truly human life” (Long 1999, 19). For the victim of Alzheimer’s or other biomedical categories of senility, the victim and those around him or her are beyond the point of being able to exert effort to change the circumstances of life caused by the onset of the disease.

The third concept, *boke*, is typically viewed as a social category of illness over which people have some degree of control. Although the idea of *boke* is nothing new in Japan, the concept emerged as a central feature of public discourses on aging in the 1970s, after the publication of Ariyoshi’s (1972) novel *Kōkotsu no hito* (Person in Ecstasy), which describes the tribulations of a woman attempting to care for her senile, and increasingly difficult, father-in-law. Ariyoshi’s work pointed out not only challenges faced by those who must care for elders experiencing dementia but also the horrors of losing one’s capacity to function normally and interact with others—the capacity to be socially involved representing a key element of a good self and a normal life in Japan. In relation to its onset and progression, *boke* is conceived in terms of a narrative that elaborates a theory of selfhood in which selves, as Dorinne Kondo notes, are not separable from the contexts in which they are constructed and maintained through active involvement in “culturally specific forms of pedagogy” related to self-building and enacted through social participation (1990, 77). This pedagogy of self-enactment, as I will discuss below, is consciously developed and encouraged by government officials and is particularly important when it comes to the elderly, who are at risk of losing the ability to engage in self-building because, as a result of their age, they have greater potential to experience or allow a reduction in activity. *Boke* symbolically represents the disintegration of an intersubjective self and loss of the ability to engage in the pedagogies of self-actualization that are critical to creating ideal selves (Traphagan 2002).

It is important to point out that it is impossible to draw a line that would clearly mark the distinction between biomedically defined forms of senility and *boke*. Meanings associated with the term *boke* are both ambiguous and

polysemous. The symptoms of boke are largely indistinguishable from those of Alzheimer's disease as it is understood in the North American biomedical context, although the categorization of the symptoms reflect Japanese notions of the person (Traphagan 2002). In one book on the subject, the author divides the symptoms into three areas: bodily disorientation, social disorientation, and inner (*kokoro*) disorientation (Kikkawa 1995). Bodily disorientation includes symptoms such as difficulty with walking, short steps, balance problems, difficulties speaking, stiffening of the hands, incontinence, weakness, and appetite loss. Social disorientation includes doubting others, lacking energy (*ki*), aggressive behavior, jealousy, overdependence, irresponsibility, and inability to take one's roles in family, society, and so on. Inner disorientation is associated with forgetfulness, inability to organize ideas, being quick to anger or cry, lacking patience, lack of perseverance, vagueness, and unwillingness to meet others.³ In some cases, the word is presented as simply a lay term for biomedically defined diseases such as Alzheimer's. For example, in one book about how to prevent boke, Alzheimer's and vascular dementia are equated with boke, this last being divided into these two forms of dementia, with vascular dementia, in contrast to Alzheimer's, presented as being preventable through exercise and diet (Gonda n.d.). This approach to the concept of boke clearly taps into broader cultural concepts of the category as representing a controllable form of dementia.

But the term also has connotations that diverge from Alzheimer's and other biomedically defined forms of senility. For example, at times the condition is used as a source of humor by comedians and, in representations of people in a boke state, on television shows. Boke elders who are experiencing relatively minor symptoms are sometimes depicted in the public media as cute in a way similar to that of a dependent child. In one television drama I observed, the boke Grandpa of the household consistently had a pleasant smile on his face, did silly things, and was forgetful, but was presented as generally enjoyable to live with. Even when he wandered off, it was an opportunity for joviality when he was ultimately found.⁴

Older people themselves sometimes joke about forgetfulness by stating that they are already starting to become boke. This joking indexes deep fears about the onset of the condition, fears that are rooted in culturally circumscribed ideas about the importance of self-building and effort as fundamental to being a good person. Indeed, the implication of having some degree of control over the onset of boke is that one should make efforts to prevent the onset of the condition. While this is perhaps not surprising—in American society, for example, there is value placed on keeping oneself fit—it is particularly poignant in Japanese society, where being active and giving one's all are highly valued moral concepts; idleness is represented as the antithesis of activity and, thus, is endowed with moral import. As Margaret Lock points out, for Japanese the idle person is anathema because he or she fails to participate as an active, socially

viable, member of society and, thus, as a contributing member to the public good (1993, 230–231; Traphagan 2000). In short, the boke person is viewed as having failed to have made sufficient efforts, through being active in hobbies, sports, study, and other pursuits, to have staved off the condition.

Engagement in activities intended to delay or prevent boke is not simply a matter of individual activity; it also carries moral weight as a social responsibility. The moral component of boke is related to Japanese notions of reciprocity and interdependence, which are themselves closely connected to the Japanese conceptualization of selfhood as intersubjective. As a person enters into more severe states of boke, he or she becomes removed from the interdependencies and social relations that define one as a human being in the Japanese context (Plath 1980, 217). Being removed from the context of these interdependencies is particularly frightening to Japanese because the individual is unable to reciprocate those favors he or she receives. With boke, interdependence degenerates into a state of unidirectional dependence in which the individual receiving care, because of his or her cognitive and physical condition, is unable to reciprocate. While any form of disability takes on this character to some extent, the boke condition is particularly problematic because it is viewed as something over which people have at least some degree of control (Traphagan 2000).

In short, the basic consequences of becoming boke include not only the specific difficulties associated with cognitive decline, but also the fear that one may be perceived as not having made sufficient efforts to prevent that decline from occurring. When combined with strong concerns about avoiding overburdening others with care provision, this forms a strong motivation to engage in activities aimed at avoiding the onset of boke, and these activities are typically conceptualized in terms of the notion of *ikigai*, as will become clear below.⁵

Contexts for Self-Actualization

On the cover of the brochure for a facility known as the Center for Lifelong Learning (*shōgai kyōiku sentā*) in the town of Kanegasaki, the following description is printed prominently at the top in a section that refers to the Agricultural Village Environment Improvement Center (*nōson kankyō kaizen sentā*), part of the Center for Lifelong Learning: “For the purpose of residents to carry on an abundant and bright life, an institution where one can be healthy through study, learning, sports, and recreation.”⁶

This slogan sums up the basic idea behind the government rhetoric that presents these kinds of facilities as contexts for self-actualization—activity directed toward self-actualization is viewed as synonymous with being healthy. Health is generated and maintained through a combination of activities that involve both the mental and the physical aspects of the person and that are carried out primarily in concert with others. Facilities such as this center, and

the senior center discussed at the beginning of the chapter, broadly fall under the rubric of *kōminkan*, government-run community centers that are found in most municipalities in Japan and that manage a wide range of cultural activities (see Tamanoi 1998, 3). These centers typically consist of an office and several large rooms in which local residents come to engage in group activities, such as lessons on the tea ceremony, music, exercise, calligraphy, or even magic. In recent years there has been a fair amount of improvisation on the *kōminkan* theme, with facilities directly aimed at older people cropping up on a regular basis.⁷

The *kōminkan* in Kanegasaki is more than simply a public facility in which people pursue hobbies and cultural activities. It is also a focal point where government officials and local citizens interact and a context in which government officials disseminate official ideas about what constitutes a good community and good people within the community. Some of the ways in which one maintains a good self, and by extension a good community, are expressed in the charter of Kanegasaki. The charter is read aloud, sometimes solemnly and sometimes with a lack of attention, at most public gatherings, including meetings of government officials and gatherings at the start of some classes in the facility. Many in the town can recite the charter from memory, or at least know the primary bulleted points. Below is a translation of the charter:

Let us increase the level of education and culture, and make a cheerful town

- Increase education and raise the hopes and dreams for all generations
- Throughout one's lifetime, enrich (nourish) an abundance of education and hobbies
- With broad vision, act with good judgment
- Make our cultural assets important and volunteer to devise a new culture
- Defend morality, erect good customs, and make the natural features of the town beautiful

Let us make this a town of spiritual and material richness and work in health

- Lead a healthy, safe life with cheerful mind and body
- Make a hygienic, beautiful, rich environment
- Hold on to happiness and pride in work and increase production
- Learn advanced technology and modernize industry
- With originality and invention, have a life of material and spiritual richness

Let us tie our warm hearts together in love, and make a wonderful town in which to live

- Make cheerful, happy, sound families

- Support courtesy and live harmoniously with kindness and generosity
- Live with consistency by respecting our responsibilities and keeping promises, and living a decisive life
- Take good care of children, the elderly, and unhappy people and defend the happiness of all people
- Make public morality and public property important and volunteer for the betterment of society

Several relevant themes emerge from an examination of the charter. First, health is defined and contextualized not only in terms of the individual, but also as an aspect of a community that is progressing and productive. The second section, which deals explicitly with health, indicates not only the importance of physical and mental health, but also a healthy (hygienic) environment, pride in work, increased production, and advancement in industry. Of course, the entire charter emphasizes the idea of community and community building, which is not surprising, since it is intended as a means of focusing the attention of townspeople on improving the town. However, that community is achieved through focus on an active approach to *making* individuals and, through that, making a community—more specifically, a *moral* community—in which individuals are dedicated to the communal good. The emphasis is not on what the community is or should be, but on what people should *do* to make it *become*. The charter emphasizes self-actualization as a central means to building a good community, and these ideas form the basis for a pedagogy of creating disciplined selves. The contexts in which these ideas are promulgated are the venues through which individuals and groups engage in that activity (Traphagan 1998a).

Indeed, there is a broad label under which these ideas are generally expressed. This concept, known as *machizukuri*, is part of a community-development drive encouraged and, in part, financially supported by the national government (Robertson 1991; Knight 1994). In Kanegasaki, the concept of *machizukuri* (town making) forms the central narrative for self-actualization that bureaucrats employ to encourage the creation of a sense of community and citizenship, reflecting the values of modernity and democracy (Bestor 1988, 430). This is articulated at the individual level through a second concept, known as *hitozukuri* (person making). Government officials argue that through *hitozukuri* individuals will cultivate their own interests, hobbies, businesses, and so on, and through that the community as a whole will be improved—as one government official put it, as “individuals continue to better themselves, this will be reflected in the children of the community. If parents better themselves, children will also become better people. If everyone studies it will bring in experiences and ideas to the town, improving the community as a whole” (Traphagan 2000, 170). This rhetoric reflects the core concept of a pedagogy

that is aimed at constructing disciplined selves through building and maintaining relationships with other members of one's community (Kondo 1990, 107).

Essentially, the individual selves who become involved with activities associated with facilities such as the center are objects of power aimed at transforming and improving not only themselves, but also the community as a whole. As Foucault notes, discipline is "a technique for the transformation of arrangements" (1977, 146). Discipline organizes individual bodies into a network of (power) relations in which people engage, or are compelled to engage, in actions associated with an idealized form such as a good student or model prisoner. To be (self-) disciplined is to align one's own behavior as closely as possible with that of the idealized form of behavior, and the degree to which one is able to do this becomes a basis upon which one accumulates symbolic capital. The disciplined self is the symbolic representation of culturally circumscribed expectations about good behavior. Within the context of the center, disciplined individual selves are individual symbols of a disciplined community, just as a prosperous community (a disciplined community) is a symbolic reflection of the disciplined selves that constitute it.

In other words, the activities supported by local governments are designed as conduits through which people can engage in the discipline of self-actualization. And many of these activities are directly aimed at the elderly. Perhaps the most prominent of these are two games known as gateball and ground golf, which are popular among the elderly.⁸ Other examples include exercise classes, group calligraphy lessons, and group instruction in traditional Japanese musical instruments such as *shamisen*. At some facilities women get together weekly to participate in group sewing or choral singing.

Certain activities, particularly exercise and sports, are strongly promoted by town governments. Under the auspices of the Center for Lifelong Learning in Kanegasaki, for example, the town sponsors a marathon and various athletic meets for people of different age groups, such as baseball tournaments, volleyball tournaments, and gateball tournaments for the elderly. During the initial introductions by town leaders (*aisatsu*), such events are usually placed into the framework of *machizukuri*. Many public, town-sponsored events that have at least a minimal physical element begin with group stretching exercises, and the town encourages residents of all ages and physical condition to participate in town-sponsored exercise classes, to attend health checks (for blood pressure, pulse rate, and so on) and to visit the town's sports center for physical exams that compare actual and physical age (Traphagan 2000).⁹

For older people in particular, use of these facilities and the activities related to self-actualization are organized around the concept of *ikigai*, an idea that "functions as a core notion for the expression of private and public identity" among Japanese (Johnson 1993, 232).¹⁰ The term varies considerably in relation to the specific practice to which it refers, but it generally connotes one's

purpose in life or something that one does deeply and wholeheartedly. As I have pointed out elsewhere (Traphagan, forthcoming), a college student might describe playing mah-jongg as his or her *ikigai*, while a woman in her thirties might describe her children as her *ikigai*; a man in his forties might describe his work as his *ikigai*, or a woman in her fifties might describe flower arranging as her *ikigai*. Rather than emphasizing specific activities or specific kinds of activity, *ikigai* indexes activity itself. Furthermore, it indicates a sense of fulfillment or pleasure derived from pursuit of the activity in which one engages (Yamamoto-Mitani and Wallhagen 2002, 401).

Gordon Mathews (1996, 17; see also Traphagan, forthcoming) explains the concept as consisting of two forms. On the one hand, pursuing an *ikigai* usually indexes commitment to a group of people engaged in the same activity. Such a group might be one's flower-arranging class or the company where one is employed. In this sense, *ikigai* can be understood as implying connection to a social context in that it involves group membership and interaction with others. On the other hand, the term conveys a more inner and somewhat reflexive (or introspective) quality in that it implies activity that is directed toward self-realization or self-actualization and that is focused on the development of the individual. As noted above in the discussion of the charter of Kanegasaki, these two elements of *ikigai* are viewed as complementary. A fully realized self is one that is thoroughly capable of and involved in social interaction while also being self-reflexive and concerned with continual processes of self-improvement or self-actualization. The concept presented by town government officials in Kanegasaki and other locales is that if individual selves are engaged in self-articulation through the pursuit of *ikigai*, the entire community will benefit.

Although finding an *ikigai* can be important at any age, for the elderly it is often viewed as a matter of fundamental importance for avoiding a lonely, sad, and illness-ridden old age and, as such, is strongly advocated both by government bureaucrats and by younger family members (Traphagan, forthcoming). Having an *ikigai* is viewed as being the central method through which one may be able to avoid the onset of *boke*, although it is by no means seen as a guarantee. Mathews (1996) notes that the pressure on the elderly to have an *ikigai* is so intense that one may actually be brought to consider or commit suicide, and, indeed, older informants have told me that the lack of an *ikigai* is one of the primary reasons elders do commit suicide. Reasons for committing suicide among the elderly are, of course, more complex than lack of an *ikigai*. Fear of burdening family members with long-term care is also often cited as a reason older people commit suicide (Traphagan 2003, 32). However, the interpretation of elder suicide as being tied to a lack of *ikigai* is important, because it indexes the emphasis placed on social interaction as a basis for living a good old age. Insularity is viewed as a prescription for various forms of decline, both physical and mental, which may, in turn, lead to despair.

The rhetoric of *ikigai* is represented by the government through pamphlets and fliers that are available in most public offices and form a source of information intended to help people organize self-articulation, or self-discipline, around the idealized self dedicated to the pursuit of *ikigai*. These publications emphasize the importance of having an *ikigai* and often contain images of elders engaged in hobby activities along with such slogans as “*Ikigai* is the source of vigor,” a proclamation that appears on the front of a pamphlet that encourages older people to become “health millionaires” through having an *ikigai*.¹¹ This particular pamphlet provides numerous examples of potential activities that can form one’s *ikigai*. In figure 12.1, some examples of activities within the home that can form an *ikigai* are shown. In the top drawing, an older couple is shown doing pottery, and the caption encourages people to spend time pursuing an *ikigai* as a couple. This is interesting because, although mixed-gender activities, such as gateball and ground golf, are sometimes pursued by married couples, in general older people focus their attention on participation in groups that are either entirely male or female.

At the bottom of the page, a drawing shows an older man happily cooking and encourages one to take on the challenge of learning to cook. This is particularly interesting since, although not unheard of, it is atypical for men to involve themselves in cooking (or any other domestic work). Men, because throughout most of their lives work has formed their *ikigai*, are perceived to be at high risk of becoming *boke* following mandatory retirement at the age of sixty or sixty-five (depending upon one’s employer), unless they are able to find an *ikigai* to replace work. They are often perceived as a nuisance to their wives, because they have never been involved in domestic chores such as cooking and cleaning. Indeed, the pamphlet discussed here describes housecleaning as a potential *ikigai*. Cooking in this pamphlet is presented as one example of a way in which men can both find a suitable activity to bring fulfillment and contribute to domestic harmony in the process.

Power, Senility, and *Ikigai*

How, then, are *ikigai* and senility (in the form of *boke*) linked? Both concepts index a third concept, that of effort (*gambaru*), or giving one’s all, which is a key element in the moral pedagogy associated with defining a good person in Japanese culture (see Singleton 1993). For older Japanese, concern focuses not simply on having an *ikigai* as a means of avoiding the onset of *boke*—in fact, there is a fair amount of angst about whether being involved in social activities actually will prevent or delay the onset of the condition. The salient aspect of the relationship between *ikigai* and *boke* is to be found in the idea that one should be constantly engaged in *efforts* to be active, particularly in contexts that involve other people. This emphasis on effort is widely evident in Japanese

FIGURE 12.1 A page from a brochure encouraging people that they can find an *ikigai* even within the home.

conceptualizations of self-building and self-discipline. As Kondo notes in her discussion of an ethics retreat at the company where she worked, the focus of the retreat rested far less on attaining specific goals than it did on strengthening one's ability to persevere and give one's full effort in the demanding tasks set forth in the curriculum of the retreat. She describes daily running in which the goal was to prepare for a 7.5 kilometer marathon set for the end of the program. The point was not to win the race. Instead, "the key was to finish and not to give up" (1990, 87). While Kondo points out that pressure to persevere in formal contexts such as the ethics retreat are not met without resistance, the basic lesson of much of the Japanese attitude toward self-discipline and, ultimately, toward being a good person rests on the notion of giving it one's all. Effort and perseverance are core concepts in Japanese notions of the good self, and effort

and perseverance are the focal points for the exercise of power in relation to *ikigai* and *boke*.

The exercise of power in relation to this complex of ideas is found in at least two ways. First, the doing that is associated with the pursuit of an *ikigai* is, itself, a source of power for older people. By engaging in the pursuit of developing an *ikigai*, older people are able to accumulate, or embody, symbolic capital associated with being a good *rōjin*. As noted earlier in the chapter, “the good *rōjin*” is a category of old person that is characterized by active engagement—that is, making sufficient efforts—in activities, largely social in nature, that help to maintain physical and mental health and, in particular, can be interpreted as being beneficial in preventing or delaying the onset of senility. The pursuit of an *ikigai* is a practice aimed in large part at avoiding the onset of *boke*, but the consequences of that onset are more than simply a matter of potentially staving off cognitive decline. To become a *boke rōjin* is to risk the implication that one did not make sufficient efforts to avoid that state. In other words, the pursuit of an *ikigai* is an explicit tactic in which power—which I am defining in this context as *doing* itself—is used to generate the perception that one is being a good *rōjin*. In other words, the simple fact of giving one’s full effort to avoid the onset of *boke* is a tactic used to manipulate potential positive and negative sanctions (Bell 1975, 26) in the form of social acceptance as a good *rōjin* or the stigmatization of being a *boke rōjin*.

I want to stress here that the accumulation of symbolic capital associated with being a good *rōjin* is by no means the only reason people engage in the pursuit of finding and maintaining an *ikigai*. Being active is viewed as inherently good in Japanese society—anyone, regardless of age, who is actively involved in self-improvement and engages in social interactions is looked upon in a positive way, and being interested in self-improvement is viewed as a very natural type of behavior (Lock 1993; Traphagan 2000). But for the elderly, there is particular significance found in the pursuit of an *ikigai*, because the free time associated with postretirement life, particularly for men, is viewed as putting the elderly at greater risk of sliding into inactivity and thus contributing to the social and individual circumstances that bring about the *boke* condition. In other words, pursuit of an *ikigai* is a use of power focused inward; it is power aimed at what Long describes as “directive control” intended to manipulate changes in self (physical and mental) that are associated with the aging process by manipulating the “most basic sense of who one is” (1999, 23).

The second sense in which power is used in relation to *ikigai* is seen in government officials’ concern with the potential costs of an illness-ridden elderly population. The Japanese government is acutely aware of the potential problems the country faces—both fiscally and in terms of service provision—as the population continues to age and as an increasing number of individuals face cognitive and physical decline. As of the 2000 census, the proportion of

people in the population who were over sixty-five had reached 19 percent, and in some areas, such as Tōhoku, it has already surpassed 20 percent (Ministry of Public Management, Home Affairs, Posts and Telecommunications, Japan 2002).

Although there are no formal sanctions in the event that an elder chooses not to pursue activities aimed at maintaining personal health, the strategic use of the concept of *ikigai* by government officials is a means of exercising power to guide or direct older people to build selves that accord with ideals associated with the good *rōjin*. Having a healthy mind and body is more than a matter of personal concern—it is a social responsibility, one that is particularly important for the elderly to recognize given that they are at increased risk of functional decline in comparison with other age groups.¹² Government officials strategically deploy the concept of *ikigai*, and the centrality of self-actualization through having an *ikigai*, as a moral frame through which the elderly can express—through doing—their own willingness to contribute to the social whole by being good *rōjin*. Old bodies in Japan are not simply subject to forces of dominance over which they lack control, but the doing of *ikigai* “generates social and symbolic capital associated with being a good, active person” (Traphagan 2000, 174). Symbolic capital associated with being a good *rōjin* is collectively constructed around the notion that healthy individuals form a healthy community.

Political leaders use the concept of *ikigai* not only as a means to encourage and help people to avoid individual functional decline in old age, but also as a way to avoid overburdening the social service system, particularly the fiscal burden of *kaigo hoken*. Facilities such as the *shōgai kyōiku sentā* and such classes as that in cooking, discussed above, function as an institutional structure for channeling self-actualization (*ikigai*). In other words, these contexts are locales where various forms of power are being simultaneously enacted—subtle forms of dominant power in employing the concept of *ikigai* to direct older people in their behaviors, and productive power in the form of individual and collective generation of symbolic capital associated with being a good *rōjin*.

In the Japanese context, *boke*, or perhaps more precisely the fear of the onset of *boke*, is tightly linked with moral, political, and economic discourse on aging. Facilities such as the senior center in Akita or the Lifelong Learning Center in Kanegasaki are presented as contexts through which individuals can engage in activities aimed at preventing or delaying the onset of *boke*. But they are also contexts in which power is strategically used by both government officials and the elderly who make use of the facilities. Although there is a subtle element of coercion in the manner in which the government uses the conceptual elements of *ikigai* as functions of individual and social responsibility to influence people’s behavior in ways that may limit use of social and health services designed for the elderly, this use of power is not unidirectional. Indeed, both those in political power and those using the facilities are confluent agents in the

field of power associated with senility. Power in this framework is not organized around a binary opposition of political structure and individual agency; rather, the political structure through which people wield power and the individual agents who engage that structure converge. In other words, structure and agency are isomorphic. The goals of individual agents and the political structure are two different expressions of the same fundamental set of social constructs, which emphasize activity and social interaction as fundamental to being a good person, and which underlie the basic assumptions that run throughout the field of power (cf. Margenau 1977, 330).

Furthermore, in the context of coping with senility in Japan, the exercise of power lacks an inherent element of resistance. While the elderly are subtly coerced into structuring self around the ideals associated with activity and effort, they participate in these activities willingly and are themselves enacting power, both in terms of their confluence with government rhetoric and in terms of their efforts aimed at preventing boke. Given that the elderly are faced with the seeming inevitability of functional decline in old age, it is in their self-interest to comply with these government-promulgated ideals. And, indeed, the ideals themselves are simply reflections of long-standing conceptualizations of what makes a good person in Japan—lifelong dedication to effort both as an individual and as a member of a larger social whole. Being a good *rōjin* means engaging oneself in the matrix of power relations that is used to organize the articulation of self around doing and effort.

NOTES

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1. I use the term *narrative* to indicate the context in which the processes of discourse and rhetoric generation are embedded. Narrative provides the basis of possible meanings that can be used to stimulate discursive and rhetorical activity (see Schrag 1997, 29).
2. Although fish was available, it was expensive in earlier times and thus not eaten frequently. In addition, following World War II, there was a considerable period of food shortages that also contributed to nutritional problems.
3. For a discussion of how Japanese conceptualize somatic and mental elements of the person in term of ideas about inner-ness (*uchi*) and outer-ness (*soto*), see Traphagan 2002.
4. This should not be interpreted as meaning that Japanese generally conceive of living with an individual suffering from dementia in these terms. Ariyoshi's (1972) novel portrays a very different picture, depicting sacrifice, emotional pain, and physical exhaustion as characteristic of the experience of caregivers for boke individuals.

5. Other consequences may also be related to the onset of the boke condition. For example, it is possible that families may be regarded as having been at least partially to blame for the onset of the condition, in a way similar to what Cohen (1998) finds in India, although in my fieldwork I have not encountered specific cases of this type of social stigmatization. One area that does appear to represent a negative consequence for elders who experience is in terms of access to some social services. At least in rural areas, it can be difficult for families with a boke member to actually find a nursing home willing to accept the individual; this is particularly problematic because of the shortage of nursing home beds in rural areas. Nursing homes will in some cases claim that they are unable to deal with the difficulties specifically associated with a person who has any form of dementia, boke or otherwise. This is an area related to the experience of boke that is in need of further research.
6. Jyūmin ga kenkō de akaruku yutaka na seikatsu o itonamu tame no kenshū, gakushū, supōtsu, rekurieeshon ga dekiru ba to shite sukoterareta shisetsu.
7. *Kōminkan* are not specifically intended for older residents, although it is typically older people who make the most extensive use of these facilities.
8. Gateball is a game similar to croquet that has been played by the elderly in Japan for many years, and ground golf is a recently developed game similar to golf. Both of these games are played primarily by the elderly (see Traphagan 1997).
9. Although these ideas have been promulgated and encouraged by the national government, not all towns buy into them with the vigor that has characterized Kanegasaki's use of these ideas. However, these ideas reflect a general concept that individuals hold responsibility for self-maintenance and cultivation and that self-cultivation is not that of an isolated self, but one of a self in community. The responsibility thus is not simply a responsibility to care for oneself, but a responsibility to care for the community as a whole by caring for oneself.
10. An earlier version of this discussion of the concept of *ikigai* appears in Traphagan, forthcoming.
11. I have discussed this particular pamphlet elsewhere in relation to the conceptualization of disability in Japan; see Traphagan, forthcoming.
12. As Akiko Hashimoto (1996) points out, unlike in most Western societies, in Japan the identification of the elderly as a class of persons in greater need and at greater risk of becoming a burden is a legitimate form of social differentiation.

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