

CHAPTER 1

Introduction: The Road to Oblivion

“At about noon one day last July, I was outside gardening. I heard an ambulance, but didn’t think much of it,” recounted Mrs. Nakamura. *“A little while later, the old woman who lives next door came over and said that the woman a few houses down had died. At first she only told me she had died, but after we talked, it became clear that there was more to it. The daughter-in-law in the house where the deceased woman lived came home for lunch. When she went into the carriage house in back, she found her mother-in-law hanging from the rafters. They called the ambulance right away, but it was too late.”*

“It seems that it was because her physical condition was weak,” remarked Mr. Nakamura, the local temple priest. *“I heard this directly from her, that she was having physical problems. This was probably the reason that she did it. The winter prior to her death, she caught a bad cold and was taken to the hospital. She was in the hospital for quite a while with pneumonia. From the time she came home, she had a lot of physical problems. Her demeanor changed quite a bit from the way she was prior to being in the hospital. Also, they did some blood tests and found she was anemic (hinketsu). And she said she was experiencing side-effects from the drugs she was taking, too.*

I spoke with her about a week or so before she committed suicide. She came to participate in the weeding around the grounds of the temple that the old women in the hamlet do once a month. At that time, she was talking a lot about how her body was physically bad and that she wasn’t feeling well. But I didn’t have any inkling that she might be thinking about suicide. There was nothing in particular that suggested to me that this might be coming. Even though she was sick, she could still do things like weeding, so it wasn’t that she was incapacitated. But it seems that she was feeling that she had changed a great deal since becoming sick.”

Mrs. Nakamura then said, “Well, she wasn’t really able to do much work. She wasn’t able to do much work around the house and needed a lot of rest. She seemed to often say warui kedo (it’s bad, but) and then

avoid doing things around the house or for the temple and hamlet. For example, when I called her on the phone and said that it is raining a bit today so we won't do the weeding, she just accepted it. She didn't have any of the eagerness after she came back from the hospital that she had had before. She didn't want to do things. She wasn't energetic (genki) and seemed like she wanted to rest all of the time. Rather than wanting to participate in the weeding, she seemed to be doing it more because she felt obligated (giri).

"Rumors were that at the time of the suicide, she left a letter," said Mr. Nakamura. "I heard that the letter included an explanation that she killed herself because her physical condition had fallen. She was probably wanting to avoid causing a burden (meiwaku) on her family and was thinking that she didn't want to be a problem if she became physically frail or senile (boke). She was probably thinking about her family. Maybe there were other reasons, too. Her son-in-law was a compulsive gambler and deeply in debt. But my guess is the main thing she was thinking to herself was, 'I don't want to be a burden, so it's best if I am not here at all.' She was around sixty-two at the time she hanged herself."

THE FAILING BRAIN IN JAPAN AND NORTH AMERICA

Fear about the onset of physical and mental decline in old age, and of becoming a burden to one's family as a result of that decline, is a theme commonly associated with growing old in industrial societies. In North America, the specter of Alzheimer's disease has become one of the primary cultural themes through which people engage and think about decline in old age. Jokes in early old age or in middle age about forgetfulness, in which people say they are getting "oldtimer's disease," index a more general fear that one's final years might be characterized by a loss of mental or physical function that is painful and burdensome. In Japan, too, fear of functional decline and becoming a burden in old age generates lighthearted joking, or in a few cases, the deep melancholy of the woman from a farming community in northern Japan described in the ethnographic vignette above.

There is a small, but growing, literature in anthropology on the cultural construction of senility or dementia (Henderson and Gutierrez-Mayka 1992; Cohen 1995, 1998; Herskovits 1995; Henderson 1997; Traphagan 1998b). Nonetheless, research on the "failing brain," as dementia has been called, is dominated by biomedical discourses that define it as a "clinical syndrome characterised by persistent impairment of multiple cognitive capacities" (Cummins 1995:1481), giving little

attention to the cultural dimensions of senility. In North America, dementia is arranged into two broad categories: Alzheimer's disease (AD) and brain disorders causing cognitive deficits associated with other conditions such as Parkinson's disease, vascular disease, or depression (Cummings 1995:1481–82). The emphasis in this schema is on AD and other dementing disorders of old age as being “caused by specific pathological conditions” and, hence, they fit within the rubric of abnormal cognitive function and pathological aging (Khachaturian and Radebaugh 1996:4). As such, dementia is distinguished from characteristic changes in domains of cognition associated with normal aging that affect memory, abstract reasoning and problem solving, complex attentional processes, and visuospatial abilities—changes that are viewed as not caused by specific diseases, producing little disability, and thus are not pathological (Cummings 1995:1481).

In the North American context, unambiguously differentiating normal and pathological aging has been deemed highly important in helping doctors assess conditions and avoid erroneously attributing normal age-related change to underlying pathologies (Beall, Baumhover, Maxwell, and Pieroni 1996). But when considering dementia as a syndrome of brain dysfunction with various causes, it becomes difficult to define the threshold between cognitive impairment and cognitive changes associated with usual aging processes. Furthermore, physiological and psychological factors such as nutrition or educational attainment tend to blur the lines between what is considered normal and abnormal cognitive function (Morris 1996:76).

The biomedical establishment in Japan follows a similar approach to categorizing cognitive impairment and decline in old age. Alzheimer's disease, known as *arutsubaimā*, (a direct borrowing from English) and *chihō* (dementia) are causally linked to disease and are placed into the general category of *rōjinsei chihō* or dementias of old age (Kikkawa 1995:188). Unlike North America, however, where senility has become increasingly medicalized and associated primarily with AD as a clinically constructed form of pathology (Cohen 1995) among lay people and medical professionals alike, in Japan *boke* exists as an additional category of senility that is usually distinguished from the pathological conditions of AD and *chihō*.

With *boke*, there is a feeling of ease, a humorous feeling, an impression of softness, but as a medical term it is unsuitable, I think. For example, if you say dementia (*chihō*), without question there is a sense of disease, an abnormal condition exhibited. (Ikeda 1995:26)

Among many older people, there is also a sense that *boke*, unlike dementia, is a condition that at least potentially can be controlled or even pre-

vented by keeping active in old age. Furthermore, although there is an uncertainty about whether or not the *boke* condition can actually be controlled, most see themselves as having an obligation to do whatever they can to prevent, or at least delay, its onset as they grow older.

My concern in this book is with the culturally constituted category of illness known as *boke* (Good 1994:52). I will argue that *boke* is not only a condition of mental and physical decline that affects older people; it is also a moral concept. The moral content of *boke* is tied to an individual's social responsibility to be an active, contributing member of society by taking care of one's physical and mental health, to avoid situations that burden others, and to return the obligations one incurs through relationships of interdependence with others.

Japanese normative values emphasize social utility as a foundation for generating a sense of self-worth and self-identity (Lebra 1976b). There is a basic assumption in most realms of Japanese society that one should be socially directed and engaged in activities that are aimed not just at self-cultivation, but also at cultivation of the social whole, whether it be household, workplace, hamlet, town, or nation. Those activities that improve or enrich individuals are seen as having the corollary effect of improving the community as a larger entity. One means by which people can contribute to the social whole is through maintenance of mental and physical health. Although important for people of all ages, this becomes particularly significant for the older person, whose ability to participate as a social entity is seen as being threatened by the potential onset of the *boke* condition—a condition that is viewed as fundamentally antisocial in nature.

The social importance of maintaining health in old age, as Akiko Hashimoto notes, is indicated in the Japanese Law for the Welfare of the Aged. This law stipulates that older people are to be “loved and respected as those who have for many years contributed toward the development of society,” while they themselves “shall be conscious of their mental and physical changes due to aging, and shall always endeavor to maintain their mental and physical health to participate in society” (in Hashimoto 1996:35).

Implicit in the Law for the Welfare of the Aged is a sense of reciprocal responsibilities or obligations among individuals and between the individual and the community. Members of the community have an obligation to reward with respect those who have built up social and symbolic capital by contributing to the social whole over a lifetime. In turn, elderly individuals have a reciprocal obligation to work to adjust to and manage the physical and mental changes that occur with aging and to participate as social entities throughout the later years of their lives—an activity that, itself, is seen as contributing to the social whole.

In fact, what one chooses to do, as will become evident later in the book, is considerably less important than the doing itself. The very fact of being actively involved in something socially oriented—whether it be sports, games, study, child-rearing, work, or any number of other things—is seen as being inherently good and automatically fulfilling one's responsibility to better the social whole.

This should not be taken as suggesting that people's motivations are always aimed toward the communal good. Individuals are autonomous entities who function within a web of interdependencies that are exchanged in reciprocal form (Lebra 1976a:337). Autonomy and the ability of an individual to function as an autonomous entity are important values in Japanese society. The communal benefit gained through the activity of individuals is largely a by-product of the autonomous actions of those individuals. Although in many cases people may be concerned with the greater good, they are equally likely to be motivated by self-interests that correspond to the interests of their community. Clearly, being recognized by others as one who is oriented toward social good in a cultural milieu that values social utility and harmony is a means by which to maximize the acquisition of social capital.

Because a significant portion of an individual's self-identity is constructed on the basis of social utility and engagement in the web of reciprocal obligations, functional decline in old age presents a serious threat to personhood and, thus, is among the most feared potentialities of old age. Indeed, such decline is sufficiently dreaded for people to believe that an older person, like the woman described in the ethnographic vignette that opened this chapter, would commit suicide rather than burden one's family with the care and embarrassment associated with the condition.

Boke, in particular, is viewed as being antithetical to activity and is equated with inactivity. The *boke* person is one who has failed to maintain mental and physical health by keeping him or herself socially active. As such, the condition indexes a loss of a self-identity built upon social values that stress interdependence among autonomous individuals who exhibit concern for the needs of others (Lebra 1976a). Having lost control over these values, the individual becomes inactive, unidirectionally dependent and, in many cases, a burden on others. In other words, the *boke* condition indexes a shift from a more sociocentric sense of self-identity to a more egocentric one, from social behavior to antisocial behavior. This shift represents the disembodiment of normative values that emphasize sociocentric and, thus, moral behavior. With the onset of *boke*, one embarks upon a road to oblivion, in which one is physically alive but socially dead—a liminal being who has lost control over the values that make one a moral person.

Throughout this book, I will use the term "senility" when referring

to the complex of Alzheimer's disease, other forms of senile dementia, and *boke* as they are employed in Japanese society. I use "senility" precisely because of the polysemous and often ambiguous nature of dementia as a cultural construct in Japan. Furthermore, following Cohen's definition of senility as the attribution of difference to an old person or old people in general, particularly when this difference is "embodied behavior" and is to some extent stigmatized, this term is particularly appropriate to the Japanese case (Cohen 1998:33).

DISEMBODYING THE EMBODIED

It is necessary to unpack what I mean by "disembodiment" here, because my use of the term is somewhat idiosyncratic as compared to ways it is more generally employed in anthropology. For the most part, anthropological writings related to disembodiment focus on a juxtaposition of corporeal and noncorporeal aspects of a human being. Anthropologists have reported societies in which there exist myths about spirits of humans that are temporarily disembodied (Barth 1975:128) or rituals in which disembodied spirits can seize or possess the body of living persons, temporarily displacing the human selves that inhabit those bodies (Boddy 1989:132; Bourguignon 1973; Bourguignon 1976). Shaw has used the term in reference to a concept among the Samo people in Papua New Guinea in which there are two aspects of human essence. One is embodied in the living and the other a disembodied aspect that dwells in one's ancestral abode—the living contain embodied aspects of human essence and the dead contain disembodied aspects of human essence (Shaw 1990:133–134).¹

Another way in which this term has been used more recently is as a heuristic device to assist anthropologists in thinking about the abstract nature of social values. This use of the term suggests that there exist abstract social values that are embodied in individuals, but which can also be thought of, at least from a theoretical viewpoint, as having an existence separate, or disembodied, from the bodies of people living in a particular social context (Strathern 1996). This abstract "something else," as Ots calls it, can either be seen as culture or mind, and from a theoretical point of view "takes possession" of or enters into individual bodies as people internalize social values and behaviors of their society (Ots 1994:117).

My use of the term disembodiment is closer to that of this second idea, but important differences exist in my formulation of the concept. I am following the work of Strathern and Ots in the idea that we can view the "something else," what Bourdieu refers to as the cognitive and

motivating structures of a society (Bourdieu 1977; Bourdieu 1990), as being drawn and embodied from one's social environment. These are the abstract features of culture—its rules, values, and ideals—that are reified by actors and treated as having an existence independent of individual actors. These abstract values or ordering principles are embodied as people are socialized to follow patterns of behavior consistent with their own cultural milieu.

Where I am taking a somewhat different turn is in the idea that embodied social values can be lost, or disembodied, when people fail or are unable to function within the framework of the cognitive and motivating structures of their society. In a basic sense, the discussion that follows is concerned with the relationship between the breakdown of internalized patterns of behavior and the decline of bodily and mental control among the elderly. These issues of decline, however, are more than loss of control over physical and mental function; they are also loss of control over basic cultural values that are continually being embodied as individuals interact with others.

In this sense, then, I am using the idea of disembodiment in a way that sets it as a counterpart to Bourdieu's notion of embodiment. For Bourdieu, embodiment is the integration of bodily space and cosmic space, physical and abstract social constructs (Bourdieu 1977). People model their physical gestures and ideas after those they observe in proximate others. Through the practice of modeling, the basic ordering principles of a society become imprinted on the body and form a physicalized memory that stores those principles. Individuals improvise on this stored memory; thus, the nature of the principles is constantly changing. But there remains a core framework of embodied values and motivating structures that Bourdieu terms the *habitus*, and that he defines as the embodied (cognitive) structures that reflect the ordering principles of a society and regulate the range of improvisational behavior or practice available to members of a given context (Bourdieu 1977; Bourdieu 1990).

In short, embodiment is a process of acquisition of the values that operate in a given social context. The emphasis on the body in this idea is, in part, a means by which Bourdieu and others attempt to move away from dualistic mind/body constructions typical of Euroamerican thinking and toward an idea that the acquisition of culture is a process that holistically affects the person. Bourdieu places emphasis on the "durable" nature of the structures that form the *habitus* as it takes form within the individual, and this is where I wish to take a somewhat different tack from his work. Disembodiment is a loss of control over or an unlearning of the cognitive and motivating structures that regulate the acceptable range of behavior. In this sense, disembodiment can be

understood as a disincorporation of the rules that stipulate what is considered normal (and in the case discussed here, moral) behavior.

There is a basic problem with using the term disembodiment in this way. It can be argued that disembodiment, as I am using it, is, in essence, simply another form of embodiment. To an extent this is true. The disembodiment of social values that I discuss in this book does not leave behind an empty shell. People continue to embody certain aspects of their social milieu and, in some cases, may drift in and out of more or less control over cognitive and motivating structures as the *boke* condition fluctuates. My purpose in using the term is to emphasize the sense of loss of control over one set of values that was embodied and has not simply changed, but has been displaced from the affected person. In other words, it is the loss of the ability to function not only as a social, but as a cultural entity.

CULTURE AND AGING

Culture, as David Plath notes, is the legacy of idioms and values that give direction and purpose to living (Plath 1980:8). From birth we begin an ongoing process of embodying the ideals, patterns of behavior, schedules for life-course events, and values that are normative for a given generation and place (Plath 1980:7–8). This is not a process to which we are passive subjects, but is one for which we are authors, readers, and interpreters. That is, we manipulate and control the themes—the values, norms, and behaviors—that characterize what we call culture at a given time and place.

Aging, at first glance, may seem much more a biological than a cultural process. Indeed, there are biomarkers of aging, age-dependent physical changes that have a correlation to chronological age, and that are evident across the human species. As Turner and Weiss point out, these range from visible phenotypic changes such as the development of pubic hair to subtle changes in biochemical processes (Turner and Weiss 1994:77). In humans, phenotypic markers of the senescent body include features such as loss or thinning of hair, decreased visual and auditory acuity, wrinkling of the skin, muscular weakness, varicose veins, and some loss of short-term memory (Turner and Weiss 1994:77).

While biological manifestations of aging are inescapable, these changes are inevitably interpreted and experienced via the legacy of idioms and values, the web of meanings, that form a given cultural context. One of the central ways in which the aging process is interpreted is through the manner in which people segment the life course into phases or periods such as adolescence or senescence. Meyer Fortes points out

that chronological age and the stages of maturation over the individual life course are not necessarily coterminous. Age, as a measure of an individual's time on the earth, may be independent of or neutral in relation to both biological changes and the identification of maturational stages in a given culture (Fortes 1984:101). In other words, age is as much a cultural construct as a biological one. The relationship of age to the changing body over time, like that of gender to sex or kinship to genealogy, is informed by the biological. But age cannot be simply reduced to its biological manifestations; nor can the biological be ignored from the ways in which it is culturally constructed.

The manner in which people in Japan culturally define and manage the transition into senescence forms one of the central threads of ethnological interest that runs through this book. Unlike many other parts of the urban industrial world, Japan is unusual because it exhibits sharply delineated periods of the life course and relatively consistent timing of transitional events such as marriage or retirement. Rural areas are particularly interesting because transitions are often organized around formal age-grading practices that structure the timing of passages between periods in the life course in terms of age group membership.

Age-grading practices related to the transition from middle age to old age highlight an important ethnological contrast with other industrial countries. In most of the industrial world, age is typically downplayed or even legally prohibited as a criterion for differentiating or segregating older people on the grounds that it is discriminatory or ageist (e.g., Littlefield 1997; Frerichs and Naegele 1997). In Japan age is a legitimate criterion for differentiating the elderly from other segments of society (Hashimoto 1996:40). A fundamental element defining the elderly as a distinct age group can be found in the idea that old age is a time when people can legitimately expect to depend upon others for social and economic support—particularly their children, who are viewed as having an obligation to provide that support.

Although one might expect that these social patterns would clear a path for uncomplicated passage into elder status, the transition from middle age to old age in Japan is not necessarily a smooth one. Many people contest a public discourse on aging that defines one as *rōjin* (old person) at the age of sixty-five. Older people often state that there is a discontinuity between how they feel about their own age identities and how they are defined by public discourses that determine when one is considered old. Many believe that with the high longevity of Japanese, one's sixties should be considered a part of middle age rather than old age. At a more subtle level, resistance to assuming the identity of old person is linked to social norms that regulate the degree to which older people engage in dependent behavior. This is expressed in the form of a ten-

sion between the idea that the elderly are viewed as being able to legitimately depend upon others and social norms that emphasize avoidance of burdening others at any age. This tension limits the ability or willingness of elderly people to engage in the forms of dependent behavior to which they have a legitimate claim.

In the previous paragraph, I used the word “discourse,” referring to public discourses in Japan that define one as old at age sixty-five. The term discourse has become quite popular in anthropological writings, but theoretically its application is not without its problems, largely because it has often been vaguely defined, if defined at all, when used in the social sciences. However, I share the views of Baumann, and others, that there is theoretical work for which the term is appropriately employed (Baumann 1996:10; Lutz and Abu-Lughod 1990:7). Toward later portions of the book, I will frequently use the phrase “public discourse,” by which I mean conscious and explicit manipulation of ideational themes in order to foster specific ends at the individual and communal levels (Comaroff 1985:4). Public discourses both regulate and form the basis for improvisational behavior (contestation) as people experience and react to changing contexts and symbolic representations of their worlds. The term discourse implies interaction. In relation to the process of aging, the public discourse that stipulates when one is old, when one can be legitimately dependent, and how much is too much dependency, constantly inserts itself into the lived experience of being old in Japan.

As one of the central symbolic expressions of the public discourse on aging, the concept *boke*, rather than corresponding to senility in the sense implied in North America by conditions such as Alzheimer’s disease, indexes a state of being characterized by the disembodiment of basic normative values that operate in Japanese society. There is a wide range of group activities for older people that are intended specifically to help them remain active as social entities and, thus, maintain the ability to control embodied social values. These activities, however, are not simply embraced by people, but are contested as people attempt to delay the transition from middle age to old age and the assumption of a changed self-identity. After people have accepted a self-identity as that of *rōjin* or “old person,” such activities become instruments of agency as they attempt to control the process of aging and prevent the onset of the *boke* condition.

The fact of contesting entrance into old age is nothing new. Humans do not passively become old, but either resist or accept self-definition and ascriptive status as old on the basis of self-interest (Counts and Counts 1985a; Counts and Counts 1985b). In this book, I emphasize that in relation to aging, as with other aspects of human behavior, peo-

ple are agents who manipulate and negotiate the social structures that limit the range of practices in which they can participate. They neither passively embody, nor disembody, the social values and ideas that operate in the social contexts in which they live their lives.

AGING IN JAPAN

A great deal of excellent scholarship has been produced that describes and details the nature of Japan's "aging society" by social scientists in recent years (see, for instance, Kaplan et al. 1998; Jenike 1997; Kinoshita and Kiefer 1992). Thus, I will limit myself here to a few of the more salient statistical and thematic points connected to the aging society.

Results of studies published concerning dementia cases in Japan suggest that the incidence of AD and other biomedical forms of dementia will increase more sharply than in any other developed country over the next twenty years (Ineichen 1969:170). The numbers of people experiencing dementia (*chihō*) are expected to climb from approximately 123,000 in 1995 to a high of 308,000 in 2030 (Ikeda 1995:23; Zenkoku shakai fukushi kyōgikai 1995).

The increase is a consequence of broader demographic trends in which the growth rate of the elderly (65+) population in Japan is predicted to rise from approximately 10 percent of the population in 1985 to slightly under 26 percent by the year 2025 (Zenkoku shakai fukushi kyōgikai 1995:34). In absolute numbers this represents an increase from 12.5 million in 1985 to 31.5 million by 2025 (Martin 1989:7).² As of 1999, approximately 17 percent of the Japanese population is sixty-five and above. Perhaps more striking than the large number of people over sixty-five is the expectation that, of the elderly population, slightly more than 15 percent of them will be between seventy-five and eighty-four by the year 2025.

In addition to the growth of the elderly population in Japan, living arrangements for the over-sixty-five population have been changing for some time. Government demographic data indicate that the number of elderly living in multigeneration families has been declining, while the number living alone or as a married couple living separately from children has increased. For example, in 1985 26.9 percent of elderly people lived alone or with a spouse, while 50.1 percent were living in three-generation households. By 1996, these figures had shifted to 42.4 percent and 31.8 percent, respectively (Sōmucho 1998:29).

Interpreting the meaning of these data is difficult, however, because many older Japanese live close to their children, live in separate dwellings on the same property, or even in two-generation houses in

which the older and younger generations live in completely independent quarters (N. Brown 1998). Furthermore, many older Japanese continue to live in multigeneration families. In the past, some scholars viewed the high level of co-residence as suggesting a higher quality of life in old age for Japanese than for people in many other industrial nations (Palmore 1975). Recent ethnographic and sociological studies have shown, however, that alienation, loneliness, and the loss of basic sources of meaning can and do contribute to the experience of aging in Japan, regardless of one's living situation (Kinoshita and Kiefer 1992; Kurosu 1991).

Bethel, for example, argues that the legend of Obasuteyama (which translates as the mountain for discarding Grandma) has come to operate, for older people living in nursing homes, as a symbol for feelings of missed expectations and unfulfilled life separated from the context of household and family (Bethel 1992). Kinoshita and Keifer's work in the retirement community of Fuji-no-Sato also suggests the presence of a sense of alienation among some elderly Japanese. The retirement community forms a context that lacks two major institutions the authors deem central to Japanese culture—family and workplace—institutions that help Japanese locate themselves formally within society. Without ready access to family and workplace the residents of Fuji-no-Sato adapt by developing a “routinization of social distance” in which close friendships are rare (Kinoshita and Keifer 1992).

While these works have contributed greatly to our understanding of aging and old age among Japanese who have been dislocated from contexts of household and community, they do not directly address issues related to aging and old age for the large number of elderly who continue to live in multiple-generation families. Nor do they address issues for older people living alone or only with their spouse in the same community to which they have belonged throughout their adult (and often entire) lives, and to which, as in many cases in this study, their households have belonged for several generations. In this book, rather than focusing on older people who have experienced a major discontinuity in the process of growing older as the result of being dislocated from familiar social contexts, I will limit my discussion largely to those who have managed to maintain continuity, at least at the level of community membership, throughout much of their adult lives and whose households have long-term historical continuity in the hamlet where fieldwork was conducted.

ORGANIZATION OF THIS BOOK

The remainder of this book is organized into three sections. Chapters 2 and 3 are devoted to an ethnographic description of the community

where research was conducted. My purpose in chapter 2 is to draw a general picture of the town where fieldwork was conducted and also to look at demographic patterns in which many younger people out-migrate to cities leaving behind older people. Much of this chapter is concerned with the meaning of “rural” for both those who leave and those who remain behind, how images of rural life relate to migration and generation, and how the fact of out-migration relates to the experience of old age for those who remain. Chapter 3 focuses on the hamlet of Jōnai that was at the center of fieldwork. Again, I look at the demographic composition of the hamlet and discuss the importance of long-term continuity of household and community for those who live there.

These two chapters are intended to present a picture of my fieldwork site that emphasizes the strong communal bonds that exist within the hamlet, while noting that within families there is often a great deal of social and geographical distance between generations. The central point of this section is that while older people enjoy a considerable degree of integration with age peers, they experience alienation from other age groups. Furthermore, although Confucian ideas that emphasize filial piety have historically meant that if a loss of the ability to function autonomously arose in old age, children (primarily the eldest son) were responsible for maintaining the financial and health needs of their parents, economic and demographic changes in Japanese society have made this pattern increasingly impractical, particularly in rural areas. As a result, interdependency for older people living in rural areas has developed a horizontal character in that, due in part to the out-migration of younger people, people must rely heavily on age peers for social support in times of need, rather than on vertically oriented cross-generational interdependencies within families.

Chapters 4 and 5 focus on age structuring related to both terminologies of age and age-grading practices that operate in the hamlet. My concern in these chapters is to examine the manner in which people think about the aging process and, ultimately, how they contest the transition from middle age to old age by resisting entrance into the elder age grade. I argue that the contestation of entrance into elder status is part of a general contestation of the public discourse that ascribes status as elderly to individuals.

Following this, chapters 6 and 7 look at age-appropriate activities for older people by focusing on a game known as gateball, which is popular among the elderly. I examine how people use gateball in their efforts to control or prevent the onset of the *boke* condition. I suggest that the elements associated with old age that are contested as people move from middle to early old age become instruments of agency as they move from early old age to later old age and attempt to prevent the onset

of the *boke* condition. Age appropriate group activities like gateball are often associated with negative stereotypes of old age. But these same activities, because they emphasize social interaction, physical coordination, and strategic thinking, become the primary tools used to delay or prevent the *boke* condition.

Chapter 8 contextualizes the behavior described in chapters 6 and 7 by showing how it functions within an institutionalized system, known as the Center for Lifelong Education, which is designed to provide a framework through which people can endeavor to maintain social and symbolic capital and embodied normative values of Japanese culture. To an extent, this institutionalized framework can be analyzed in terms of Foucaultian notions of the body as reified within the field of political interactions, or power relations, that impose a specific order upon the body. But the same institutionalized framework also forms a collective exercising of power through which townspeople willingly engage public, politicized discourses concerning the healthy old body as they attempt to hold on to the social capital they have acquired over a lifetime and continue functioning as viable social entities in the community.

Finally, chapter 9 provides some concluding observations about the position of this study in the ethnographic literature of aging in Japan and its theoretical implications for examining senility as a cultural construct with symbolic meaning rather than simply as a disease. I will argue that the study complements recent work on aging in Japan among institutionalized elderly by showing that, like those who are institutionalized, older people living in contexts where they have well-established matrices of social interaction experience alienation and social distancing. The primary difference is that the alienation they experience is not with age peers, with whom they experience considerable social integration, but with members of younger age groups from which older people are largely segregated. Just as there is no single setting that characterizes Japan, there is no single setting that characterizes the experience of aging in Japanese society. This book adds another view to important ethnographic studies like Kinoshita and Keifer's work in a retirement community, or Hashimoto's work in an urban setting, by providing a picture of life among the elderly in a rural hamlet.

I will argue that as a cultural construct *boke* functions as a means through which people can engage familiar cultural themes that emphasize doing and self-cultivation as being of central import to being human. As a symbol of decline in old age *boke* mediates between cultural norms that stress effort, doing, and contributing to the social whole as central to being a good person, and feelings of resignation to the possibility that decline and entrance into the oblivion of senility may make it impossible to engage those values.

From a more general, theoretical perspective, I will suggest that this book can be useful to the study of aging because it points out the existence of considerable variation in the ways in which senility and dementia are culturally constructed. The North American tendency to medicalize the aging and dying processes should not be taken as a universal expression of human experience. People in other cultures do not view senility in the same way that it is understood in North America, nor do they necessarily place it into the context of a medicalized or disease-driven state.