

## Article

# Religion, Gender, and Bodies: Women's Polyvalent Roles and Experiences in the Biopolitics of Taiwan's Presbyterian Missions

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**Abstract:** The Presbyterian missions and medical missions in 19th-century Taiwan were successful enterprises that over time developed into the Presbyterian Church in Taiwan, which stands today as the largest Christian minority church in this country. Through a Foucauldian biopolitical perspective, this paper analyzes the roles of female missionaries in the management of bodies and the subjective experiences of both foreign and Native women in the missions. Going beyond descriptive narratives and control-versus-agency reductionist frames, the paper points the polyvalent semantics of such roles and experiences. It also explores the complex relations between the women's biopolitical functions, the PCT's industrial type of biopolitical apparatus, and the biopolitical regimes of the late Qing dynasty and the Japanese colonial government in the early 20th century. The conclusions remark on the analytical relevance of biopolitical perspectives in the study of gender and body-related phenomena in Christian missions and Christian religions beyond Western societies.

**Keywords:** biopolitics; bodies; gender; Christian missions; Presbyterian Church in Taiwan; subjectivity



**Citation:** Zavala-Pelayo, Edgar, and Hung-Chieh Chang. 2022. Religion, Gender, and Bodies: Women's Polyvalent Roles and Experiences in the Biopolitics of Taiwan's Presbyterian Missions. *Religions* 13: 64. <https://doi.org/10.3390/rel13010064>

Academic Editor: John P. Bartkowski

Received: 10 December 2021

Accepted: 7 January 2022

Published: 11 January 2022

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## 1. Introduction

Backed by the prerogatives granted by the 1858 Treaties of Tianjin, and after a first wave of American and European Protestant missionaries who preached in the south of mainland China in the early 19th century (Tiedemann 2009), Presbyterian missionaries arrived in Taiwan for the first time in 1865. English Presbyterian missionary James Laidlaw Maxwell arrived at the south of the island that year and, together with missionaries Hugh and Elizabeth Ritchie, established the South Formosa Mission. Canadian Presbyterian missionary George Leslie MacKay initiated the North Formosa Mission in 1872 and ran the mission until his death in 1901. Slowly yet steadily, these missionaries made their way into the then-Taiwanese frontier society. Sharing the evangelical strategies of other Protestant missions in China, these groups of missionaries in the south and the north engaged in itinerant preaching, erected chapels in the island's cities and rural villages, established elementary schools for boys and girls, and opened clinics and small hospitals for treating converts and potential converts.

Aside from normative analyses (e.g., Rubinstein 2003; Dodge 2020) on the performance of the Presbyterian Church in Taiwan (臺灣基督長老教會, PCT henceforth), studies on this church's missions have been growing in recent decades and are part of a larger academic corpus on missions and medical missions across East Asia. As we elaborate below, some of these works have paid attention to women's professional contributions to the medical missions and women and body-related phenomena in the missions through rather selective analyses. In this paper, we analyze women's body-related phenomena in Taiwan's Presbyterian missions through a biopolitical perspective. With this conceptual-analytical

approach, we attempt to shed light not only on women's medical work or the missionaries' policing of female bodies, but also on the range of body-related roles and subjective experiences of women, and the connection between those roles and experiences and what can be considered the Presbyterian missions' biopolitical apparatus. To understand this complex set of biopolitical dimensions and phenomena in a broad context, our analysis covers both the second half of the 19th century and the first decades of the 20th, that is, the foundational missionary period under the late Qing dynasty and the Presbyterian missions during the Japanese colonial government (1895–1945) in Taiwan.

We begin the section below by reviewing the literature on medical missions in East Asia. We then summarize the works that have addressed foreign and local women's experiences in, and contributions to, Christian missions in East Asia. A review of works on missions, medical missions, bodily phenomena and Native women's bodies, including footbinding, is presented in the third section. The fourth section summarizes biopolitics as an analytical perspective and works that have deployed this perspective to analyze non-religious biopolitical regimes in East Asia and religious biopolitical apparatuses in neighboring regions. After an account of our methodological criteria, the sixth section presents our findings on the different roles women had in the management of others' bodies and their own, the Presbyterians' different strategies for intervening women's bodies, and the Native women's range of subjective bodily experiences. From a macro perspective, the sixth section addresses the type of industrial biopolitical apparatus of the Presbyterian missions and explores its connections with the biopolitical agendas of the late Qing Dynasty's authorities and the Japanese colonial government. The conclusions remark on the polyvalent semantics of women's body-related roles and experiences in the biopolitics of the Presbyterian missions and highlight the analytical relevance of biopolitical perspectives in the study of body-related phenomena in Christian missions and Christian religions beyond Western societies.

## 2. Medical Missions and Gender

The literature on medical missions in East Asia is rich and has addressed significant agents, events, and effects related to both Catholic and Protestant missions. Regarding Catholic medical missions, for instance, some works address the presence of Jesuit physicians in mainland China and their relations with Chinese emperors and literati in the late 17th and 18th centuries (Asen 2009; Hsia 1999). The works that study Protestant medical missionaries range from general historiographical accounts of European and North American medical missions in the 19th century (Rubinstein 2009), to more focalized histories that describe in detail, for instance, the background of the first Protestant missionary physicians and their establishment of clinics and dispensaries in China (Lazich 2006), or the professionalization of the missionary–medical profession in rural missions in China (Stanley 2006). Similarly, the literature on medical missions in Taiwan has contributed with detailed historiographical accounts of specific agents and events mostly related to Presbyterian missions, such as the dissemination of a Scottish type of medical education in Taiwan through Presbyterian hospitals (Lu and Lai 2018), or the colonial type of management over a leprosy colony in Taiwan established by Presbyterian missionaries (Wang 2007). Although rich in details and at times epistemologically reflexive (Wu 2008), these works tend to pay only passing attention (e.g., Wang 2007, p. 121; Wu 2008, pp. 5–6) to female agents and gender issues. Other works have set out to correct this imbalance.

The works on gender and missions in East Asia have been growing in number in recent decades and have analyzed the contributions and experiences of the foreign women in the missions (e.g., Choi 2001; Davin 1992), the female local agents (e.g., Tucker 1985; Dodge 2020), or both (e.g., Maxton 2018; Choi 2009). Specific research subjects regarding foreign missionaries include the limited influence of missionaries' wives and single women working in Protestant missions in China (Davin 1992), as well as the civilizational narrative and the apolitical stance in the narratives of an American Presbyterian woman in Korea (Choi 2001). Regarding local female agents, the literature goes from evaluative analyses on

single cases, for instance, the evangelical labor of the first Taiwanese woman married to a Presbyterian missionary in the north of Taiwan (Dodge 2020), to descriptive narratives about a set of agents, for instance, “Bible-women” in the region of Canton in China in the first decades of the 20th century and their education, financial remuneration, and spiritual lives (Tucker 1985). Regarding both foreign and local female agents, the works range from descriptive to micro–macro analyses. Regarding the former, for instance, there are works on the “major workforce” constituted by British female missionaries and Bible women in Japan in the early 20th century (Maxton 2018, p. 45). Micro–macro approaches include, for instance, an analysis on the type of womanhood that emerged out of the interplay between Korean women and female Protestant missionaries in the late 19th century and early decades of the 20th century (Choi 2009), and how such womanhood was ultimately intersected by a Western type of modernity, Japan’s colonialism, traditional Confucian gender doctrine, and Korea’s emerging nationalism.

Works on gender and medical missions are somewhat scarcer, though they have also paid attention to the full spectrum of female agents and their contributions, mostly through descriptive analyses. Brouwer (2002), for instance, addresses the medical work and teachings of medical missionary Florence Murray in Korea in the first half of the 20th century and the effects of this missionary’s work in the male medical establishment. Similarly, Lee (2014, p. 80) narrates the transition of Presbyterian Lillian Dickson from missionary’s wife to “unofficial” agent involved in nursing, medical, and fundraising activities in the second half of the 20th century. Tucker (1989) describes the history of the Presbyterian Hackett’s Women Medical Center in Canton in the first decades of the 20th century and the work of the Center’s foreign female medical missionaries. Xu (2016), on the other hand, analyzes the positive impact that the medical missions and missionary hospitals had on Chinese women’s rights movements. As explained below, some of the aforementioned works have also addressed an analytical dimension that is central to understand women’s individual and collective experiences.

### 3. Missions, Women, and Bodies

Some of the studies that analyze women’s experiences in medical missions and Christian missions at large in East Asia have also looked at bodies, bodily experiences, and bodily phenomena as specific research subjects. These works usually address the strategies missionaries deployed to police and intervene in Native women’s bodies, the missionaries’ ambivalent stances on the latter—restrictive/traditional and tolerant/progressive—and/or the usually (re)active responses of Native women. Drawing on Foucault’s perspective on discipline, Fu (2005) distinguishes the different tactics deployed in the missions to police male and female Native bodies in Taiwan’s Presbyterian missions. Regarding the physical approaching, and touching of, Native women’s bodies, Fu points out the exclusive role of midwives and nurses in the missions. He also addresses singing at the missions’ schools—an apparently casual activity we discuss below as well—as a way of disciplining female bodies. Similarly, Wang (2008) discusses not only how gender but also class and nationality played a role in missionary medical practices in China from the 1870s to the 1920s. Echoing Fu, this author highlights how the reaching of female patients’ sick bodies occurred through female practitioners and how this gendered medical practice represented for American missionaries opportunities for professional development. Lin (2015) goes over both the Chinese questions-based and the missionary touch-based methods to diagnose women’s sick bodies as well as the knowledge of the female patient’s body that medical practitioners should have in missionary hospitals. By looking at the work of Peter Parker, the first medical missionary in China, Kang (2012, p. 19) points out the agentic role of sick Chinese women in seeking a Western type of medical treatment, their breaking away from cultural restrictions for exposing “internal” and “external” body parts, and their reluctance to expose their “innermost” parts, or genitalia, before male doctors. Regarding missionary schools and missions at large, Choi (2009, p. 48) distinguishes missionaries’ empathetic and oppositional stances to the “physical seclusion” that Korean women had to undergo tradi-

tionally in their domestic spaces. She also discusses the ideas of proper motherhood that Korean girls had to learn at school according to missionaries and traditional upper-class Koreans, as well as the later opposition to traditional chastity by former female students. [Graham \(1994\)](#) goes over some of the debates among American Protestant missionaries in China about the proper physical education that girls at missionary schools should undergo. He notes in passing the “good exercise” that girls were meant to practice as opposed to the “physical drills” ([Graham 1994](#), p. 35) that boys were expected to do. Briefly, in addition, Graham notes the practice of footbinding among Chinese women and the missionaries’ “anti-foot-binding” (p. 39) interventions.

Indeed, the practice of footbinding in China has been at the center of a number of analyses from disciplines as diverse as labor economics ([Bossen and Gates 2017](#)) and cultural history ([Ping 2000](#)). In what follows, we refer only to relevant works that address both footbinding and missions, or medical missions. In this smaller set, some studies tend to focus on the Protestant missionaries’ anti-footbinding campaign and its effectiveness (e.g., [Lau 2008](#)), while others address the missionaries’ views on female bodies as well. [Ko’s \(2005, p. 18\)](#) often-cited history of footbinding, for instance, does not only note the Protestant missionaries’ campaign to eradicate footbinding and the transformation of the Protestants’ concept of Tianzu (natural feet) into a nationalist “symbol of [ . . . ] self-determination” in China. She also points how some missionaries’ blended Confucian notions with Christian ideas of heaven and thus attempted to legitimize the naturalness of the physically unmodified female body. [Zito \(2007, pp. 5, 10\)](#) analyses the anti-footbinding discourses of Protestant reverend and founder of the Heavenly Foot Society John Macgowan, who reportedly drew on the idea of a divine “natural” body that was meant to be in the “service of the spirit”. According to this author, Macgowan’s activism embedded the idea that English missionaries were saving Chinese society by saving female bodies from footbinding and infanticide.

Although some of the works above address, extensively ([Ko 2005](#)) or in passing ([Zito 2007](#)), the normative, cultural, and subjective backgrounds of footbinding in China, the voices of the footbound women in the Christian missions are barely audible (cf. [Shepherd 2019](#), p. 96). In addition, even though some works address the missionary’s body and its reportedly salvific purpose, it can be said as well that the silence on/from footbound Christian women in the missions extends to the bodies of the female missionaries themselves, as if the latter were constituted by “inert” ([Zito 2007](#), p. 4) bodily dimensions apparently opposed to the Native women’s transformable bodies. In the sections below, we attempt to fill in these gaps, and the mainstream literature’s overlooking of women and body-related phenomena in general, by exploring the female agents’ spectrum of body-related roles and different bodily experiences in the Presbyterian medical missions and missions at large in Taiwan. Trying to move beyond a descriptive analysis, we account for these women’s diverse experiences through a biopolitical perspective, whose theoretical bases, empirical applications, and analytical relevance we present next.

#### 4. A Biopolitical Perspective

By the end of his prefatory volume on the history of the sexual subject, [Foucault \(1978\)](#) introduced the concept of biopolitics. Partly drawing on his often-cited analysis ([Foucault 1995](#)) on punitive methods and the production of “docile bodies” through military, industrial, and school “disciplines” ([Foucault 1995](#), pp. 135–40), [Foucault \(1978, p. 145\)](#) proposed biopolitics as a conceptual and perspectival tool for the analysis of “life as political object”. This power over life, or biopower, would develop forcefully from the 17th century onwards in Western societies and would take up two forms: a power over the bodies of individuals, or an “anatomy-politics of the human body”, and a power over collectivities, or a “biopolitics of the population” ([Foucault 1978, p. 139](#)). Whereas anatomy-politics focuses on the subject’s bodily and sensorial dimensions as well as the individuals’ physical strengths and movements in a material plane, biopolitics takes as object the emergence of the notion of population and the surveillance and procurement



of the biological processes of a population as a whole, that is, its fertility rates, longevity, mortality, and individual and collective health. According to Foucault, both forms coalesced over time and gave rise to a modern “era of biopower” (Foucault 1978, p. 140), in which the management of human life in its broadest sense, including sexuality, became paramount. At the beginning of his Collège de France lectures on governmentality in 1978, Foucault (2007) continued his reflection on biopolitics and particular biopolitical technologies by linking it to the genealogy of the modern state and government (see also Rentea 2017, pp. 5–7). Although the term biopolitics appeared in the corpus of these lectures only occasionally, Foucault (2007, pp. 115–34, 163–90) dwelled on different “technologies” that developed across history to govern different types of populations, from the Christian pastorate and its government of individuals and communities to the government of societies through classic and contemporary political economy (Foucault 2008).

Drawing on this analytical perspective, Park (2014, p. 205) analyzes the “biomedical construction” of Korean female bodies by Japanese medical practitioners in Korea in the first decades of the 20th century. This author argues that the medical–scientific approach to the management of female reproductive bodies was meant to serve the Japanese colonial government’s need for a productive Korean workforce, crucial in turn for Japan’s potential expansion into China (Park 2014, p. 189). Similarly, Yoo (2008) highlights the “intrusive policing” (Yoo 2008, p. 201) of Korean women’s bodies via the regulation of women’s reproductive and birth-control practices, childbearing habits, and even menstruation, by state institutions and the medical and scientific Korean establishment. Except for a few works such as Chiang’s (2019) study on the governance of hygiene through the biopolitical regimes of the Japanese colonial government and the Presbyterian church’s apparatus, the Presbyterian medical missions in Taiwan have been rather an infrequent empirical reference in the specialized literature in East Asia. This is not because Christian medical missions are irrelevant to biopolitical phenomena. On the contrary, as Dressler (2019) argues regarding Seventh-Day-Adventist missions in the Philippines in the 21st century, Christian missions may not only operate through “disciplining technologies” (Dressler 2019, p. 128) but may also deploy biopolitical apparatuses that on the one hand may have a detrimental effect of Indigenous beliefs and, on the other, may trigger practices of resistance.

As Foucault’s explorations point out, and the works above confirm, biopolitics is more productive when it is used not as a concept but as an analytical perspective. A biopolitical perspective problematizes teleological narratives and broadens the analytical horizon regarding bodily phenomena through a series of analytical moves. Firstly, as anthropological perspectives have done as well (e.g., Zito 2007), it denaturalizes the idea of the human body by tracing the societal forces that (co-)create archetypes of particular bodies at different times in history. Secondly, it pays attention not only to the strategies and mechanisms of power that produce (ideals of) bodies and bodily behaviors (e.g., Lau 2008), but also to the modes and processes of self-government that individuals themselves engage with to conduct themselves and comply with, or resist against, external expectations. In this sense, a biopolitical perspective also takes as focus the individual’s different “forms of subjectivation” that may in turn generate “new forms of identity” (Lemke 2011, pp. 119–20). Thirdly, it also pays attention to the deliberate and/or unintentional knowledges—e.g., scientific medical discourses—that on the one hand enable the deployment of the strategies and the mechanisms of power over bodies and, on the other, motivate the individual’s range of (bodily) responses. Furthermore, these analytical dimensions are not observed in isolation (e.g., Kang 2012), but simultaneously as inter-dependent processes. In short, a biopolitical perspective prioritizes “how” over “why” type of questions and thus sheds lights on the complex construction, management, self-government, and subjectivation of both individual bodies and the human species’ “social body” (Rentea 2017, p. 6).

## 5. Methods and Materials

Our analysis is based on archival and documentary material from the PCT’s archives in the cities of Taipei and Tainan, the sites of what can be called, respectively, the PCT’s north

and south historical seats. These materials, and additional texts in electronic form from the ‘Elder John Lai’s Archives’ website, were accessed during three periods of fieldwork carried out between 2018 and 2020. The main documents include letters by female missionaries and wives of missionaries (Chen et al. 2012a, 2012b, 2017; Ritchie et al. 2019), volumes by the Women’s Missionary Society in Canada (TWMSPC 1915, 1921), literary or promotional books by female missionaries (Landsborough 1922), and addresses and papers written by Presbyterian and other Protestant female missionaries for missionary conferences (e.g., TSC 1860, 1879). As a caveat, it must be noted that if the materials on/by female missionaries in the archives are expectedly lower in number compared to the material on/by male missionaries, the voices of the range of local female agents in the missions, whether Indigenous or Chinese, are nearly absent and hence analytically “elusive” (Prieto 2014, p. 368). To try to compensate for this gap and have access, if biased, to the voices of the Native Bible women, girls, and other local women in the missions, three additional types of documentary material were analyzed: publications in the China Medical Missionary Journal; letters, documents, and books written by male missionaries; and more recent publications on women at the missions authored by contemporary authors and published in church periodicals. The analysis of our textual corpus was guided by the search for both patterns of discourses and practices (Zavala-Pelayo 2021) as well as “minute deviations” (Foucault 1977, p. 146) or “oddities” (Choi 2009, p. 5). It was conducted in three stages (Jäger 2001): (i) a literal analysis, whereby frequent explicit themes and subjects were identified within documents and across the data set; (ii) an interpretative analysis that yielded further categories of explicit and implicit subjects across the data set; and (iii) a conceptual analysis, whereby the categories were interpreted through the biopolitical perspective outlined above.

## 6. Women, Bodies, and Taiwan’s Presbyterian Missions

The Presbyterian missions in the north and south of Taiwan partook of the medical evangelizing strategy typical of Christian missions in other East Asian regions (Brouwer 2002; Choi 2009; Tucker 1989). One of the usual stories in this department revolves around the founder of the Presbyterian mission in the north, George L. Mackay. Though having no formal training as physician, Mackay extracted the decayed teeth of native Christians and potential Christians to stimulate the attention of the locals and increase their trust towards the mission (Gauld 1878, p. 120; MacLeod 1923). Another occurrence pointed in historical narratives is the foundation of what can be regarded the first modern hospital in the south of Taiwan in the 1860s by missionary James L. Maxwell. However, the Presbyterian medical missions were not male terrain exclusively, and women’s contributions were certainly not marginal.

In the early years of the missions, the wives of missionaries in the north and south of Taiwan performed as assistants for the mission’s doctor. Such was the case of Tiun-Chhang-mia (張聰明), who assisted her husband G. L. Mackay in his medical tasks and also tended to sick members of the missions (Jamieson, in Chen et al. 2012b, p. 90). As missionary Marjorie Landsborough (1922, p. 101) suggests in one of her publications, other local women assisted the medical mission through menial yet functionally essential activities such as cleaning and washing. Landsborough herself even donated part of her skin to a patient who had to undergo a skin graft procedure (Kuo 1985; Wu 2008). Other women in the missions were trained nurses. Elisabeth A. Turner, wife of missionary Thomas Barclay, received her training in Scotland and was a “qualified nurse” when she arrived at Taiwan with her husband (Ferguson 1909, n.p.). Others were in fact doctors. Physician Elizabeth Christie Ferguson, wife of missionary Duncan Ferguson, arrived at Taiwan in 1892 and provided medical treatment to women in Taiwan and the offshore island Lombay (TC 1901; see also Fu 2005). The institution that trained female missionaries in Canada, the Missionary and Deaconess Training Home, included courses on “medicine and nursing” in its program (TWMSPC 1915, p. 10). The lessons given in the school for women in Taiwan’s north mission included “physiology”. Once the basic clinic founded by Mackay in 1878

developed into the Mackay Memorial Hospital in 1912, a program for nursing studies was established in the north of the island too (TWMSPC 1915, pp. 150–55). It is safe to argue as well that, irrespective of training, local and foreign women in the missions assisted in the provision of medical services both within the missions, and during itinerant preaching across the country (TWMSPC 1915, p. 156). Local and foreign women's nursing activities and medical assistantship in the Presbyterian missions in Taiwan, however, do not exhaust the range of phenomena related to women and bodies. In the subsections below, we expand on the female missionaries' roles in the management of bodies; the subjective and agentic bodily experiences of Native women; and the larger biopolitical apparatuses in/through which such management and subjective experiences took place.

### 6.1. Production of Body-Relevant Knowledges

Female missionaries played a key role in the creation and circulation of different knowledges on bodies in general, and sick and healthy bodies in particular. Although apparently casual or "marginal" (Foucault 1977, p. 153), these knowledges covered the diversity of individuals—male, female, Chinese, Aborigines, adults, children—and contributed to make the management of bodies in the mission "conceivable" (Lemke 2011, p. 119) in the first place. Though not as visible as the medical diagnoses produced by male missionaries (e.g., Jefferys and Maxwell 1911), female missionaries also produced diagnostic narratives on bodies. In one of her letters published in the Presbyterian Record, north-based missionary Isabell Elliot, for instance, records the case of a Hakka student that had been taken to the mission hospital in Tamsui. According to Elliot's records, the student presented "a very severe case of typhoid with complications" and, although he "managed to hold his own to the convalescent stage", his illness "worsened" and "in a few days was gone". Elliot then describes how the body of the 19-year-old boy was finally placed in a "plain unpainted coffin" open to the gaze of the mourners (Elliot 1915, n.p.). Through long or short annotations, ethnographic registries that paralleled the male missionaries' (e.g., Mackay 1895, pp. 104–34) were also produced. Echoing the Protestant missionaries' debates on footbinding, south-based missionary Elizabeth Ritchie wrote in one of her letters in 1879 about "four types of women" in the island: the Chinese woman, the "industrious Hakka woman", the "more apathetic aboriginal woman", and the "unreclaimed savage woman", and after touching upon the appearance and physical qualities of each, Ritchie underlined how all the types, except for the Chinese, "have all large feet" (Ritchie et al. 2019, p. 431). Similarly, in a chapter dedicated to Japan and Formosa in a volume by the Canadian Presbyterian Church's Women Society, the Chinese Hakka population in Formosa is described as "one branch" of inhabitants whose women "are found pushing trolley cars, carrying burdens and working in the fields", and were "noticeable" not only by their "fantastic hair dressing" but also by their "unbound feet" (TWMSPC 1915, p. 138).

The type of knowledge registries above went hand-in-hand with a series of (self-)reports that subtly yet effectively contributed to supervise the co-workers' sick and healthy bodies, or specific corporeal states that were meant to deliver healthy bodies. Foreign female workers in missions wrote systematically, through formulaic expressions, about their co-workers' health and how they were doing "well" (Mackay in Chen et al. 2012a, p. 241), or how their health was "very poor" (Connell in Chen et al. 2017, p. 79). More importantly, these customary observations could escalate to relatively lengthy reports with a vigilant tone. Missionary Hannah Connell, for instance, reported in one of her letters that one of her co-workers, Mr. Jack, had to be "taken to the Japanese Hospital" and afterwards went "to Japan for a change and just returned last week". After these apparently neighborly statements, Connell reports with further details how Mr. Jack became "much stronger" later, though "far from strong yet", since he had "not rested as he should" and had "failed some few pounds in the short time he has been home" (in Chen et al. 2017, p. 66). On occasions, such a supervisory gaze was directed to the missionary's own body and her (un)healthy weight. By the end of one of her letters to the Canada Mission's Board in 1909, missionary Jane M. Kinney explains that while she was on holidays in Korea, she "did

not put on flesh”, though she “gained 7 pounds” later during the month she was at home. “Isn’t that great?” wrote Kinney, and then asserted optimistically “there is lots of chance for [gaining] more [weight]” (in [Chen et al. 2017](#), p. 142).

The registries of female missionaries on Native bodies ran parallel to the missionaries’ keen attention on an apparently casual activity that also revolved around bodies and bodily abilities—music. As Elizabeth Ritchie in the south explains in one of her letters, some members of one of the Aboriginal communities in the southern region—the “Toa-sia brethren”—possessed “strange musical instruments”, two of which were “played with a vow, and one with the fingers [ . . . ]; another one is played with two little hammers; and for the playing of yet another something is slipped on the thumb and forefinger of the right hand [ . . . ]” ([Ritchie et al. 2019](#), p. 368). In fact, the missionary’s attention to music-related body parts and movements went beyond the production of registries.

## 6.2. *Singing, the Regulation of Bodies, and Women’s Bodily Self-Transformations*

Regardless of geographical location, the tools for evangelization in Protestant missions included almost invariably the teaching of singing and the singing of hymns. Singing was taught to native pastors, male and female converts, and boys and girls in the missions ([TSC 1860, 1879](#)). In the Presbyterian missions in Taiwan, male missionaries participated as music instructors, G. L. Mackay being one of the most notorious in the historical records. However, this educational task fell rather on the shoulders of the missionaries’ wives, female missionaries, or native Bible-women ([MacLeod 1923](#)). From the first decade of the 20th century, the curricula of the elementary schools for girls and women in the missions included singing ([Kinney 1908](#); [TWMSPC 1915](#)). Over the years, the teaching of singing and hymns developed into full programs of music education and the training of church choirs.

Either as devotional or educational practice, singing represented an instance of systematic disciplining ([Fu 2005](#); [Chan 2015](#); [Chang 2016](#)) and the training of a skill directly related to “internal” ([Kang 2012](#), p. 19) body organs such as the lungs and vocal cords. Furthermore, singing in the missions entailed episodic interventions on specific body parts, body movements, and the bodily behavior of the individual and the collective Native agents. As Ann Jamieson pointed out in a letter in which she describes the singing lessons taught by the male head of the north mission G. L. Mackay, women in these lessons “sat in rows in the center of the hall [ . . . ] all facing the platform”, and “standing or sitting”, they sang “individually”, “in groups”, “in divisions”, or “alternately”, while being required “to stand erect and ranged like soldiers, all eyes fixed on the notes [ . . . ] with clock-like precision thus keeping time”; such performances, and the “minutest particulars” they comprised, “could not fail at once to take the attention of any one witnessing it” (in [Chen et al. 2012b](#), p. 80).

As mentioned above, evidence on the singing apprentices’ experiences is elusive; however, some texts by female missionaries gives us clues regarding these agents’ reactions. In one of her books, south-based missionary and writer Marjorie [Landsborough \(1922, p. 91\)](#) pointed out that songs sung by Aborigines during Christian service in Taiwan, were actually “strange tunes” that the Aborigines’ “savage” ancestors “used to sing among the mountains”. As those songs were “remembered through the generations”, they “were adapted for the use of [Christian] hymns”. These processes of adaptation were likely not the same ones that prevailed among the non-Aboriginal students during singing lessons in the missions. However, if devotional and educational practices of singing were means whereby women’s body parts, movements, and bodily behaviors were episodically intervened in, it can be argued that those interventions did not meet passive agents that merely reproduced the teacher’s commands, but very likely faced agents who adapted, and negotiated, to different degrees and in different forms the content of the lessons and their intended bodily regulations.

At any rate, what we want to stress regarding these bodily interventions is not only their regulatory but also their performative agentic nature. As [Asad \(1998\)](#) reminds us in his critical essay on monasticism, discipline in a religious context may be directly associated to the formation of the agent’s own “potentiality” ([Asad 1998](#), p. 125) and, furthermore,



her capacity of self-transformation. If the minds and bodies of female students at American missionary schools in China were being subjected to a relatively successful program to raise a “New Woman” in the late 19th century (Graham 1994, p. 34; see also Prieto 2014), it can be argued that the Presbyterian missionaries’ episodic interventions on women’s bodies through singing lessons might have not yielded a radical change in women’s own conception of womanhood, but very likely contributed to their learning capacities and self-perception as potentially transformable subjects.

### 6.3. Reforming Sinful Feet

Different traditions in the Han society had placed strict control over the life-course and bodies of women. As pointed above, one of the most salient traditions in this regard was footbinding, which in Taiwan was mostly practiced by the emigrant families from southern Fujian, as opposed to those from the province of Guangdong who tended to overlook this habit (Shepherd 2019). Although medical missionaries in Taiwan did not consider footbinding a disease per se, it was an “inconvenient” custom that brought about “evils” in the sense of “limitations to bodily exercise” (Jefferys and Maxwell 1911, p. 310; see also Mackay 1895, p. 102).

Discussions on this tradition among female Protestant missionaries on both sides of the Taiwan Strait were apparently more heated. Female missionaries tended to consider local women’s bound feet a sinful habit. Though the missionaries were knowledgeable of the positive opinions of the locals on such a practice, their stance was condemnatory. An American Methodist Episcopal missionary stationed in Foochow, Miss Woolston (1878), acknowledged that footbinding was a tradition that could prevent women from being considered manly and thus allowed them to get married and fulfill the high-status role of the delicate wife who is not fitted for manual labor. For Woolston, however, the habit in question was a “very great” sin, which defied “God’s perfectly made foot” (Woolston 1878, p. 135; see also Ko 2005, pp. 16–17; Zito 2007). At the turn of the century, this stance seemed to prevail. In her address to fellow missionaries during the Missionary Conference held at New York in 1900, Rachel Benn, missionary of the Methodist Episcopal Church working in Tien-tsin, acknowledged, on the one hand, women’s promising prospects of marriage that came with the practice of footbinding, yet stated on the other hand that such practice was “the private badge of that Antichrist which is undermining the kingdom of God the world over” (Benn 1900, p. 191; see also Sloan 1900, pp. 280–81).

As other Protestant missionaries in China did (Ko 2005; Zito 2007), the Presbyterian missionaries in Taiwan implemented different tactics to stop such a sinful tradition among the sector of the female population that practiced it. Besides the missionaries’ abolitionist “efforts” (TWMSPC 1921, p. 131) through speeches during Sunday service, schools at the mission took bolder steps. Before the opening of the Xinluo Girls’ School in 1887, for instance, the missionaries set as a condition for the candidate’s enrollment the release of her feet if they had been bound. (TCN 1886). During the first decades of the 20th century, the stance against footbinding by female missionaries in Taiwan remained, though its value references now included progressive tenets such as women’s liberation and emancipation. As missionary TWMSPC (1921), in her published report about “Formosa” stated, women who had stopped binding their feet were now free, independent, and able to access “various lines of work, to earn their own living”, and could therefore satisfy “their thirst for knowledge” and “aspire to complete emancipation” (TWMSPC 1921, p. 132). Despite her enthusiasm, Kinney herself acknowledged that the Presbyterians’ attempted reform on women’s feet, that was indeed parallel to the Taiwanese elite’s increasing resistance against the tradition and the colonial Japanese government’s 1915 prohibition (Shepherd 2019), did not translate immediately into total compliance and some women continued with “the cruel custom” (TWMSPC 1921, p. 132). Similarly, for medical missionaries in the early years of the 20th century, bound feet were still “ubiquitous” and would “be found as long as the present generation survives” (Jefferys and Maxwell 1911, p. 307).

Like the singing lessons in the classroom, it is likely that the missionary's interventionist agenda on women's feet met with individuals who had for a long time appropriated footbinding not only as a status-related habit but also as a "concrete embodiment of self-respect" (Ko 2005, p. 228; see also Shepherd 2019; cf. Bossen and Gates 2017), and therefore negotiated to different extents the missionary's new ideals of womanhood and associated corporeal habits. In this sense, the most important aspect of the missionary's campaign was not only its intended reform of an "external" (Kang 2012, p. 19) body part for the sake of mobility but also, as male and female missionaries suggest (TWMSPC 1921; Mackay 1895), its role as incentive for women's various degrees of resistance, at least during the first period of implementation. In addition, the missionaries' eventually successful interventions on women's feet, together with the latter's subjective and agentic responses, were functional to the Presbyterian missions' biopolitical apparatus and what can be regarded the biopolitical programs of the late Qing dynasty and the Japanese colonial government.

#### 6.4. Freed Bodies for a Productive Workforce

Female infanticide during the rule of the late Qing dynasty was common (Olds 2003; Yu 1988; Zito 2007). As missionary Mackay noted, when a girl was born in a Chinese family in Taiwan, the event could be of little importance. If the parents were poor and already had daughters "the child must sooner or later be put out of the way" (Mackay 1895, p. 298). However, after their early childhood, those who survived this type of "necropolitics" (Estevez 2017) had to work and/or learn skills such as cooking, sewing, and embroidering. Girls and teenage girls, especially though not exclusively those in poor families, were expected to contribute to the family's income through manual labor in the rice or tea fields, or through sedentary work at home such as cloth weaving, yarn spinning, or handicraft making (Shepherd 2019; Bossen and Gates 2017). Even though footbinding in Taiwan was reportedly not used by working families as a control instrument to limit girls' spatial mobility and increase their domestic productivity (Shepherd 2019), these women since their early age represented—together with the unbound-feet female population—a labor force in agricultural fields and households. By extension, they constituted a crucial force in the economy of the late Qing dynasty (Bossen and Gates 2017). What can be tentatively called the late Qing's gendered necro-bio-politics would be selectively addressed by the missionaries.

The Presbyterian missionaries in Taiwan procured girls and women in missions as a productive "work force" (Maxton 2018, p. 56) as well. To understand how missionaries could conceive women in this sense it is worth recalling not only the range of productive activities in the medical and evangelizing departments that women carried out. It must be pointed out as well that the Presbyterian missions in the south and north of Taiwan were part of the larger context of industrialization in 19th-century societies across the globe (Smith 1988; Thompson 1988). The type of industrial orientation in Taiwan's Presbyterian missions can be observed in the systematic recording, reporting, and institutional prioritization of increasing numbers of "hearers" and "inquirers" in Sunday services; figures of baptisms in towns and villages; numbers of chapels and stations built across the island, numbers of students at schools, patients at hospitals, and even figures of teeth that both foreign and native pastors extracted from converts and potential converts (e.g., Chen et al. 2012a, pp. 53, 79, 228–29; Mackay 2015, pp. 31, 46, 86, 130, 725; Ritchie et al. 2019, pp. 177–79, 272, 340–45). As part of these endeavors, women of all ages and nationalities in the missions were meant to be a complementary labor force. More importantly, their labor was dependent not only on their cognitive skills but also on their properly freed bodies.

Wives of missionaries were part of the itinerant evangelization across the island. As Elizabeth Ritchie notes in one of her letters in 1878, her activities while touring with her husband in the south of the island included trekking in the countryside and climbing hills to survey the literate female population in Aborigine groups (in Ritchie et al. 2019, pp. 372–74). In the north, foreign female missionaries were at first regarded unsuitable

for evangelization not only because they were not familiar with the locals' "language and customs" but also because the island's tropical climate made them prone to illness and to being "confined almost entirely to the seaport" (Mackay 1895, p. 302). The Natives and their bodies, on the other hand, were able to thrive in the island's climate and difficult "conditions" (Mackay 1895, p. 286). If their feet were properly unbound, Native Bible women could move across territories and reach intimate spaces, and, unlike the foreign missionaries, they knew "when and how to appear in a neighbor's dwelling" (Mackay 1895, pp. 302–3). Native Bible women's skills were endorsed by the female foreign missionaries themselves. In one of her letters in 1893, Ann Jamieson stated emphatically,

*Foreign ladies sent from Canada are not the ones to win heathen women and children to Christ. I speak from experience. Chinese Bible women have done it and can do it. I saw them teaching, and they know how to reach their heathen sisters.* (in Chen et al. 2012b, p. 205; emphasis in original)

It is safe to argue that the reaching of sisters that Jamieson refers to was not merely pedagogical. Moreover, girls being taught at the mission's school also represented key evangelistic agents because of both their knowledge of the language and their physical capacity to access domestic spaces. As Ann Jamieson also pointed out, the students trained at the Girl's school were sent "to work at different stations [missions] in the country", they would "accomplish there more practical good than [ . . . ] any other foreign woman could [ . . . ]" (Chen et al. 2012b, p. 93). For Tiun-Chhang-mia, the evangelistic contribution of girls also relied on them going back to "their homes to help their parents provide food, or help their husbands when they get married to make a living; then help their own little ones in due time to worship God" (Chen et al. 2012a, p. 240). The period of Japanese colonial rule in Taiwan brought changes to the religious field in the island but did not alter substantially these evangelistic strategies and the larger biopolitical apparatus they were part of.

After an initial "laissez-faire" (Jones 2003, p. 19) period of roughly twenty years, in which religions in Taiwan were left unchecked, the Japanese colonial authorities began to issue stricter policies on religious practice and organizations in the second half of the 1910s. This regulatory period was followed by a more aggressive campaign that started in the 1930s and sought the "Japanization" (Jones 2003, p. 19) of the Taiwanese society, including religions and what was by then the nascent Presbyterian Church in Taiwan. Under these administrations, the PCT saw its hospitals and theological colleges shut down and its foreign missionaries, still active in the aforementioned institutions, expelled from the island (Rubinstein 2003). Despite these clashes, the PCT shared with the Japanese colonial government since the early years of the 20th century not an identical but a convergent biopolitical drive. Like the Presbyterian medical missions, the colonial government in Taiwan was committed to a similar modernizing, science-based transformative agenda. As the missionaries had been doing with their own registries of converts, members, stations, chapels, and clinics since the 1860s, the Japanese colonial government carried out Taiwan's first "modern census" in 1905 (Shepherd 2019, p. 34). As the Presbyterians did as well, the Japanese authorities in the island sought to develop not only an "orderly [and] disciplined" society but also a "productive [ . . . ] population" (Shepherd 2019, p. 35). Not coincidentally, the Japanese regime also regarded footbinding, together with opium smoking and queue wearing, the three most important "obstacles to development" (p. 35). While Japan's colonial biopolitics goes beyond the scope of our analysis, it can be argued that the Presbyterian missions' biopolitical tactics over women's bodies and their female labor force complemented the Japanese colonial government's biopolitical agenda (Park 2014) in Taiwan.

## 7. Conclusions

While trying not to lose sight of coeval biopolitical programs in the late Qing dynasty and the Japanese colonial government, in this paper we have tried to shed light on the Presbyterian missions' biopolitical apparatus, its knowledge bases, types of bodily regu-

lations and interventions, and women's range of roles and subjective experiences, which went beyond a control–agency binary frame (cf. Dressler 2019; Kang 2012; Park 2014; Xu 2016). Women's roles and experiences across the Presbyterian medical missions and missions at large in Taiwan were not ambivalent, but polyvalent. There was no clear-cut division between male oppressor and female oppressed bodies, nor was there a categorical distinction between female missionaries' dominant bodies and local women's submissive bodies. Both foreign and local women performed as key agents in the functioning of the Presbyterian medical missions and their provision of health care for sick bodies. More importantly, foreign female missionaries worked as active agents in the missions' production of apparently casual knowledges that in fact contributed to turn sick and healthy bodies into "calculable" entities (Lemke 2011, p. 19). These active women could also engage in the supervision of their own bodily health. For the Aborigine and non-Aborigine Native Bible women, as well as other women and girls at the missions, body-related experiences were diverse as well. They were subjected to episodic regulations of their body movements as well as to discursive and practical interventions on their "sinful" body parts. At the same time, though, it can be said that these women's bodily and subjective experiences in the missions might have not resulted in complete emancipation yet were conducive not only to different degrees of resistance but also to the learning of physical skills that likely increased the agent's self-awareness, if not her capacity for "self-restructuring" (Asad 1998, p. 135). It can be argued that these groups of diverse women complied with, negotiated, adapted, resisted, and in a sense utilized for their own transformations the different elements and dimensions of the missions' complex biopolitical apparatus.

An analytical perspective that focuses on the biopolitics at work in the Presbyterian missions does not exhaust the number of bodily and body-related phenomena that involved or affected women in the missions. This perspective cannot offer a cautionary tale of medical, missionary, or political failures and successes either. However, a biopolitics-based approach can effectively problematize reductionist analyses of medical missions and women's subjective bodily experiences by not only conceiving from the outset the possible links between the (self-)policing of individual bodies and politics over the collectivity's life processes (Foucault 1978), but also by opening the analytical horizon further and looking into the different relations between subjective processes of agency formation, resistance, negotiation; individual and collective production of official and unofficial knowledges; and interplays between political and non-political forces (Lemke 2011) with an implicit or explicit stake in the management of specific bodies and populations. By deploying this perspective on Presbyterian missions and women's bodies in Taiwan, we also hope we have shown the centrality that women's productive bodies and lives have had not only for political (Yoo 2008) but also religious forces in early modern societies beyond the West.

**Author Contributions:** Conceptualization, E.Z.-P.; methodology, E.Z.-P. and H.-C.C.; formal analysis, E.Z.-P. and H.-C.C.; investigation, E.Z.-P. and H.-C.C.; resources, H.-C.C.; data curation, E.Z.-P. and H.-C.C.; writing—original draft preparation, E.Z.-P. and H.-C.C.; writing—review and editing, E.Z.-P. and H.-C.C.; funding acquisition, E.Z.-P. and H.-C.C. All authors have read and agreed to the published version of the manuscript.

**Funding:** The fieldwork carried out in 2020 in Taiwan by the corresponding author was funded through a research fellowship granted by the Center for Chinese Studies, National Central Library, Taiwan.

**Institutional Review Board Statement:** Not applicable.

**Informed Consent Statement:** Not applicable.

**Acknowledgments:** The corresponding author wishes to thank the precious guide given by Chi-Rong Chen, Yuki-Takai Heller, Yang-En Cheng, Kuo-hsien Su, Ke-hsien Huang, and Jonathan Seitz. He also thanks the ever-professional assistance of Li-Chen Chao and Chi-Ming Lu during his visits to the PCT's archives in Taipei and Tainan. The biases and errors in this paper remain the authors'.



**Conflicts of Interest:** The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results.

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