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Commentaire / *Commentary*

Nelson Graburn *

INTRODUCTION [1]

In a number of her earlier papers, Margaret Lock deals with the topic of brain death and organ transplantation in Japan and to a lesser extent in North America (1995, 1996a, 1996b). The paper which appears in the present volume focuses almost as much on North America as on Japan, stressing, as do Lesley Sharp (1995a, 1995b) and other North American researchers, that the routinization of organ transplantation has by no means made the process unproblematic for the practitioners in the Western world.

Lock's paper makes the interesting general observation that Western observers blame Japan for failing to encourage procedures such as heart transplants by emphasizing the psychological, legal and ethical problems for the dying potential donors (and their doctors and families), and neglecting the problems of the dying potential recipients and their families. Paradoxically, however, the same Western observers ethnocentrically fail to realize that the Western medical profession, the media and public celebrate the wonders wrought for recipients whose lives are extended by transplants, but ignore the psychological, ethical and legal problems of the organ donors and their families.

I am by no means an expert on this broad subject, so my remarks will stay close to my original rather experimental response. In this short paper, I will focus on four topics: 1) Culture, Nature and the Anthropology of the Body in the West. 2) Japanese Conceptions of Religion, Death and the Soul. 3) Japanese Attitudes towards Doctors and Western Medicine. 4) Japanese Nationalism and Failing Modernities.

CULTURE, NATURE AND ANTHROPOLOGY IN THE WEST

There has been a marked change in the value system of the Western world in the past thirty years, away from a positive valuation of culture and the artificial (the "civilized") to a valorization of the "natural," the organic and the ecological. This shift seems at first to be in contradiction to the growing "artificial" extension of life through such technologies as organ transplants. This trend first came to my notice in discussions held among the small group of researchers working on David Schneider's American kinship project in Chicago in the early 1960s (Schneider, 1968, 1972). Around that time there was a massive sudden movement in favour of "natural" mothers and a big drop in adoptions; a rise in the use of "natural" drugs, herbs, vitamins, as opposed to industrial pharmaceuticals; a turn away from Western medicine and drugs in favor of the "holistic;" and a movement against synthetics and the man-made in favor of the (culturally constructed, of course) "natural" in foods and fibres.

More importantly, this change has parallelled or stems from a loss of faith in Western man's attempts at self-perfection or the social engineering of society. Man-made solutions to problems — the Great Society, the War on Poverty — came to be seen as failures. There has been a turn towards a more conservative philosophy of the "natural" biological phenomenon of the "survival of the fittest" in capitalist competition, and in world wide markets for goods, labour and capital. There has even been a breakdown of faith in the integrity of socially constructed organizations such as nations, states and empires, in favor of "natural, primordial" ethnic groups, built on the biological model of descent, familism, and blood.

During this same period, Western socio-cultural anthropology has almost completely rejected the metaphoric use of the organic analogy, either in its mild form of functionalism — the organic interdependence of the institutional parts in the social body — and its more powerful, all encompassing form — evolution, that is social evolution parallelling biological evolution. Ironically, the central topic of socio-cultural anthropology is no longer SOCIETY — it is the BODY! And in this colloquium series on Society, the Body and the Other, it has been this socio-cultural construct, the Body, that has, poignantly, attracted most of the attention.

Is this focus for anthropology merely an epiphenomenon of this sweeping conservative turn towards biology and "nature," or is anthropology merely following the objects of its analyses, the cultural constructions of contemporary society?

JAPANESE CONCEPTIONS OF RELIGION, DEATH AND THE SOUL

In the following commentary on Lock's explication of Japan's present reluctance to accept full-brain death as human de th and, hence, to practice wide scale organ transplantation, I do not attempt to contradict her, but I want to bring out certain points that are inherently part of her argument.

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Japan is a highly technological and apparently secular society. According to the numerous surveys conducted by the media and the government, most Japanese say that they do not belong to any particular religion. Perhaps that is because most Japanese do not consciously think of religion as some definable separate entity, for everyone partakes of Shinto and membership in particular Buddhist sects often does not arise until there is a death in the family. These same surveys also show that most Japanese believe in the existence of the human soul, the separation of the soul from the body at death, and the continuing relationship between the living and the deceased as a soul.

There are problems with the methodology of these surveys and with generalizations about any mass complex society such as Japan. Though there is a strong tendency for the respondent to give the answer that he or she thinks the interviewer wants, the data reflect both real ambiguities about (or lack of immediate importance of) religious conceptions and considerable differences between the metropolis and the hinterland and between younger and older generations. As expected, religious beliefs and ritual actions remain more cogent among the older generations in hinterland areas.

Shinto, the animistic, non-dogmatic indigenous religion (or philosophy) has affected or merged in some ways with Japan's version of the imported, doctrinal religion of Buddhism, which most overtly carries the structure of concepts about the soul and death. "Everyone" in Japan "is" Shinto — one doesn't have to join or "belong" — and over 90 million people or 75-80% of the population, say they are also Buddhist.

In practice most Japanese follow the minor rituals of both Shinto and Buddhism. Shinto is about luck and fortune, which is bestowed by the omnipresent god-spirits, the kami. Small shrines are ubiquitous in landscapes and townscapes and, according to Reader (1991: 7) more than 60% of households have a Shinto shrine (kami-dana = god-shelf). There and at parish and national shrines, one claps to attract the god's attention, and one may make offerings, such as money and food, to the kami (who are vaguely connected to ancestors). School children, women shoppers, drunken businessmen, happy tourists, and experienced travellers do this all the time, while denying that they are "religious."

Buddhism, on the other hand, normatively has to do with death, and adherence gets stronger with age. Buddhism is about souls becoming ancestors in the proper way, and maybe eventually kami, gods, too. The majority of Japanese say they believe in the soul, and even more practice that belief in connection with family deaths. A complex of beliefs can indicate why there might be a reluctance to accept the "harvesting of organs" from the brain-dead.

a) A majority of Japanese, perhaps because of Shinto, believe in "fate". According to this notion, when one is born, when one dies (and has children or even gets divorced) depends on various kinds of chance or luck, which one can try to influence but not control. Much of this perspective stems from a powerful belief in innate nature which includes such views as that one's personality is determined by one's blood group, which cannot be changed.

b) The self, the seat of the emotions, is identified with the kokoro the heart-mind, not with the brain. So brain death would be less "real" than heart-mind death, militating against the concept of brain-death as an adequate state for organ removal.

c) At death, it is the soul, tamashii which encompasses kokoro and other personal traits, which leaves. The soul in life is thought to reside in the belly, hara (hence hara-kiri, ritual self-evisceration as suicide) and to leave via the mouth (Ohnuki-Tierney, 1994). In the case of brain death, the soul, then, would still be "the person" and would still be present and aware of anything happening to the body.

d) The time of death is important and must be singular, because of the timing of the Buddhist funeral, and a series of Buddhist rituals that must take place at fixed times after the moment of death. Most important is the kaimyo ceremony, at which the deceased gets a death-name as part of the proper transformation from a deceased person to a Buddha or ancestor. This is supposed to take place before the seventh day (shonanoka) after death. Soon after the funeral and the compulsory cremation the ashes and some bones are "buried" (placed in a jar and then put in an individual or family grave).

In the house of the offspring of (usually the eldest son of a deceased person), is a small elaborate Buddhist altar, a butsudan on which is kept a tablet, ihai, on which is written the death name of the deceased/ancestor. For many that is the ancestor or parent; people may also keep on the Butsudan a small jar containing some of the ashes or bones of the parent/ancestor. In any case, it is as though the deceased is still there, in the house; many people pray to the parent/ancestor and some people speak with the dead person.

e) There is a continuing relationship between the living and the deceased. The fate of the deceased in making their way from the worldly realm into proper Buddha/ancestorhood, is determined by the proper actions of the filial offspring. Descendants not only pray to (and feed and talk to) the ancestor (and the kami) at the Butsudan (and the kamidana) frequently, and visit the graves seasonally, but have to perform an expensive series of Buddhist services for the deceased for up to 33 (or sometimes 50) years after the death. The ceremony at 33 years is called the tomuraiage, the end of mourning, because by that time the soul is supposed to have lost its distinct personality (Matsuoka, 1996). The deceased and the ancestors in turn can help, protect, bring luck, health and prosperity to the dutiful offspring.

f) So, as Lock and Ohnuki-Tierney have pointed out, dissecting, mutilating, or cutting the deceased person's body would be very disrespectful, especially in the presence of the soul of the departed. Also the organ transplant, once in place, would represent be some kind of unnatural hybrid, again disrespectful.

Since the Edo period the whole death-funeral-naming-memorial services set of obligations, called mizuko Kuyo (water-baby memorial) has been imposed by Buddhist churches on foetal losses through miscarriage and abortion, mizuko kuyo. And since World War II the lucrative procedure of abortion has become Japan's second commonest form of birth control, after condoms.

JAPANESE ATTITUDES TOWARDS DOCTORS AND WESTERN MEDICINE

If people think that Western biomedicine has colonized women's bodies, or anybody's bodies, they should not doubt that Japanese doctors have done the same or more so. One could not describe the Japanese doctor-patient relationship as postcolonial, though there is active resistance and an alternative to bio-medicine in both kampo, Chinese herbal medicine, (Lock, 1980) and Shinto luck (Ohnuki-Tierney, 1984). The prevalence of abortion as a form of birth control provides a clear example of the authority of biomedicine in Japan. The Japanese medical profession has persuaded the government to ban the use of birth control pills, permanently, it is hoped; although there was in summer 1996 another set of hearings about the possibility of allowing the importation of contraceptive pills for limited purposes.[2] Abortions are a lucrative part of medical practice, and hysterectomies are sometimes strongly recommended (Sasaki, 1986). Doctor-patient relationships in Japan are also shaped by a few other factors:

Surgeons, like other professionals in Japan, are often given large monetary gifts as a token of "respect." This is not to say that a "bribe" is necessary to persuade the doctor to spend the time and effort necessary to do a good job, but the practice does cast suspicion in that direction.

Patients in hospitals usually have to be looked after, and fed, by their families. It is usually the women, whose nature is thought more suitable and whose absence from work is more acceptable, who have to take turns in sitting with the patient 24 hours a day. Quite recently I visited a 91 year old uncle in a national hospital. His elderly wife's sister had been trying to walk him to the toilet when he slipped on a towel and broke his leg. Family members forcefully showed me where the thighbone had gone through the skin, and they angrily blamed the hospital for inadequate care but said they could do nothing about the situation.

In general, Japanese doctors do not tell their patients their diagnoses, at least not in serious cases such as cancer or schizophrenia; they just tell the patient what to do. There is little trust in doctors; many people prefer kampo, and/or Shinto prayers, luck, charms, fortunes, natural cures such as mineral hot springs (onsen, see Graburn, 1995) or special dietary supplements.

Japanese doctors are allowed to own their own pharmacies and hospitals, to which their patients are directed. In 1990 it was announced that doctors were guilty of the second largest amount of income tax cheating of any profession in Japan, second only to pachinko gambling parlour owners (who are alleged to be mainly yakuza gangsters and/or Korean-Japanese), in concealing their incomes. So it is perhaps not surprising that the public and patients' rights committees fear that greed could press doctors to make premature diagnoses of brain death. Indeed, many doctors' organizations, knowing their own proclivities, also admit that such premature diagnoses could be a possibility. It is also not surprising that the public fears that the lucrative harvest of organs could lead to the snuffing out of the lives of the handicapped, the mentally ill and the socially isolated (the same point Lock makes about North America in her paper).

It has been suggested that the institutional and political (dis)arrangements of the Japanese medical profession, not an Orientalised version of the Japanese

public's attitudes, are the main obstacle to Japanese acceptance of organ transplant technologies (Ikeda, 1996). Though this claim bears an element of truth, as Lock admits, it is also the case that the majority of people would not allow their own or their family members' bodies, to be used as organ donors. Japanese biologist Kunio Yagi (1987: 3) makes a strong case that the Japanese population's non-Western attitudes are still a major factor in the rejection of brain death and organ transplants. According to Yagi, "... it will be some time before we reach any national consensus on brain death and the legality of organ transplantation."

Returning to possible objections to organ transplants themselves, we note an unease in Japan with respect to the wholesale importation of Western medical technologies, though many Western innovations have been completely incorporated. But in this case, the technology is seen as an invasion of the Japanese moral body, rather than a tool to be manipulated by that body. Related to this perspective are common accusations about the cold, mechanical, heartless Western world. In one powerful new Noh play, a foreign-trained doctor, modelled on the real case of a U.S.-trained doctor who was arrested for murder after performing the first heart transplant in Japan in 1968, is labelled as a barbarous, inhuman experimenter.

Fear of the West, in the field of health, is particularly strong in the fear of AIDS, viewed in Japan as an "imported" disease of the sick West, a disease of immoral modern or postmodern practices, threatening Japan. Lock tells us about the 1990 meeting of the Japanese Medical Association in Kyoto at which brain death and organ transplantation were extensively discussed. The Pro- side was presented by U.S.-trained doctors who proudly showed slides of themselves in the U.S.A. standing with American doctors and their smiling, healthy transplant recipients. No wonder there was unease, an uproar based on feelings about a foreign technology that depended on a very mechanical, a — social view of death. To use the biological analogy again: brain death and heart transplant technology can be seen symbolically as an attempted Western "organ transplant" which Japan has so far rejected.

All of this overlaps with Japan's central internal cultural debate of the last twenty years, over Nihinjinron or Nihonron. These terms refer to the theory of Japanese uniqueness, a nationalist discourse about why Japan is different, and how Japan has successfully modernized without losing its traditional soul, in other words, without being colonized.

THE BODY, JAPANESE NATIONALISM AND FAILING MODERNITIES

I will here return to the biological analogy, not from my own analytical traditions, but following the work of two Japanese social scientists Maruyama Masao (1963) and Yoshino Kosaku (1992), as recently explored in the work of Berkeley graduate student Michael Rea (1996). Both these Japanese social scientists have written about the birth and life cycle of Japanese nationalisms.

Pursuing the organic analogy again, the story runs as follows: the body of Japan, kokutai, was almost a virgin for the 250 or more Tokugawa years, self-infibulated with a tiny entrance to the outside world (represented by the Dutch) in Nagasaki. Then in 1853 she was violated, forced to open by U.S. Commander Perry and by armed clashes with Britain. These violations, according to Maruyama, led to the birth of the first Japanese nationalism in the 1868 Meiji Restoration.

After this period, feeling inferior and threatened by the outside world, Japan sent missions throughout the Western world to bring back technologies and institutions that would strengthen Japan while preserving her unique inner soul. Japan changed, industrialized, exported surplus populations, and defeated Russia in 1904. She colonized Formosa and Korea and began to feel more mature; these developments in turn led to xenophobia, a rejection of some Western institutions and an increase in the power of the Emperor system and state Shinto. The 1923 Tokyo Earthquake was blamed on the Koreans who were slaughtered by the hundreds when found. Mainland Asia was attacked, Western colonies fell to Japanese military power, which led finally to the direct attack on Pearl Harbor. World War II was, according to Maruyama, seen as the fatal sickness that led to defeat and the death of the first Japanese nationalism.

After the American Occupation which imposed constitutional and land reforms, there was another period of weakness and imitation of the West, in the economic and technological arenas. In the ensuing economic competition, the Japanese miracle won, while sloughing off many of the reforms imposed by the U.S. occupation after World War II (Van Wolferen, 1989). By 1967, intellectual leader Tadao Umesao could say "Japan has nothing more to learn from the West." The discourse on Nihinjinron arose to reinforce this feeling of Japaneseness.

But not all was well in the miraculous economic giant. Mother-son incest was rumoured to be rampant

in the tiny households with absent hard-working fathers; the divorce rate rose to a new high, breaking up many "ideal" nuclear families; many youth rejected the values of the older generation, forming a "new kind of human being," shinjinrui. In 1991 the economic bubble of inflated property values burst, bankruptcies flourished and white collar corruption was shown to be ubiquitous. In 1994 massive failure of domestic crops forced many Japanese to eat gaimai (foreign rice) for the first time in recent history. Then came the Kobe earthquake which in January 1995 killed more than 1,000 people and showed the inadequacy of both Japanese engineering and emergency services. This disaster took place not long after the 1990 Loma Prieta Earthquake in California which the Japanese press had criticized massively and endlessly as showing up Western weakness and incompetence. Finally, in 1995 came the Aum Shinri Kyo poison-gassing of thousands of Tokyo subway riders followed by revelations of prior murders and street shootings; no longer could Japanese claim that crime and lack of public safety are purely characteristic of the West.

For the New Year of 1996, many Japanese friends and family wrote cards to my family as usual. All of them deplored the terrible events of the previous year and expressed the view that they could not look upon the world in the same, perhaps, naive way ever again. As Mike Rea (1996) asks, are we about to witness the birth and life cycle of a third Japanese nationalism, born in humility amid the memories of Kobe and gas-filled subways? If so, what of the outside world will be taken up and incorporated in this new construction of Japanese identity? Will critiques of the West have less cogency? Will public debates in Japan about contraceptive pills, brain death and heart transplants have different outcomes as we approach the 21st century?

This paper has brought together an interesting coincidence of the cycle "modernisms" in Japan which relate to self as opposed to the Western Other, and a comparable cycle of disillusion with the optimism of modernism in the West which has become increasingly rapid in the past 30 years. We could see the expansion of organ transplantation in the West as yet one more expression of the biological turn, providing biomedical solutions to the social problems of modernity, and their physiological or somatic expressions such as heart disease and cancer, brought on by the failure to solve the social habits of urbanization and automobile use, excessive chemicals and pollution, unhealthy food and recreational habits. Both sets of phenomena, on opposite sides of the Pacific, represent rejections of, or conservative changes in direction within, the East's and the West's very different experiences of modernity.

POSTSCRIPT

In June 1997, nearly a year since this paper was written, the Japanese government announced that it would allow doctors to determine the exact time of death by means other than heart stoppage. This will allow organ donations from "cadavers." It remains to be seen whether this will lead to a rapid rise in the number of transplants, as predicted by Ikeda, or a slow and reluctant public acceptance, as argued by myself, Ohnuki-Tierney and others.

Notes

1. I am grateful for comments on an earlier draft of this paper by Roderic Kenji Tierney and Yuko Okubo, graduate students in Anthropology at the University of California, Berkeley, and to Emiko Ohnuki-Tierney, Professor of Anthropology, at the University of Wisconsin, Madison. I am particularly beholden to Dr. Hideaki Matsuoka, a graduate student in Anthropology at the University of California, Berkeley, and to critical medical anthropologist professor Mitsuho Ikeda of Kumamoto University, Kyushu, Japan for their very extensive written comments on this essay.

2. A 1997 Japanese government working group approved the low-dose contraceptive pill. Two further government panels will have to approve its use before it will be available to the public, however, approval is expected in 1998 or 1999 (*The Economist*, March 8, 1997:40).

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