

THE FASTING FAMILY

Experiences of Health, Responsibility and Healing in a Japanese Medical Clinic

断食家族

日本の診療所での健康への責任と治療の経験

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Master thesis submitted to the department of social anthropology
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ABSTRACT

Based on a fieldwork with a six month long duration this thesis explores how the concepts of responsibility and health relate to one another in the plural medical landscape of Japan. In a “traditional” clinic situated in a small city, the patients have chosen a somewhat different approach to healing than that of the conventional cosmopolitan approach of biomedicine. What this thesis explores, is in what ways an alternative approach to health and healing affects individual bodies, how these bodies experience themselves in between the alternative and the conventional, and how different experiences of body and healing can alter individual lifeworlds. Through a phenomenological methodological approach to experiences of healing, this thesis argues that healing can be understood as an experience of wholeness. Not only a traditional wholeness in the sense of a holistic approach to the oneness of mind and body, but that a sense of wholeness also can be created out of a felt unity with society, nature and world. The patients emotional and moral attachment to their peers, their national historical heritage, and concepts of Japanese nature will be explored as part of the healing experience. This is because the therapies performed at the clinic explicitly draws on several strong national symbols such as these to achieve healing. In a modern society where chronic and psychosomatic illness is growing, the medicine of “Nishi Shiki” has shown to be an interesting alternative to cosmopolitan popular biomedicine. The Nishi Shiki clinic has proved to give insight into what affects the individual patients choices when several medical approaches are available.

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御礼状

この度は、たくさんの様々な人達のおかげで、念入りな下準備から実際の実地調査に至ることができ、心よりお礼を申し上げます。まず初めに、在ノルウェー日本大使館の皆様、特に富永裕子様には、調査先の診療所の手配を手伝って頂き非常にありがたく存じます。また、Bjørn Eirik Olsen様には最初の意見の提供や西式について関心を促して頂きありがとうございました。

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TABLE OF CONTENTS

Chapter 1: Introducing a Concept of Health Engineering

APPLICABILITY, RELEVANCE AND INTEREST	1
FUNCTIONAL FOOD NARRATIVES	3
SETTING THE SCENE	5
MEDICINE AND PHENOMENOLOGY	6
TOUCHING CHAPTERS, TOPICS AND PEOPLE	7
TOWARDS THE PAST	8

Chapter 2: “You Smell Like Hawaii”

METHOD AND ETHICS IN THE ACT OF SENSING	11
ON SPACE	12
IN SPACE	13
IMPRESSIONISM AND VISUAL HEALING	14
AND A TIME FOR EVERYTHING	15
POWER TASKSCAPE	16
TROUBLE IN MEDICAL PANOPTICON	17
WHEN ANTHROPOLOGIST MEETS VULNERABILITY	19

Chapter 3: Meal Magic: Eating for Peace, Starving for Nature

MEAL MEDICINE AND MEDICAL PLURALISM	21
BITE-SIZE PIECES OF LOVE AND DISCIPLINE	22
GOLDEN RATIO CHILDREN	24
A RICING POWER	25
GREEN TEA, GREEN RELIGION	26
FORM IS EMPTINESS	27
EMPTINESS IS FORM	28
THE RITUAL POWER OF EATING LIGHT	29
HONEY AND RICE AND EVERYTHING NICE	30

Chapter 4: Digesting Ethics

SOCIETY METAPHORS FOR LUNCH	31
RICE RICE BABY	32
FOODSCAPES	33
LOCAL POWER	36
HUMBLING BODIES	37
VICE AND VIRTUE	38
CHANGING MENUS	39
SWALLOWING IDEAS	42
PRESCRIBED EMOTIONS	43
CONCLUDING REMARKS FOR SUPPER	45

Chapter 5: Sweet Boundaries

A TASTE OF THE JAPANESE BODY PARADOX	47
HOLLOW CUPCAKES	47
THE WIND OF CHANGE	49
AIR BATHING	51
THE SKIN BOUNDARY	52
BREATHING HOT SKIN	54
OF WHAT MAKES NO SENSE	55
THE SENSUAL APPEAL OF THE PARADOX	57
NO BODY IS AN ISLAND	58
HOLY SHIT	58
PURE CHAOS	60
KARMA BOUNDARIES	61

Chapter 6: Ecology of Love

JAPANESE NATURE AND CHANGING LIFEWORLDS	63
FOOD REDUCTIONISM	63
LESS IS MORE	65
EXPANDING WHOLENESS	66
NUTRITION ECOLOGY	67

THE ART OF CONSUMING NATURE	68
ENVIRONMENTALISM, NATIONALISM AND IDENTITY	69
ETHNIC IDENTITIES	70
EMBODYING THE WORLD	70

Chapter 7: The God in the Machine

THE AGE OF THE HUNGRY GODS	74
THE GHOST OF KARMA PAST	75
BODY WORLD DIVINATION	76
PATIENT AS GOD OR GHOST?	76
HEALING AS CONTEXTUALIZATION OF SUFFERING	77

References:	79
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CHAPTER 1: INTRODUCING A CONCEPT OF HEALTH ENGINEERING

APPLICABILITY, RELEVANCE AND INTEREST

The fieldwork for this thesis was performed in a small scale medical clinic in Japan, and my aim was to explore how the medical practice called “Nishi Shiki” related to the concepts of responsibility regarding health. I have researched how the different possible approaches to responsibility and health affect the processes of healing, as it is experienced by the patients in the Nishi Shiki clinic. By “health” I mean in the broad sense of the term as defined by the World Health Organization: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1948). I have included in this project the views of both staff and patients, supplemented by relevant literature and texts that were given me by either patients, staff, or other people who for various reasons had personal interest in my fieldwork. Still, my emphasis will be on the experiences of the patients. This is both because they are the ones whose worlds are most strongly affected by the questions related to responsibility. Also because my fieldwork situation, being placed at a worksite, made it so that it was easier for me and everyone else if I spent most of my time in the company of the patients rather than the staff.

To introduce Nishi Shiki as a medical practice I will present for you how the founder of Nishi Shiki himself; Katsuzo Nishi, tells the story of the creation of “The Nishi Shiki system of medical engineering”. This story reveals the thought behind the medical practice. The overall reverberation of this creation myth still lingers in today’s Nishi Shiki doctors philosophies, and thus deserves some space in introducing the concept of “Nishi Shiki”:

“MY BOYHOOD: Born in the middle class I could spend my boyhood in comfort if not in luxury. But the first touch of misfortune came to steal into my life when I was denied chance for middle school education: in the entrance examination I was rejected because of the inadequate girth of my chest. I was of the lymphatic constitution, and was too weak to undergo any regular school education. From my boyhood I continued to suffer from the loose bowels and a cold now and again. My complaint, in short, was intestinal tuberculosis, according to the modern medical science, and lymphatic inflammation of the pulmonary apex. Among my elementary schoolmates I was the weakest in health, but was the owner, to flatter myself, to such a clear head as to have made myself known as an infant prodigy. But this was after all no practical asset to me who was so frail in constitution. I still remember how eagerly I did long in those days for health in vain with all

confidence in my brain power. I was first employed in a shop kept by one of my relatives in Yokohama. I worked as hard as my weak constitution permitted, and was served heavy food from day to day. I was thus soon suffering from dyspepsia which made my general health condition worse and worse. My father at last took me to the then most popular medical practitioner, Dr. S - for examination, who after a careful diagnosis, confessed that I might not be able to live beyond the age of majority.

After such pessimistic remarks of the doctor, I was ready to try anything and everything in the way of improving my health all the while hoping against the hope. I attended a fencing school and even a temple at Kamakura for religious meditation. At the end of the third year of such physical self-training, I went to another doctor for examination when his opinion was less pessimistic than the other's and another two or three years passed without trouble. But it was not long before I discovered a dreadful "enemy" lying in wait for me: the long use of the medicine for artificial digestion entailed a most obstinate constipation. Still another doctor to whom I called gave a different name to my complaint and prescribed another medicine for me which, however, soon lost its effect. I was never a drinker nor a smoker. But those seven or eight years' study and work with irregular meals gradually gnawed away my vitality until I came to find myself growing thinner and thinner, always subject to attack of bronchitis and diarrhea. Not a single winter I passed in those days, so far as I can remember, without suffering catarrh of the throat and tonsilitis more than once. As I grew up, however, it was necessary that I should receive some or other professional education. My desire was to choose a school as could give me prompt training and an occupation best to fit my own constitution.

My final choice was the Common Technical School. Truth to tell, I chose the school on an advice from Mr. Tokuhiko, a civil engineer of the Prefectural Office in my native province, whose profession I had come to like since his first visit to my village for land survey in connection with the local road reconstructions. So great did he look to my young mind as he measured the road to and fro with tools so "mysterious" to the ignorant. Another reason for my decision in favor of that school was my father's early conclusion that civil engineering would make the best occupation for a man of my own delicate health. I was looking forward since my boyhood to the days when I could study at the Higher Polytechnic School in Tokyo, but this early visionary aspiration disappeared like the rainbow as I failed, because of my weak health, to pass the entrance examination of a middle school. An irony of faith that particularly impresses me at this moment, however, is that one

of my friends who went in for the same examination with me and who successfully passed it contracted consumption and had to give up his school study when he was in the third year class. Another instance is a university graduate living in my neighboring village. He, a university graduate, once occupied a responsible position in the Tokyo City Office, but had to resign several years ago on account of ill health, and has since been idling away his time as a living corpse. In striking contrast with them, I am now strong enough to be touring throughout the country for making a health propaganda. This must be more than enough to demonstrate how miserable it is to be weak in health and how important it is for men to pay proper attention to their health and to the proper means of improving it.”

- Katsuzo Nishi, founder of “Nishi Shiki”, 1936

This is a text taken from one of the numerous books written by prominent Nishi Shiki doctors, mostly printed out by themselves and distributed at the different clinics. These kind of texts were constantly available at the clinic; not only did they have several bookshelves with this kind of material, but I also got Nishi Shiki books as personal gifts from the patients who wanted to enlighten me on the different subjects of the practice. Some books concerned the ethical aspects of the practice and some concerns the performance of the different exercises or diets that Nishi Shiki promoted. I will extract examples from this material several times throughout this thesis. In many ways the above story by the founder of Nishi Shiki sums up the overall frustration harbored by many medical patients in the meeting with their own weakness, followed by a general dissatisfaction with the solutions that are available through modern medicine. Nishi’s story is a story of repeated failure, overcome by a strong will and “clear head” in a quest to prove fate wrong, or at least modern medicine. As you may have noticed in the above text, Mr. Nishi emphasized food and meals, which they still do in the Nishi Shiki clinic. Food, intestines and regular bowel movement are presented as key factors, not only in being generally healthy, but also in healing, recovering and staying safe from diseases.

FUNCTIONAL FOOD NARRATIVES

The above story is an example of an origin myth, or narrative if you will, but as this was a written text it is not necessarily a story that every patient was exposed to. On the other hand most of the numerous texts distributed by the private Nishi Shiki press contained these kind of miracle stories related to patients undergoing the Nishi Shiki cure, and I saw most patients reading through one or many of these books during my stay. As an extension of these texts the patients told each other

personal stories related to their healing processes, and in a sense these stories got woven into one another in a way that made them fit together and produce meaning. I also believe that the power of the printed stories published by the Nishi Shiki press gave another form of authority to the narratives. The narrative presentation do something to the content (Genette 1980), as I will show happens in the Nishi Shiki clinic through the effects of texts, meals or spacial structures. As this origin myth of Nishi Shiki shows a great deal of what the medical practice aspires to represent, I would ask the reader to bear this story in mind throughout reading the thesis.

The interest in healing through holistic medicine was initially triggered by Csordas' ethnography and further analyze on healing as an existential process (Csordas 2002). I will have a particular focus on diet and lifestyle habits. Food is used in a medical context to affect health and life quality, and many scholars have argued strongly that food and health are cognitively closely connected (Ohnuki-Tierney 1985, 1993, Goody 2010, Crawford 1980, Middelthon 2009). Sometimes medicines are consumed as food, sometimes in addition to food, and sometimes food is consumed as though it was medicine. As the choice of term "health engineering" implies, the Nishi Shikis own theoretical approach to food are basically functional. The founder Mr. Nishi was himself an engineer, a point he makes in his introduction book "The Nishi Shiki Health Engineering" (Nishi 1936¹). Through experiences from a smaller medical clinic in Japan that is based on what is considered to be traditional Japanese medicine, I want to explore how the changing relationships between food, medicine and feelings of responsibility related to these concepts affect lives and the experiences of health in individuals.

Japan has a history of using food and concepts of food connected to the body as a means to self medication and health promotion (Chen 2009:87), but in recent years there has been a rise in the use of biomedical pharmaceuticals. In fact Margaret Lock has earlier reported that Japan is the largest per capita consumer of pharmaceuticals in the world (Lock 1993:260). What consequences do the definition of health present, and how does the narrativizations involved in the search for health affect peoples experiences of their own bodies? Does it make it easier to feel healthy because of the freedom to choose lifestyle, or does it merely make us hypochondriacs? Does a plural medical landscape cause an experience of freedom, responsibility or confusion? As a health practice situated in the crossfire between what is perceived to be modern and traditional medicine, Western and East-

¹ Original publishing date. Newer date is unknown.

Asian, specific and holistic, the Nishi Shiki clinic proved to be a perfect place to search for answers as to why individuals caught between different health discourses make the decisions they do.

A founding thought in anthropology is that you learn about yourself by studying others. You define yourself based on the boundaries you place between yourself and everything else; anthropology is in this sense always comparative. I am stating this to underline that although this thesis is about a particular Japanese traditional medicine; in the end I believe that what was learned during this fieldwork also can be applied to the understanding of the contemporary Western health discourse. The Japanese society is not the only one experiencing a surge in alternative medical therapies, and although the practical therapies are different the reasons for creating alternatives in the first place may be the same. I also need to problematize the use of the term “traditional” medicine. As I will argue in chapter six, Nishi Shiki practitioners legitimize their practice through placing themselves within what they deem as an older heritage of knowledge. To be clear I will therefore stress that my use of the term “traditional medicine” is not meant in a literal sense; because this particular practice was created a mere two generations ago. It has rather to do with how the practitioners themselves place their ideas within a longer history of Japanese and Chinese medical philosophy, that there is a consensus among the practitioners in that this is based on longer and older traditions, and that this positioning is very important for understanding and defining the practice. It is important for the practitioners and the doctors, therefore it is important for understanding them. In the same manner as plenty food supplements claim to be based on different old medical heritages like ayurvedic or ancient Chinese medicine (Chen 2009), the Nishi Shiki practice places itself within a longer Japanese tradition when it comes to food and health. Instead of searching for healing and health in the exotic the practitioners seem to look inwards on themselves and backwards in their own traditions. I will further argue that the Nishi Shiki search for health is both a spiritual one linked to an image of a sacred connection between a pure body and the pureness of nature, and a worldly one linked to a Japanese ancestral history of living in a harmonious balance with nature and its resources. First I want to set the scene of fieldwork; and to get a smell of what is cooking in the landscape around the Nishi Shiki clinic.

SETTING THE SCENE

I was fortunate to receive full access to a Nishi Shiki clinic in a smaller city in Japan. In the outskirts of a city of flashing neon lights, a more peaceful landscape approaches, consisting of typical small town restaurants with their regular customers. Among mandarin trees and small

vegetable gardens there lies a small medical clinic in which people from all over Japan, sometimes even from overseas, come to seek respite from their physical or psychological maladies. The clinic has approximately between eight and fifteen patients at any given time. Some stay for a few days and some for several months. Some come because they have found no solutions elsewhere for their problems and therefore seek something different, and some have been there several times before and come regularly to keep their body and health “in balance”. In addition there are daytime visitors who come to get a check-up or to perform some exercises in the clinic's own rehabilitation room. There is a doctor in charge of the clinic, two to five nurses present at any time, and besides that there are two charming receptionists, a shy washing lady and a couple of bold chefs. Except from an occasional bark from one of the neighborhood dogs there is a sense of quietness surrounding the place, although everything needed is situated close by; stores, café's, train station, school, the local bath house, large green parks and a beautiful buddhist temple. The small clinic is situated in a neighborhood of family homes, but stands out visually because of its bright white and turquoise color, glass doors and its sharp clean appearance against it's softer and more homely surroundings.

After first being hospitalized for one week and living there like a patient by the generosity of the head doctor, I continued to come to the clinic in daytime during weekdays. I came in the morning, ate lunch together with the patients and stayed until dinnertime when I would return home to my own apartment. I found this to be an ideal arrangement, as it gave me time and space to be both anthropologist, patient and student, all at the same time.

MEDICINE AND PHENOMENOLOGY

“Anatomy shaped how and what the fingers felt.” (Kuriyama 1999:32)

In what ways can anthropology give valuable contributions to the understanding and use of medicine? Further and more interesting in this context; in what ways can knowledge about the different conceptualisations of the body conjured by the medical arts help us understand human culture? Any plunge into the literature on medical anthropology presents sets of unbelievably intriguing questions. Can the intellectual understandings of the body and its workings affect how we actually feel our own bodies? Supposing that is the case; how does this materialize itself in medical practices and in felt lives of people? Not to mention the potential the insight into these questions have to improve the understanding and treatment of difficult psychosomatic illnesses.

In certain parts of this thesis I will use Bourdieu's term "habitus". The habitus is found in the interplay between structure and agency; the socialized norms that forms the habitus is neither fixed nor does it consist of free will (Bourdieu 2009). I understand therefore the habitus, as it is experienced and practiced in the Nishi Shiki clinic, as not determined by structure alone but constantly created. Additionally, history can show us how different conceptualizations of our physical bodies can affect both our lifeworlds and our senses. Through a thorough exploration of the history and cultural context of the phenomena of the human pulse, the writer Kuriyama argues for that the historical changes due to medical development have altered how we feel about our own bodies (1999). He also shows how naturally the concept of the pulse enters our experiences of our body, just because of its strong positioning within the history of medicine, when actually the pulse as a measure of bodily condition has not always been there. Different medicines can simultaneously be experienced as "right", but at the same time be of completely different lifeworlds. This is exemplified by the Western and Greek medical professions meeting with the mysterious but effective methods of Chinese medicine. These are examples of how the habitus is continuously formed and created, like Bourdieu's use of the term, but also that the historicity of a certain habitus lies inherent in our bodily conceptualizations. Sometimes things that do not make sense actually work, and sometimes those things that make the most sense do not work. Maybe the ambivalence, history and flexibility in the mentioned conceptualizations can be one explanation. As has also been pointed out by Margaret Lock when writing about her fieldwork in medical clinics in Japan, concepts of health and illness are culturally bound and subject to change according to social or historical change, which in turn effects the epidemiology of disease (Lock 1984:1). In this maze of medical practices and human understandings I find that a historical phenomenological approach to conceptions of the body can do a lot for our further understanding; the historical insight gives analytical distance while the phenomenological gives valuable intimacy and ethnological closeness.

TOUCHING CHAPTERS, TOPICS AND PEOPLE

The chapters incorporated in this thesis will in different ways approach how aspects of the world of Nishi Shiki can relate to concepts of health and responsibility, and how these concepts affect ways of healing. In my second chapter called "You smell like Hawaii" I will elaborate on how the physical spaces, time, rhythms and sensory sensations affected me and how they related to my methodological approach, in addition to my ethical considerations. Moving on to the next chapter, the general focus on food and meals compels me to grant these topics a generous part of my limited space. Chapter three will therefore explore food as a generator of meaning, in "Meal Magic".

Further I would like to include how the Japanese culture, society, and discourses of medicine works together with the Nishi Shiki philosophy. Food as a metaphor is strong, and the way these metaphors work on peoples emotions shoved me quite an important part of how the patients dealt with their illnesses. These topics will be included in the fourth chapter, “Digesting Ethics”. How is the body separated from the world, and can the body’s experience of this separation affect health? This question will underline the writings of chapter five, as a way of making sense out of the sensual paradoxes created between body and world, in “Sweet Boundaries”. In the sixth chapter, “Ecology of Love”, I will elaborate the analyses on the idea of the Japanese guilt (Benedict 2005), and take a look at how the mentioned themes can be related both collectively and individually to nature, the spirits and the world at large. Lastly I would like to return to history and its relation to my field both spatially in Japan and through an ontological approach to medicine. The placing of the mind in the body, and the habitus in this world has undergone too strong historical changes conceptually to be bypassed, and their implications for the present will not be ignored. As my general view is that body healing can have ontological and spiritual aspects, chapter seven will discuss the crimes perceived as done to the human mind by gods, demons and ancestors through forming its conceptions through history, in “The God in the Machine”.

TOWARDS THE PAST

When thinking of healing as an existential process and as an individual patient’s search for meaning and identity, it is easy at the same time to conceptualize health as an altogether personal business where the responsibility is being placed within the individual patient. My experience in this fieldwork showed me that healing as an existential process also is placing oneself within the appropriate social spaces at the right times. Healing understood by biomedicine is immediate change from one state to another: that of illness to health. Healing as it is explained in many alternative medical practices, Nishi Shiki being one of them, is a lifelong process of making choices considered to be good for both body and mind. The mental attitude towards the patients own role in healing and the time lapse of that process as opposed to a more or less immediate change is therefore quite different. That being said, what is considered to be illness in the different practices may also vary, and the biggest problem that seems to arise out of biomedicine according to the patients I talked to, is that biomedicine cannot heal what it cannot define. Nishi Shiki on the other side, though having a wide vocabulary of remedies for specific maladies, also has a general remedy for everything, and that is prevention. The Nishi Shiki solution to health is through the regulation of the daily diet, accompanied by specialized daily exercises. I found that the Nishi Shiki system of

healing had a strong effect on the patients, and that the philosophy and practice took a huge space in their daily lives, routines and thoughts.

CHAPTER 2: “YOU SMELL LIKE HAWAII”

METHOD AND ETHICS IN THE ACT OF SENSING

In this chapter I want to account for the methodological approach I have chosen, and the ethical considerations that followed such an approach. I chose a phenomenological approach to the clinic and its rhythms, and would like to stress that my phenomenological approach is a methodological one, and not a theoretical one. I am therefore following Csordas’ focus on phenomenology as a method, based on the assumption that the body is the subject and not the object of culture, and therefore also the existential ground for culture (Csordas 2002:58). Although not equipped with the same baggage of knowledge in how to perceive from a “Japanese” stance, I would like to emphasize that neither do the individual patients perceive the world in exactly the same way. There is no distinct *Japanese* way of being in the world. In taking a phenomenological approach I interpret our main sensory experiences of this world as pre-objective (Merleau-Ponty:2002), but at the same time the pre-objective is not pre-cultural (Flikke 2003:216). To provide you with an idea of the physical image and feel of the clinic, I will continue with a further illustration of the clinic spaces.

The town in which the clinic is situated is an hours train-ride out from the main city center, from the small train station I bicycled approximately 25 minutes to the clinic. In the middle of a quiet countryside area, the clinic stands small and white in the middle of mandarin trees, vegetable gardens and green bushes infused with strong and pine-like herbal smells. The glass door at the entrance opens automatically when approached, and the entrance area consists of a lowered part of the floor in which you leave your shoes. Then you step onto the white blank floor, wearing the mint green rubber slippers found at the shelf right next to the door. Entering the reception area there is a room with light green couches placed along the white walls of the room, a television, and a center with a huge, beautiful and artistically made green plant surrounded by flowers and moss, and the receptionists themselves behind a glass counter. On the wall are several newspaper clippings of the clinics doctor in interviews, posters for relevant events, and commercials for medical equipment, tools and supplies. There is a distinct feel of cleanliness, the colors and the air is fresh, the two young receptionist ladies are friendly, and inside the safe and clean walls of the clinic there is an acute absence of any kind of smell or loud noises. The soft rubber slippers make a silent meeting with the neutral floor, a patient is sitting in one of the corners watching tv without sound, and a visitor sits reading today's newspaper. He may be waiting for the receptionist to finish her

conversation on the phone for a check up by the doctor, to be hospitalized, or maybe a change in rhythm, a change in meals or a change in body and life.

ON SPACE

As earlier mentioned I went to the clinic in the morning and stayed there till evening during weekdays. I would eat lunch at the clinic together with the patients, and the rest of the time I spent walking the corridors, talking to patients and nurses, participating in patient activities, and writing about my impressions in between. Communication was difficult, my Japanese was bad and the workers at the clinic did not speak any English at all. But some of the patients did master English, and usually we got along in simple Japanese or through one of the English speaking patients. The patients were generally very eager to show me how they did things at the clinic, they were patient with me at times I did not understand, and generally very helpful and positively tuned to my work. They showed surprise and pride over the fact that a foreigner was interested in their traditional medicine, and even seemed more eager to practice Nishi Shiki more strictly because of my presence.

Verbal communication, although never a real problem, was not the ideal approach for a foreigner who only master simple conversation in Japanese. That is why the sensing of the place became so much more of importance to me, another argument for that the study of the body and its sensations through illness and healing from a phenomenological perspective is a necessary one. In the phenomenological literature of perception, processes of embodiment generate social spaces that structure individual bodies (Flikke 2003:216). One should not undervalue the power of generous perception in meetings between people that are keen to understand and learn from one another. Unni Wikan points out that the most important aspect of doing anthropological fieldwork is to create resonance in the meeting with others (Wikan 1992). In stressing the “sameness in the face of diversity” (461), she redirects the theoretical focus towards the analytical understandings that can be generated in our “willingness to engage in another world, life, or idea [...]” (463). As was repeatedly made clear to me by the generous acts and warm smiles of the people of whom I met, this willingness was in every way present in my field. It showed to help a great deal in my leaps of understanding, crossing both language and culture. Through analyzing the ethnographic data that I experienced during fieldwork I will show in this thesis how cultural perception is neither static in time nor in individuals, and that they further can cross over the boundaries initially formed between

patients and anthropologist. As an important part of being hospitalized, a consciousness of the clinic itself and the impressions it makes upon the patients has great value.

IN SPACE

After walking through the reception area you pass the small rooms between the nurses and doctors quarters and the patients training room, where there are small closures with curtains in front of them to be used for patient inspections. Sometimes in the morning the curtains are closed and the doctor or one of the nurses is checking up on a patient or inspecting a newcomer. Usually no patient are yet there in the morning, and I usually pop my head in and say good morning to the nurses or the doctor. After passing through these rooms the rehabilitation room follows. This room is of a larger scale, very bright and there are several old-looking electrical benches with buttons on the side and belts and straps connected to each end of the bed. One of the walls are filled with windows from where the garden and its vegetables can be viewed, and alongside a wide bench under the windows the space is packed with potted green plants. All the instruments and tools used have the look of being worn out by repeated use, and of being slightly outdated. Hanging on the walls are some posters with encouraging words embedded with the moral values and ethics of Nishi Shiki, and some medical graphs of nutritional value in certain basic substances like water or magnesium. When I come in the morning there are two or three patients using the machines, usually they have learned the programme by themselves and the nurses only help if there are new patients not familiar with the machines or if the patient is unable to do the exercises without help. Usually they would smile at me and say good morning, while in the middle of a session strapped onto the bench doing exercises. I greet them and continue up to the second floor, where the patients quarters are.

What strikes me momentarily when it comes down to the layout and rhythms of the clinic, is that the spaces are open and free, yet the way the time is divided and structured into activities makes the spaces limited nonetheless. The patients are free to go wherever in the clinic they want, as long as it is not in the doctors office or in the kitchen, and they are free to leave the clinic whenever, as long as they sign up their names and times for leaving and returning in a large book placed by the stairs leading down to the clinics' entrance. This characteristic presence of both freedom and restriction in the clinic is one of the most analytically fascinating elements of the Nishi Shiki clinic, and a further inquiry into how this affect the lives of the patients will be given later. The everyday performance of these activities and the meaning embedded in them turns these into rituals. Bourdieu argues that one of the effects of ritualization is that, in assigning them rhythm, tempo and duration the rituals

contains a “[...] sort of arbitrary necessity which specifically defines cultural arbitrariness” (Bourdieu 2009:163). In chapter five I will explore the functions of this arbitrariness further. For now I want to turn the attention to the other part of Bourdieu’s argument, that the collective rhythms structures not only the group’s representation of the world but the group itself (163). Through his arguments Bourdieu manages to make structure, space and time to be not only about power, but also about identity and representations, or to say it in simpler terms; to make it about belonging to something.

IMPRESSIONISM AND VISUAL HEALING

“The figures of pain are not conjured away by means of a body of neutralized knowledge; they have been redistributed in the space in which bodies and eyes meet. What has changed is the silent configuration in which language finds support: the relation of situation and attitude to what is speaking and what is spoken about.” (Foucault 2003:xi)

Although it is important to stress the effect of texture, smell and taste in studying how we sense the different aspects of our worlds; we must not forget the often taken for granted effect of the visual. Judith Okely argues that, though anthropologists that focus on visual impressions have been accused of visualism there are other ways of seeing that are less detached, and that involves the whole body (2001:104). She argues that the visual has often become the “main sense” in ethnographic descriptions, but still is a very important part of sensing, one that has become even more important due to the modern worlds many and growing visual technological effects. It may be especially important to recognize this when dealing with a nation where the streets are as crowded with blinking neon signs and commercials as with people, and where meetings between physical bodies as in hugs, kisses or holding hands is restricted to intimate and non-public spaces. I interpreted the Japanese people as very skilled in visual and distanced body-talk, a form of art that I have been trying to make sense of.

With this in mind I have used a lot of ethnographic illustrations based on my own visual impressions. Amongst other things I found that analyzing the body language of the Japanese that I met a vital addition to my interpretations, simply because of my lack of language skills but also because the Japanese body language, as completely different from the scandinavian, stood out very visibly to me. Because of this visualness of the body language, sight will be an important foundation for my understandings of the intentions of the people I would meet, and see, during

fieldwork. That being said, the absence of touch, smell and physically felt body presence made me even more focused and alert in how the bodies and people would present themselves visually, in lack of other foundations for interpretation. However, absence can be all the more telling than presence, if we are made conscious of it. And the absence of body presence in this clinic was so evident that it was one of the first things I noted to myself. The lack of food and human smells were so encompassing that the fresh smell of the pine bushes outside the clinic doors were so present it was uncomfortable. This stinky pine odor is the only clear memory I have of smells from the clinic.

AND A TIME FOR EVERYTHING

“Respect for collective rhythms implies respect for the rhythm that is appropriate to each action - neither excessive haste nor sluggishness. It is simply a question of being in the proper place at the proper time” (Bourdieu 2009:162)

Patient timetable:

08:00 Nudity Cure with exercises

09:00 Breakfast

10:00 Either hot - cold compresses (two times a week), reading session with Sensei (Fridays), or individual activities.

11:00 12:30 Lunch

13:00 Nudity Cure with exercises

13:30 - 17:00 Hot - cold baths and Rehabilitation exercises

17:00 Dinner

20:00 Nudity Cure with exercises

21:00 Nurses have a check-up round

22:00 Lights off

As is clear by the timetable, there is not much time in between the different activities set up by the patients, although the different activities are separated by time in such a way that the patients are never stressed. It is a form of relaxed control; the patients are not explicitly told what to do but are expected to follow this routine, which they do. They are encouraged to take walks outside, but the nurses don't like it if a patient is gone for more than an hour. And although the patients do sometimes break the routine - as in when we were having a very interesting conversation in the dining room after lunch - it sometimes happened that some patient skipped the Nudity Cure to talk

to me instead. Or, as one of the older women at the clinic told me with a guilty giggle once, sometimes she sneaked out to one of the café's in the area to have a coffee. To eat or drink anything outside the clinic is strictly forbidden, but for a period of time I shared room with a patient who would lie in her bed in the evenings, reading through a huge pile of books on Nishi Shiki philosophy while crunching down huge bags of soy sauce flavored rice crackers and chocolate. She would also give me gifts in form of traditional Japanese sweets, home pickled plums and ginger. One time I saw upon entering the clinic one of the patients sitting watching TV in the lobby; he had a big piece of raisin cake inside of his coat from which he was visibly eating in front of the receptionists. I perceived there was a certain tension in the room, but the receptionists never said anything. The same man was also a mandarin farmer, and at one point he brought a case of mandarines from his farm to the other patients and me. Initially I thought this a nice gesture towards the other patients, but I soon learned that he placed them all, and me, in a difficult social position. We were forced to choose between the act of rudely declining the given mandarines the man had brought, or accepting them and thereby disobeying clinic rules. Whether this was a conscious rebellious act from the patient, or whether he just did not understand the social implication of his act I cannot say. But it does serve as one of many examples of how the ideals and theories should not be mistaken for actual practice. Tim Ingold, when writing about landscape, claims it to be not only the background for human activity, but rather a cognitive and symbolic structuring of space (Ingold 2000). In concordance with Ingold the above description of space structuring combined with time is an example of how his analytical approach can be applied. The clinic is a place where meaning lies latent in its physical structure, where there is no duality between object and subject, which makes this structure determining for the patients actions.

POWER TASKSCAPE

The different activities described as part of the clinic timetables are difficult to define as either social, practical or healing; because they often have multiple functions beyond their immediate descriptions. Most of the healing activities, except the nudity cure, are also social, the most obvious being the meals. Other than that the reading sessions, the rehabilitation exercises, the hot - cold compress cures, even the hot - cold baths are done together with another patient of the same sex. To combine the concepts of time and space Tim Ingold developed the term "taskscape"; as a critique of anthropology for separating social and technical activities (Ingold 1993). As has been argued earlier in this chapter, it is of essential importance to see health in a social light, both in how the patients are as social beings and how their interaction in the clinic affects eventual healing processes. The

reason for this is that the patients often want to be healthy not for themselves, but also for significant others. The negative social implications for the patients in being unhealthy often involves guilt, especially if the patient perceives that it is her own bad lifestyle and eating habits that are the reason for her bad health. The informants of Lock's study in Japanese medicine reported that children in Japan are taught that failure to be responsible can lead to suffering for those one loves (Lock 1984:76), implying that guilt and negative social consequence are reasons for undergoing preventive health improvement in Japanese patients. These strong social feelings and commitments pervades time and space in the clinic and limits both. That is why it feels more natural to talk about the clinics "taskscape" than its landscape, time or social environment. Ingold does not include the element of power in his descriptions; therefore I want to add that the social bonds included in the taskscape are also a form of power, as are the ethics of the Nishi Shiki philosophy itself. The patients often make strong bonds in the clinic; many of them have been there several times, and often they meet up again after their hospitalization period is finished. They have a strong moral connection to the clinic's philosophy, and I overheard several times some patients talking between themselves behind the back of other patients not following the rules of the clinic, stating that this was the reason they were not getting well. But I also noted that it did not matter if the rules were broken, as long as the condition improved. A woman I shared room with that I will call Sazae San, was one of the people being talked about. She came to the clinic initially because she had cancer. She was healed of her cancer, but returned later to lose some weight and to get in better shape. Initially she did well, she ate only food in the clinic, did all the exercises and went for long walks twice everyday, often together with me. But then she would snack in the evenings. The others noticed that she stopped losing weight, and I overheard them criticize her amongst themselves.

TROUBLE IN MEDICAL PANOPTICON

"And gradually, in this young city entirely dedicated to the happiness of possessing health, the face of the doctor would fade, leaving a faint trace in men's memories of a time of kings and wealth, in which they were impoverished, sick slaves." (Foucault 2003:39)

Responsibility, in the end, is related to self control. A patient feeling responsible for her own body would perform some sort of self control or self restriction that seem responsible. On second thought, why do one assume that is the case? Can we call it all self-control before understanding the underlining intention behind performed actions? As ethnographic workers we cannot assume automatically that the intention behind the action was to create the outcome that happened. Given

that this thesis essentially is related to the issues of responsibility, it is of significant importance to problematize how much control there actually is - in those situations where we define actions or ways of living as choices. I would never intend to paint the patients as not deciding their own fates, but I do feel the urge to explore further what other factors play a part in their decision making that are more than mere personal preferences. Here the clinic emerges as a potential power and a control mechanism, both in a physical and an existential way.

Based on Foucault's writings on *governmentality* and *the gaze*, Janet Heaton further develops his thoughts into the concept of "the medical gaze" (Heaton 1999). Heaton stresses the importance of contextualizing medicine through making the reader conscious of the importance in historical transformations of the medical gaze, pointing out that the role of the "informal carer" is an empirical example of its emergence. This provides an example of indirect control of bodies and social spaces related to medical care and responsibility, based on felt social obligations. The medical gaze can be underlined and made present through the structuring of space and time, as have been accounted for through the clinic timetables and examples of layout. As will be shown throughout the thesis there is very little privacy for patients in the Nishi Shiki clinic. It has been argued by Rune Flikke, that an analytical approach to the spacial aspects of embodiment is a great source for anthropological insight (Flikke 2003), and there is no doubt that the spaces of the clinic are neither random nor insignificant. To mention a few examples of decisive social spaces: the common room for meals, the sharing of toilets, the absence of social rooms for relaxing, the presence of social rooms for exercise and general Nishi Shiki activities, the control of entering and leaving the clinic, the cleanliness of the clinic surfaces and the sharing of sleeping quarters. Including the temperatures and time limits to the mentioned spaces the subtle guidance of the Nishi Shiki gaze is even more physically present.

For further understanding related to the issues of responsibility, let's go back to the example of the patient Sazae San, eating off-limited snack in the late evenings. This example shows an important point. Although the patients can and do sometimes choose not to follow Nishi Shiki rules, this choice is not performed without consequences that have potential to be quite dramatic for the particular patient. The "talking" of the other patients, together with the acute felt presence of own body weakness that was often verbally expressed to me by the patient, can both be connected to the presence of the medical gaze. These processes of embodying the Nishi Shiki medical gaze generates

social spaces that further have potential to structure individual bodies, and their relation to responsibility and experience of healing (see also Flikke 2003).

WHEN ANTHROPOLOGIST MEETS VULNERABILITY

Certain ethical issues arose as potentially problematic related to fieldwork performed in a clinic with more or less weak or ill patients. Both patients suffering from physical and mental maladies entered the clinic doors, and the responsibility I felt in deciding who was capable of really understanding what I was doing and who was not was problematic. Neither did it make the situation more manageable that I had no access to patient journals and therefore was never really sure what was “wrong” with who, unless they told me directly. Putting medical diagnosis and non constructive worries aside, I ended up using the ethnographic data related to the patients who were most extroverted, interested in my project and more than often ready and willing to help me with any kind of information of interest. I have also anonymized all the patients and given them pseudonyms, in addition to that I do not mention names of the workers in the clinic nor the name of the clinic itself.

Given the circumstances of language disabilities, I did sometimes wonder whether the patients ever fully understood the fieldwork project. Right now I think that they never did. But that was not because of the lack of language skills on my part; something I really learned how to explain in Japanese was why I was there and what I was doing. The problem of understanding was rather related to the unusualness of the project itself, in addition to the fact that anthropology is not such a known or popular study in Japan. As I experienced the same puzzlement from Norwegian friends and family when trying to explain what I was to do in Japan, I concluded that the arcane nature in the understanding of the anthropological project was not rooted in language trouble, and could not have been avoided, regardless of the place for field study.

In relation to the ethical problems that arose from writing about weaker patients; I have solved this problem by avoiding to write about them at all. A very easy decision really, given that the patients who shun other people usually kept to themselves, as when they would get their food tray and bring it to their own rooms at lunchtime. I never at any point pushed a patient to participate in anything, and all patients mentioned in this thesis were eager to teach me about Nishi Shiki and were aware that it was the patients themselves I was to write about and not the medical practice and its philosophy. I carry a huge weight of gratitude for the chance I got to do fieldwork in this specific

clinic, the patients were all overly enthusiastic and helpful, and the staff all took care of me in many more ways than was strictly necessary. This generosity, attentiveness and air of good intentions made the practical obstacles of language and cultural differences much easier to overcome.

As I passed through the clinic corridor one morning, I met one of the old grandmothers ² at the clinic. She was the oldest of the patients I would meet there, her body was tiny, she had short grey hair and big brown eyes covered by frameless glasses. As the sunshine of the clinic, I never saw her without a gigantic smile on her face and she was always within seconds from a high pitched rolling laugh; at anytime ready to melt into any grumpy lonely patients heart. As she passed me in the corridor one morning, she closed her eyes briefly, and took a deep breath while smiling to herself. Here she opened her eyes wide, flashed a huge grin showing her missing teeth and exclaimed with brilliant eyes; “Ooh.. you smell like Hawaii!!”.

² In Japan, it is usual to call any elderly lady for “grandmother”, a positive and friendly term (unless you by mistake use it for a lady that by age should be referred to as “aunt”).

CHAPTER 3: MEAL MAGIC - EATING FOR PEACE, STARVING FOR NATURE

“I will be so full of love as to be satisfied by eating light!” (Dr. Koda)

MEAL MEDICINE AND MEDICAL PLURALISM

It is hard to place Nishi Shiki within the many and overlapping variations of traditional Asian medicine and healing practices in Japan. First of all, there is in Japan a strong medical pluralism consisting of buddhist prayer and talisman idioms, Western-derived biomedicine and Chinese-derived holistic natural medicine (Kelly 1991:419-420). Additionally contemporary Japanese medical practice often involves several types of syncretism with biomedicine (Picone 1989:467). Nishi Shiki practitioners expressed their medical system as strongly skeptical to Western biomedicine, and believe “Western medicine” has completely misunderstood the true causes of illness and disease. Following Leon Eisenbergs definitions of the terms, I will think of illnesses as experiences of discontinuities in states of being and perceived role performances, while diseases are abnormalities in the structuring or functioning in the body organs within the “scientific paradigm of modern medicine” (Eisenberg 1977:9). As Eisenberg further argues, the “traditional healer” also *redefines* illness and disease, and their rituals are more responsive to the psychosocial context of illness. In accordance to the arguments given by Eisenberg, the Nishi Shiki system expresses dissatisfaction in the way illness and disease are in fact labeled as different categories within “the scientific paradigm of modern medicine”. Nishi Shiki present a straight forward, simple and logical causal connection between what you eat, and how your body functions.

In their several books and pamphlets Nishi Shiki practitioners and doctors criticize modern medicine for merely curing the symptoms of the disease, not the disease itself; and that modern biomedicine has completely missed “the true cause of illness”. A diseased condition is merely presented as the body trying to restore it’s natural equilibrium; the disease itself is not the real problem; but what *caused* the disease. In accordance to the Nishi Shiki health system, what caused the disease is that our modern lifestyle has become “unnatural”: the way we sleep, the way we eat and the way we live is no longer in harmony with the way our bodies are built. Here lies a critique not of development itself, but the speed in which it has taken place; as a result of human greed and a general want of more. This is what is expressed by Nishi Shiki doctors as the foundation for contemporary disease, as was expressed to me repeatedly in conversation and through various pamphlets. This is part of a reaction to the modern medical problem that the patients experiences of their own illnesses do not always correspond with the doctors diagnosis of the patients disease.

What the patients seek is in these cases something else than what the doctor provide, an interesting observation in a time when the medical profession views itself as more powerful than ever (Eisenberg 1977). Eisenberg also discuss the relationship between doctor and patient concerning responsibility. He writes that “The diagnosis legitimates the sick role but simultaneously confers responsibility for compliance” (Eisenberg 1977:16). I would also like to add that, when patients complain about the lack of time and attention given to them by the doctor, they are also criticizing the doctors diagnosis, the medical profession the doctor represents and her authority in defining matters of illness. Had there been full authority in the doctors diagnosis and her treatment of it; the fact that this process is short would rather be perceived as something positive. This was a complaint often uttered to me by the patients, and I conceived a general dissatisfaction with contemporary Japanese healthcare.

The fact that there are so many different variations of medical practices and conceptions of healthy lifestyles makes people skeptical , especially when pharmaceutical industries make profits out of peoples illnesses. Therefore the social responsibility of the doctor, that of being present and to make the patient feel she is being listened to, is made more difficult when the patients that are craving this communication are the same ones fundamentally skeptical of diagnosis. One of the Nishi Shiki doctors I met pointed at a huge pharmacy we were driving by and expressed that those people were all about profits, and not about people. Because the Nishi Shiki profession in itself as an ideology has the same foundational skepticism towards contemporary medical practice and industries, the patients may have felt some resonance with the practice’s ideology. Being hospitalized in a clinic performing a medical practice that is not considered very conventional can therefore empower that particular medical practice.

BITE-SIZE PIECES OF LOVE AND DISCIPLINE

“No food is `just` food in Japan”, states Anne Allison (1991:195), in an article where she shows with her own experiences how the Japanese pre-school lunch is prepared and consumed in a process of indoctrinating certain morals into both mother and child, where she argues for that the Japanese lunch box is invested with a gendered state ideology. Her ethnography is used to show how, in many and very different ways, food can be used in the integration of ideologies and morals, and how food is especially potent for this goal in the Japanese society. Margaret Lock has also argued that symbolic communication mediate between culture and psychophysiological reactions (Lock 1984:12). Food that is consumed can stand as a symbol or metaphor for something else. By

accepting a certain meal one might also be accepting a certain idea or specific authority. The child is accepting the authority of home and mother by the act of eating the entire lunchbox, conforming to the school and general nationalistic standards. The mother is also by the act of preparing these lunch boxes in a specific way giving into the Japanese conformity. In my experience, as was also observed by Allison, the Japanese food is to the Japanese a strong sign of the Japanese culture, and the rituals and routines connected with meals are not by any means casual. The carefulness in which the meals are prepared, not to mention presented, is strongly vouching for the seriousness of food. To shed further light on my arguments follows here an outline of my experience of a typical lunchtime at the clinic:

The clock is approaching 11:00 and lunchtime at the Nishi Shiki clinic. Usually I need not look at the watch to know this because the routines in the clinic are that much integrated into my body. The restlessness shown by the patients walking in the corridors, peaking out of their doors and little by little quitting whatever activity they are performing, is also quite telling. I reckon they are probably hungry; they eat breakfast at 09:00, but because it consists of only a glass of vegetable smoothie it is not considered a real breakfast. I find more and more reasons to believe that the Japanese don't consider a meal without rice as a meal at all; and that this is why they claim at the clinic that they don't serve breakfast. "The meal is prepared and ready", the speaker says after a soft noise from a bell, "so please take your seats in the dining room". I experience the voice as cute and instructing and feel like spoken to like a child. This kind of "cute" and motherly instructing voice I have become used to also in instructions from speakers on railway stations, shopping malls or any other public platform where information of groups are seen necessary. After lingering for enough seconds to not seem desperate for lunch I wander off to the dining room, accompanied by the trickling of the other patients out of their rooms. There is no need to be early, because for half an hour before any mealtime, the door to the dining room is kept locked by the chef. These thirty minutes she uses to put out the different trays and correctly compose the different meals. The chef distributes all the little bowls and cups to the different trays, then places name signs on them. The different trays have different dishes, according to where each patient is in his or her diet calendar. I never witnessed that food was shared between the patients' trays. One of the patients once leaned over my tray and asked to taste some of my rice. Although he was half joking, the matter was taken very seriously by the other patients, in a unison of shocked faces and strict oral correction of the offender.

The boundaries between the separate meal trays are indisputable, and only complete socially unable anomalies would seem to confront them. Another reason for the separation of meals is that the chef is checking whether or not you finish yours. I learned this when I, by trying to help out at the clinic, did the mistake of cleaning up the bowls and plates after mealtime and stacking them up ready to wash. Actually I did this for quite some time before one of the patients took me to the side and said, it was very nice of me to help, but since I started helping the chef had not been able to register how much each patient ate of their diets. I felt really bad, not to mention a little irritated that the chef could not just explain this to me herself. But I was never corrected by the staff, I was expected to understand not by being told but by watchfully copying, observing and practicing; as with the patients learning the ethics through physical practice and copy.

GOLDEN RATIO CHILDREN

The institutionalized, pre-prepared meals give impressions of childhood. Individual food boxes are usually for schools or institutions, and family dinners or meals with colleagues and friends typically consist of shared dishes. Watson has argued that this is a contrast between Japanese and Western meals, and that the introduction of Western fast food represented a shift in the way people ate in Japan (Watson 1997). This is further exemplified by how Allison in her earlier mentioned article describes the ethics embodied through institutionalized consumption of pre-prepared meals. As the Japanese lunch box is meant to ease the child's transition from home to public life by bringing something familiar out of the home, but also through the distinct importance put into the art of making the lunch physically easy for the child to consume. How food, and especially the lunch or lunchbox, is to stand for a specific group's morals has been a topic in Runar Døvings writings, where he claims that you can use feeding of children as a way of governing families, presenting the thought of "the nations downfall" in the meeting with a bad national diet (Døving 2004). Although the example given here is about children, the same arguments can be made about all meal consumption in an institution. This is because the food becomes a pedagogic tool: it is supposed to teach you, guide you and form you in a specific way, in a process of making specific ideas easier to consume. The chef in the Nishi Shiki clinic was doing her best in presenting simplicity in a most elegant manner, making it "edible". The placing of elements on the tray strikes me as well adjusted and conscious; with the rice bowl, as the main part, placed a little bit aside from the center, making use of the artistic golden ratio composition. The slightly smaller bowls of tofu, and sometimes soup/salad/vegetables or beans is a little more to the right. Between them can usually be found the small cups of salt, spices and spring onion, and perhaps if you are lucky a small package of black sesame

sauce. The warm dishes, like the rice, come with a lid to keep the heat, and in the middle of the tray is the patient's name sign. The bowls are decorative, and the composition of the food is careful, but the overall impression is strikingly more simple than what is considered to be a pretty meal in Japan. In an act of reconstructing the Japanese meal in simple terms; what is considered Japanese is reconstructed to fit the Nishi Shiki ideals. Keeping its unique Japanese "feel" despite the lack of eloquent artistry was in my eyes one of the most impressive accomplishments of the clinic.

A RICING POWER

Food is embedded with meaning on several different levels. Rice, for example, can stand for the individual, the state or the society. But at the same time it can be neutral in an imagined health discourse. Until now rice has had the role of representing the Japanese as a people, and it has long been a symbol for what is considered to be Japanese qualities (Ohnuki-Tierney 1993) . But its role as nutrition is of a more changing and dynamic matter. Practicing martial arts in Japan, I was told at one point that the founder of the Japanese martial art I was performing lived on only one bowl of rice a day, with a pickled plum inside. On several different occasions I experienced being told this story of some historical Japanese figure, living only on this symbolically strong "one bowl of rice a day". Rice then, is imagined as simple, pure and nutritious. This idea still holds strong symbolic power in the Japanese society, but within the Nishi Shiki practice white rice is considered a negative food component because it is not wholegrain. I will return to the topic of rice as a national binding symbol in Japan, but for the moment I want to elaborate on rice, and food, as sources of power. In a process of medicalizing food, food is made into an instrument for individual healing (Middelthon 2009). In the Nishi Shiki clinic this thought is institutionalized and organized into social conformity, the process of healing is individual yet at the same time it is not. Anne-Lise Middelthon, in "*The duty to feed and eat right*" (2009), analyzes food consumption as triadic; the three components being the feeder, the food, and the one being fed. Yet as she also remarks, drawing these lines one must not forget that although "being fed", the individual still chooses to accept or not. We should not forget that, when discussing problems related to responsibility and food consumption, we take for granted that the individuals being analyzed actually have food in such a surplus that it is possible to choose in such myriads of ways as to make identities and create lifeworlds. This issue deserves a space for comment, both because an awareness of these matters are in order, and also because it is fundamentally these large humanitarian problems that are baselines for a lot of food related choices made at the Nishi Shiki clinic. On the other hand the act of actually being hospitalized at the clinic is a choice made by each and everyone of the patients voluntarily. It is the

choice of not having a choice, of entering voluntarily into the realm of what Foucault described as “governmentality”; in which the individual is governed to govern herself in a particular way (Middelthun 2009). Instead of telling people what to do or not, you make sure to equip them with the symbolic tools to do the job themselves.

GREEN TEA, GREEN RELIGION

Rice is not the only consumed product in Japan with strong symbolic power. Jennifer L. Anderson has written about the Japanese tea ceremony as a religious ritual, with a definition of religion based on salvation inspired by N. J. Girardot. Girardot maintains that the aim of all religious behavior is “periodically recovering in this lifetime a condition of original wholeness, health or holiness” (Anderson 1987:475). Also with a focus on the relationship between health and “wholeness”, Csordas writes about healing as;

“.. a discourse that activates and gives meaningful form to endogenous physiological and psychological healing processes in the patient. The net effect is to redirect the patients attention to various aspects of his or her life in such a way as to create a new meaning for that life and a transferred sense of being a whole and well person.” (2002, 53)

Csordas’ claim that the category “illness” and concepts of “the holy” exists on the same phenomenological level (2002:56-57) can make an important analytical tool for understanding how rituals can give individuals experiences of physical or psychological progress and healing (Csordas 2002, Anderson 1987). Through the various examples shown in this text I want to illustrate how food can be a strong means to achieve a sense of wholeness, a wholeness that can be compared to what can be experienced through religious salvation (Csordas 2002). As a physical sensation, medical healing and spiritual salvation can be analyzed on the same level, as they are both existential processes. A lot of the literature on the subject of food has taken a quite “sensual” approach, that of foods influence in a positive way and focusing on how the body experiences food as enjoyment and identity combined. I want to show how a more neutral sensuous experience of food, or even a negative one, also can have a strong defining power for the people that are consuming it. The metonymic relationship between food or drink consumption and spirituality in Japanese society is very much visible, as it also is in our own Western Christian traditions - for example communion. As in our own traditions of taking communion, the Japanese do not think that they are literally consuming a specific philosophy or idea. I would rather focus on the cleansing physical sensation taking place, often associated with tradition, memories, nationality and ritual.

These ideological connections between body, food and spirit support my further argument that food can empower thought and the experience of being in the world, and that a mere food diet can change a person's approach to life and sense of wholeness.

FORM IS EMPTINESS

Therefore, Sariputra,
in emptiness there is no form,
no sensation, no perception,
no volition, no consciousness,
no eye, ear, nose, tongue, body, mind;
no sight, sound, smell, taste, touch, thought.
There is no realm of sight,
through to no realm of cognition.
There is no ignorance
or ending of ignorance,
through to no aging and death,
or ending of aging and death.
There is no suffering, no cause of suffering,
no cessation of suffering, and no path.
There is no wisdom and no attainment.

(extract from "The Heart Sutra", Cheng-Yen 2001:8),

As mentioned earlier the enthusiasm over the Nishi Shiki meals shown by patients was to me a puzzle. Did they like the food or not? In the end I found one dish that proved how something experienced as really uncomfortable could be gulped down with enthusiasm by the patients, called the "agar-agar jelly". When patients are fasting, they are still present and eating at all the mealtimes together with the other patients. What they eat is a form of warmed up light brown jelly. The jelly does not consist of anything with nutritional value, and are consumed simply as a filler of the intestines so they don't shrink due to long fasts. During my initial week where I was hospitalized as a patient at the clinic, a three day long fast was made part of my program, hence I got to try the agar-agar jelly. Since it is heated the consistency is liquid, but thick and constantly getting thicker as it gets chilled quite quick. It has no smell, which I found quite uncomfortable. I had no idea what I was consuming, or whether or not I was eating or drinking. The patients had their usual smile on their faces during the meal, and would gawp down the whole thing at an amazing speed, accompanied by both verbal expressions like "oishii" (delicious), or loud slurping, both of which indicate the tastiness of the food. If I wanted, I was allowed to add a little honey to the lukewarm

liquid, but to me it only made me nauseous; you might as well put sugar on wood to make it more tasty. The tastelessness of it was not so bad in itself, it was the inconsistency of the meal. The way it was not liquid nor firm, not food but still eaten, substance but empty. When putting a spoonful in your mouth you have to swallow quick before the thing hardens the way candle wax would; making an uncomfortable layer of wax-like substance inside of your mouth. Some patients solved this by putting the bowl in the refrigerator, waiting for it to stiffen like jelly and then eat it. The nurses did not comment on this frequent practice, so I cannot say whether or not it was approved of. In this ethnographic material I see an inconsistency in the way people are experiencing and sensing their food, and the way they are socially expressing these sensations. It shows both that there is value in the eating process beyond pure sensing, and that the outward ritual performance and acts around eating are of specific importance and meaning beyond nutrition or taste.

EMPTINESS IS FORM

I interpret this as a reach towards an idea or a concept of wholeness. Based on both the attitudes taught by books, pamphlets, doctors and senior patients it is an outspoken goal to strive for a better oneness with nature, world and society. The purpose of the agar-agar jelly is to be able to conduct a fast more easily and safely. But what does it mean then, to reduce your intake of the world? First of all it is the cleansing feeling of eating nothing. One of the first evenings I spent at the clinic we were all watching a movie together, it was an informing video of surgeons performing gastroscopy; filming the inside of the digestion systems of people who had been eating food considered to be unhealthy. The pictures were all very detailed and showed close ups of yellow boils and brown rashes inside unhealthy persons bowels, where the patients at the clinic would express horror and a clear physical un-wellness combined with strong interest, curiosity and focused attention towards what was shown. Getting your sensescape full of these strong physically felt emotions towards eating and digestion affects the way you conceive of your meals. It is here I find the explanation for the enjoying of the agar-agar jelly, as not a gastronomic sensual experience, but as a purifying experience of ridding oneself of waste through consuming emptiness. You eat pure emptiness that literally pushes matter out of your body. Herein lies a contrast between the traditional Japanese medicine and the modern biomedicine; where the former is focusing on curing patients through getting negative components out of the body and the latter on getting positive stuff (as in vitamins and minerals) in. No other medicine is consumed for the purpose of healing within Nishi Shiki, besides magnesium, and that is taken because of its laxative effect, as a means for ridding the body of matter.

THE RITUAL POWER OF EATING LIGHT

To eat, as a sensory and nutrition gaining experience, is an act that allows us to transcend the boundaries between the inside and outside, and food can be a key component in ritual (Sutton 2010). In the same manner as Thomas Csordas argues that the category “illness” and concepts of the “holy” exists on the same phenomenological level (2002:56-57), so we see how several theorists give a lot of attention to the sensory and physical part of healing as meaning being embodied. For the patients at the given clinic, the act of eating is a moral and political statement, a social act of expressing a belonging to the community united in these principles. We might be used to thinking that it is the mind that controls the body to do certain acts; the mind for example decides that the body should eat healthy. But when this type of conceptualizing does not have any positive effect you might as well turn the situation around. And here is where we find within Nishi Shiki a belief in that, by repeated physical action and sacrifice of physical need, you can change the mind to a more harmonious state, which will again have a positive effect on the body. Instead of deciding with the mind to change the body; you change the body in the idea that the mind will naturally have to follow. The inventive aspect of Nishi Shiki practice is to discipline *the mind* through bodily activity.

Power is incorporated into food by making mealtimes into rituals; where rituals are understood as “repetitive `prescribed formal behavior`” (Kaptchuk 2011:1849). Food is important because it is actively made important. That is also how diets can have such a profound effect on patients, both within mind and body. In studying placebo effects in both acupuncture healing, shamanistic healing and biomedical healing, T. J. Kaptchuk shows how environment and learning processes activate psychobiological mechanisms of healing (2011:1856), and this in all kinds of medicine. He further argues that the performance of ritual in the meeting of doctor and patient empowers the doctor to be able to reconnect patient and world. Following Kaptuch’s argument then, the structuring of the meals through time, form, composition, morals, tastes and textures is shaping actual biological and neurobiological processes in the patients body. This can happen in the very causal connection between the amount of food taken and weight reduction, in a patient who wants to loose weight. One patient at the clinic claimed to have been healed from a brain tumor, but as I am neither educated in medicine nor did I have access to the patients private medical journals I am not in a position to validate her statement. Either way, her statement of being healed from something as dramatic as brain tumor is very interesting, and shows both her faith in the Nishi Shiki practice, as well as her physical feeling of wellness and wholeness compared to the idea of “before”.

HONEY AND RICE AND EVERYTHING NICE

The abdomen has a strong symbolic value as the seat of the soul in Japanese symbolism and culture (Ohnuki-Tierney 1984:58). When a samurai had “lost face” he could regain his honor by cutting open his stomach, performing the ritual suicide called *seppuku*, or *harakiri*. Traditionally in Japan the stomach has symbolized honor and moral value the way the heart has represented love in the West, but it has also been strongly connected to emotion and thought (Ohnuki-Tierney 1984:59). This means that a lot of personal ethics are conceptually linked to peoples stomachs. As part of the ethical history of Japan where emotional character is situated in the stomach, a lot of links are created between what is eaten by a person and that persons moral integrity. As has been stated earlier, there are of course several different approaches to food and eating that are not connected to morals, but rather to travelling, enjoying places or linked through time to traditional occasions. But this particular connection between food, choices, stomach and morals are exploited within Nishi Shiki and functions as yet another way of binding the Nishi Shiki philosophy to what is considered traditional. Through this the Nishi Shiki clinic is creating sensations of moral belonging within the patients.

Mealtime in the Nishi Shiki clinic have a deep moral foundation and a goal embedded with shared ethical values, therefore it can be viewed in the sense of being a ritual that gains strength and credibility by being shared. In the same manner the sharing of the ritual strengthens the social bonds between the people present. Together with values and meanings, the food creates a diet that is composed in such a way as to make the patients feel part of a larger whole, both as integrated individuals in the specific clinic, and as a social group with a distinct place in the world. In other terms the clinics system of healing is well within Csordas’ definition of healing, as being both on a physical, spiritual and social level.

CHAPTER 4: DIGESTING ETHICS

“I sat down at the table for my first Nishi Shiki standard meal; a lunch served on several small bowls in different colors and sizes on a black tray with my name sign on it. I had one bowl with a small portion of warm brown rice, called “genmai”, one bowl of brown hot soup with mushrooms and bean sprouts, one bowl of two clean pieces of tofu. Together with the food was three tiny cups with salt, finely chopped spring onion and some sort of unfamiliar brown spice. The sight of the meal is clean, pretty and makes one feel it has been carefully made, measured and portioned out. There is a distinct lack of smell in the dining room, except for the typically combined salt and sweet but soft odor of cooked rice. The patients exclaimed an enthusiasm over the sight of the meal that seemed exaggerated; the older women repeated again and again, to each other or themselves, how very delicious the meal looked, repeating what today’s meal contained for me and to each other, and pecked into the others’ meals with squeals of joy. I tasted the rice; it was clean and neutral without any spices, oil or butter, and with a texture more rough than white rice, so that you have to work more with the rice in your mouth before swallowing. The taste felt boring and the texture a little bit unfamiliar, but not directly bad. The soup had a deep dark muddy taste which gave me associations to seaweed, fish, mushroom and earth, the taste was somewhat too unfamiliar and raw for me, and though I used all of my salt, spice and chopped up spring onions in my meal, I could not finish neither my rice nor my soup. The patients smiled, laughed and enjoyed themselves through the meal, was constantly in conversation about the tastiness of it, and honestly seemed to have a quite different sensory experience of eating than I did.”

SOCIETY METAPHORS FOR LUNCH

The above note is from my first day eating lunch at the clinic, and although I am more fond of Japanese cuisine than most other foreigners I met in Japan, the taste of the clinic food presented such an unusual set of new tastes that even I had problems swallowing it all up. So for me at that point, I was observing what I felt was a very curious manner for the patients to behave; because it was impossible for me to think that the patients actually truly was as happy about the meal as they outwardly expressed. The explanation for the patients seemingly exaggerated enthusiasm can be located and understood in many different ways, and to get a better understanding of the Japanese relationship to their foods I want to discuss some background literature. Noguchi writes in “Savor Slowly: Ekiben: The fast food of high-speed Japan” (1994) how rice in Japan is a dominant

metaphor for the self, and that a meal is as much considered meaning as nourishment.³ If that is the case, what kind of meaning was the patients eating and enjoying at that lunch, in which I was unable to partake in? The contents of the meal itself meant a great deal, both in a pure nutritional sense, in a sense of moral and meaning, and in a matter of taste. Noguchi stresses the usage of all the senses when talking about experiencing food, and that in taking into usage this form of multivocal approach to food there is an entry into cultural analysis. For example it has been argued by Nakane that in Japan rice is a metaphor for the self, and that the Japanese lunchbox is a metaphor for group organization, symbolized by the meals distinct lack of center (Noguchi 1994). This can be related to my own experiences of eating lunch at the clinic, and also to the Japanese meals in general; which typically consists of several different kinds of food placed in small bowls. In the pages to come I want to explore whether the meals at the clinic have this kind of symbolic power, and if that is the case; how food as a metaphor can create healing experiences in the patients.

RICE RICE BABY

No particular dish is typically the main part of the meal, but rice is always included. In several ways I can follow Noguchi's argument that rice is seen as representing the Japanese self. In the clinic the focus is very much on the digestive system and the way healthy bowel movements is the key to health, therefore eating wholegrain or raw and unprocessed materials is an important part of the diet. I perceived a clear tendency and strong wish within the patients to place the categories "healthy" and "Japanese" together. But white rice, conceived by Nishi Shiki as unhealthy, is by both Japanese and non-Japanese seen as one of the defining aspects of the Japanese kitchen. This discrepancy is solved in the clinic by serving *genmai* rice, which is wholegrain brown rice that still has not lost the distinct stickiness and rounded form that is associated with the Japanese rice. In the clinic they go through a lot of trouble to produce *genmai*. It has to soak in water for some time before boiling, it has to be boiled hard in pressure cookers to be eatable, taking longer time to boil than the normal white rice. Additionally the rice has not any particular nutrition in it that cannot be found in other much more manageable food items. Still; *genmai* rice is served without exception at every meal at the clinic. This is also the case even for the patients on the raw food diet; meaning they are not to take any food that has been unnaturally handled like boiled or frozen. They eat raw *genmai* rice that has been grated down to a fine powder before mixed with seeds and rasped up vegetables. The only exception is the fasting patients, but on the day before and after the fasting period they eat only simple *genmai* gruel. The patients with sensitive stomachs eat *genmai* rice that

³ see also Ohnuki-Tierney (1993): "Rice as Self"

has been first boiled then run through a food processor so as to become something of a “genmai cream”. It would be much easier to simply exchange the rice with, say, oatmeal, buckwheat, quinoa or any other more manageable but wholegrain products. But the fact that they continuously go through the trouble of making rice “healthy” through these complicated procedures is telling of its symbolic importance, its connection to a deep felt national identity, and also its potency for healing power. If it is like Noguchi says, that rice is used as symbol for the Japanese self, then the fact that the clinic rice is utterly different from the one used normally in Japan is of essential meaning. It needs to be chewed for a long time, I was told by one of the patients during my first meal. This is part of both appreciating and taking time to savor the meal, but also because it is strictly needed due to the consistency of the wholegrain rice. When watching old Japanese samurai movies you will see the poor farmers eating millet, while the noble samurai eat white rice, traditionally seen as something luxurious ⁴. By eating brown rice the patients place themselves not as “poor”, but as simple and humble. In the patients I perceived a deeply felt peace in the art of enjoying simplicity, like a bowl of simple genmai rice. This is where the genmai rice’s power to heal appears, in the art of being content with both your meal and with yourself, resulting in a lack of need to indulge in a strongly felt ego or in luxury foodstuffs. Lakoff and Johnson argue in *“Metaphors we live by”* (2003) that metaphors represents foundational ways of experiencing the world, and that metaphors are simplifications of the world that has a function in structuring everyday life. Things make sense by placing them in parallell worlds of meaning: simple genmai rice is good for the digestion system as the simple and humble individual is good for the ecosystem.

FOODSCAPES

There is a strong sense of place in the Japanese cuisine. Every place has it’s own distinct speciality, proudly presented and often used as popular gifts and souvenirs for travelling Japanese. The connection is so pressing that it is quite difficult to separate the concepts of food and of place when writing about eating in a Japanese context. I will for practical reasons separate the concepts while writing, but they should always be thought of in relation to each other. In traditional Japanese cuisine, food always comes from a place, and that place brings with it a history and an identity that is a non detachable aspect of the act of eating.

⁴ This is perfectly exemplified in one of the Japanese movies most famous overseas, “The Seven Samurai” (1954) by the director Akira Kurosawa. Here the poor farmers hire a Samurai to protect their village from villains, and as they are poor they offer the samurai white rice for his meals while they eat millet themselves.

Noguchi writes that the modern Japanese think of traveling and good food in a close relation to each other, and that “[...] sharing the distinctive flavor of local cuisine fosters a sense of togetherness” (1994:319). The sense of place within the food of the clinic weighed extra heavily; both because of the Nishi Shiki belief in the healing power of locally or self grown groceries, and also because the patients like most other Japanese felt travelling to a new place naturally included savoring the locally produced specialities: Here presented in the ethical wrappings of Nishi Shiki health practice, deeply embedded in meaning where both a construction of self and a healing of body is taking form. To illustrate the feeling of the importance of appreciating the local food, I will give one example from when I visited one of the patients I met at the clinic at his own house.

Tetsuo was a farmer that travelled to a different part of the country to stay for three months at the clinic. I met him at the first period of my fieldwork, and as a newcomer who tried very hard to comply to the Japanese traditions I did like every other Japanese girl on valentines day; I gave all my colleagues and friends chocolate, including the patients at the clinic. Had I known better I would have understood that my heart shaped chocolate gifts fitted very badly into the patients diets. Personally I gained a positive result from it, because Tetsuo said he thought me so kind for giving chocolate hearts to all the patients that he invited me home to his family, at any time, for as long as I wanted. Though a bit skeptical at first, I eventually perceived him as an honest guy and took him up on his offer, and ended up staying nearly two weeks at his house with his family. The first thing we did was going out eating what I was told was a local speciality; “udon” noodles. We went to a quite expensive traditional restaurant, the family insisted strongly on paying and was very interested in my opinions on the food. For my entire stay it continued like this; everyday was a feast for the senses, either prepared by the family or at a restaurant; always with “local specialities” on the menu. One morning I woke up to the whistling and humming of the farmer already back from the fields; he pops his head in to my room and says proudly in a mumbling farmers Japanese with heavy dialect that he has placed a bucket of fresh locally grown radish and salad in the hallway. He tells me I should feel free to use it to make breakfast and lunch, before he disappears and goes off to work. I go out in the hallway where there is placed a blue bucket, the white long radishes sticks out between green salad leaves and dirt, just pulled out from their dark slumber in the chill moist deep of the earth. The taste is fantastic; crisp, fresh and alive with all the love the farmer has filled it with, flavored with the pride he presented it with.

Contemplating on this experience I had living with Tetsuo and his family illuminates the relevance of place in relation to food and tasting experience. Through this experience, which was towards the end of my fieldwork, I can see an experienced parallel to the depiction I had of the patients at the very beginning of this chapter. A thoroughly felt joy and enthusiasm over the locality of the food, the power of having full knowledge and thereby power over what substances crosses the boundaries between the world and yourself as a subject. The felt purity of having this control, and the sense of wholeness created by this and hence the experience of being “healthy”. This shows how the power of knowledge related to what you eat can bring forward a sense of healing. This is because knowledge of the food, and how you value this knowledge, change your perception of that food and your sensual experience of eating. David Sutton has had several interesting points on this debate where he connects cooking skill, sense and memories; and through ethnographic description of cooking argues that the act of cooking is transgressive because it ties together what is produced with what is consumed (2006). It can be said that the act of farming of the products makes the process even more transgressive, because it takes you through the whole process: from field to home, through cooking equipment, hands and skills, into the mouths, lives and physical experiences of the same people.

There is a distinct difference between the typically Japanese way of savoring local food, and the clinics somewhat different appreciation of the local foodstuffs. In the same way as Trubek describes how the French wine farmers connects their wine with the local earth; or “terroir” in *“The Taste of Place”* (2008), the Japanese find pleasure in consuming the local flavors as a part of travelling or as part of truly experiencing, and tasting, a place. As I will argue further in this chapter; in the Nishi Shiki clinic the place to be tasted is most ethical and political. The Japanese are known for their appreciation of all the aspects of a meal; not only taste but smell, texture, looks and its environment. My take on this is that the Western appreciation of food is much less focused on presentation, and there is a huge difference between the Norwegian lunchbox with bread and cheese ⁵, to the decorated Japanese bento box school lunches; which has been made at home using a lot of time, energy, creativity and artistic skill bound together in what is presented, and experienced as an act of love. Sutton argues that Western anthropologists have suffered under the Western tradition of devaluing the holistic experience of eating, and that taste gets reduced to being analyzed as simply

⁵ Although that is maybe changing; Runar Døving has written extensively about the traditional simple norwegian school lunch, and claims it to be “ascetic and promoting nationalism“ (2004), at the same time as norwegian writer Anne Middelthun shows how the norwegian food discourse is changing into a more functional approach to food and diet (2009). Media debates are currently running on how lunch boxes in norwegian schools is distinguishing the children into upper and lower class.

categorization and not the multisensory experience it is; which would mean a dissolving of the object into the subject (2008:211). This is not to say that Westerners cannot appreciate a meal in its wholeness, but claiming that we have not made it into an everyday ritual of ordinary meals in the way I am arguing that most Japanese have. ⁶

The place where the patients eat is very simple in its layout and design. Things generally look well used, the colors are subtle, gentle and light and there is not much decoration placed around, or pictures on the walls. Hung on the walls are rather practical things like menus, timetables over who is going to the bathroom at what time, or general schedules. In the dining room there is no thing like a “cozy” approach to mealtimes like we are used to in scandinavian homes or restaurants. The light is cold and bright and the airconditioner is only turned on during the official mealtime; which often makes people leave the table in spite of having a nice conversation after dinner due to the fact that the room is getting cold. I believe the layout of the clinic underlines the clinics ethics in a metaphorical sense, like that of the rice and self mentioned earlier. It symbolizes the felt practical and humble approach to eating, so that the simplicity of the space equals the simplicity of the meal in a process that strengthens the physical experience of simplicity. This empowers the experience of purity through using the space to symbolize the meal; or the general underlying principle of temperance, if you will.

LOCAL POWER

Consuming locally produced food have an enormous potential to affect people; by creating a stronger relationship between you and what you consume. Judith Okely did fieldwork among farmers in Normandy, and when asked to taste the “purity” of the non contaminated milk produced by the local milking cows, she expresses a feeling of “drinking the landscape” (2001:108). Similarly the patients at the clinic frequently showed that a common denominator among them was how they appreciated locally grown foods, many were farmers themselves. A patient with whom I shared room for a longer period of time often gave me her home made pickled plums or ginger. Another patient was a mandarin farmer, as well as the farming family I mentioned earlier. The family had other work but used their free time and weekends to tend the fields, despite the fact that they led very hectic lives and received no economical benefits from their farming. These farming activities shows in a direct way how production and consumption of food are important aspects of

⁶ It is fair to mention that in Japan most women with children stay at home, even in contemporary society, and possibly this fact contributes to the amount of time used on cooking and the focus and pride in food production and presentation by the women themselves.

peoples lives. It is also telling of how labour and the active handling of food creates a conscience around food and place that draws the activities of producing and consuming food closer together. As a result, food becomes an active power and a means to create statements and political stands, rather than being neutral nutrition or as a tool for creating social bonds.

HUMBLING BODIES

“The tales of the samurai stoicism are famous. They were forbidden to give way to hunger but that was too trivial to mention. They were enjoined when they were starving to pretend they had just eaten: they must pick their teeth with a toothpick. ‘Baby birds,’ the maxim went, ‘cry for their food but a samurai holds a toothpick between his teeth.’
(Ruth Benedict 2005:148)

The Nishi Shiki practice, while focusing on the weakness of the human mind and our natural instincts that drives us to eat “unhealthily”, gives a release to the heavy feeling of hopelessness or guilt associated to an unhealthy body, especially concerning obesity. At the same time the moral ground for the practice expands the field of focus to a more collective one; there is less focus on the individual body, and more focus on the final sum of the human bodies and their effect on this world. The guilt becomes collective, so does the responsibility, but the shift in focus has lessened the heavy responsibility on the individual body to be in a certain condition. So the next step in healing as practiced in Nishi Shiki was to stop theorizing and start practicing; light meals, light everyday exercise, right choice of local and ecological foods, and a thankfulness to nature that will help you appreciate your servings, light as they may be. Because of this practice I interpreted the Nishi Shiki practice as a project of making bodies humble. The body should heal for the sake of the ones that are, or are going to be dependent on that body, for the sake of the community, and for the sake of the planet and it’s ecosystem, as was argued by the various practitioners. Ruth Benedict wrote over sixty years ago that in Japan, strength is shown in conformity rather than rebellion (Benedict 2005:207). Whether or not the Japanese actually were more “collective” in the past is not for me to say, neither does it matter as long as it is this *idée* of the past that the patients build their feelings of healing, fulfillment and meaning upon. This being said, Lock also agrees that the Japanese has a tradition for considering the patient in relation to her total environment, and that healing processes therefore tends to involve social participation (1984:45).

Sutton employs the concept of “synesthesia”; or the union of the senses (2008:217-18), a concept which draws into question the Western five-sense model, and can be seen as a critique of the objectivity and passivity of Western sensory models. As expressed by the example illustrated at the beginning of this chapter; with the old women sharing their experience of their meal and thereby synchronizing and actively creating that experience as a group, here it is not only the physical sensing and experiencing of the meal that is synchronized. The patients are taking part of a sharing and tasting of places, ideas, concepts, and connecting these to ethical narratives and moral stories presented by the clinics literature, by the doctor, the clinics own chef or by each other. As we were to sit down at the table before enjoying our meal I was taught how to say grace for the meal in the Japanese way; placing my palms together in front of my chest and silently *feeling* thankful. The words to be said before eating is “itadakimasu”, and has a meaning that can be translated to “I am humbly receiving”. It is not so much of a social prayer as it is a private internalization of humbleness and thankfulness. It was very important for both the patients at the clinic, and also all other elder Japanese I dined with, that I understood this concept. It was expressed as different to what was pictured as the European style of “bon apétit”, or not saying or “feeling” anything at all. I perceived the patients, as well as other Japanese I met, as investing great pride and meaning in this short but powerful prayer at the start of a meal. Learning these rules of etiquette in dining I experienced great positive feedback combined with surprise when as a foreigner I would fold my hands in “itadakimasu” before receiving a meal, or when I showed understanding of which end of the chopsticks to use to grab the food in different social settings. In learning the methods of humbly enjoying the meals in the right way I eventually got to take part in sharing the groups sense of food and place.

VICE AND VIRTUE

Given that this thesis is about responsibility, in a Japanese setting a briefing on the Japanese sense of what is virtuous is in order. Characterized as a people of etiquette, manner and a stable reliance on rules and hierarchy, the cliché about Japanese people is situated in their conformity, responsibility and selflessness. One of the reasons for depicting the Japanese in this way is their strong commitment to their work; both through loyalty, long workdays and strict change of behavior when entering formal spaces of the workplace.⁷ Although it is problematic to assume something about “the Japanese” as if they were all one and the same, the early anthropologist on Japan Ruth

⁷ See also Dorinne Kondo (1990) for further reading about Japanese identities and workplace. Also a novel by Amélie Nothomb, “Fear and Trembling” (2002), where she writes a story about her own personal clash with Japanese culture in a workplace when she was serving as a foreign employee.

Benedict did have some valuable insight into the how vice and virtue, how honor itself, is performed and proven in quite different ways in Japan (2005). Taking this into consideration, what we deem as a responsible act in our respective home cultures may not coincide with that of Japan. A very interesting example brought forth by Benedict is that of suicide; condemned as a sin in both America and Europe, but often romanticized and depicted as honorable in Japan. In Western nations suicide can be looked upon as giving up or as an escape from the difficult struggles of life, historically deemed as a sin in the Christian tradition. In Japan suicide has traditionally been a way of saving ones honor when left with no other alternatives; in other words suicide can in some cases theoretically be the only responsible thing to do if you are not to shame your family or associates. From this I will hence draw the conclusion that the terms of responsibility need to be culturally based on the different notions of vice and virtue.

Ruth Benedict describes the Japanese as viewing humans as basically vulnerable, and that they because of this are not interested in the explanations and reasons for peoples flaws and mistakes (2005:164). Here it is important to divide guilt and shame; what has just been explained sums up the fact that it is not shameful to be guilty of something. One of the things I heard uttered very frequently in Japan was “ganbatte”; “do your best” (urging the person spoken to to work hard despite of failures). I heard this often, and it was usually said whenever we spoke about my language studies or fieldwork project, and often automatically uttered when saying goodbye, from a person of higher position to a person of lower position. The saying has nothing do to with success but rather a diversion from it; as long as your intentions are the best and your actions are following prescribed rules of etiquette you are morally safe. This tendency to a bitter-sweet approach to life, where a person is doing her best but experiences misfortune after misfortune is termed “mono-no-aware” (“the pathos of things”), a popular trend in Japanese popular narratives in which a beauty is perceived in the sadness and impermanence (termed 無常: “mujō” in Japanese) of things and life. It may make you unhappy, but the underlying moral of the statement is that the content of knowing you did your best should provide to be enough.

CHANGING MENUS

I want further to continue with the very important subject of my own tasting and experience of the clinics menu. Reading my own field notes I am struck by the discrepancy between my notes on the first clinic meals I tasted and the ones after spending several months. The fact is that after a while I started enjoying the same meals I earlier did not care for, I started asking the chef what kind of

ingredients she put in the meals and started paying attention to the forms and compositions of the dishes. As I try to understand what happened with my interpretations of the tastes of the clinic I am at loss as to why I changed my mind about the food. Perhaps I simply had gotten used to the Japanese cuisine after spending some time in Japan. But even at the beginning when I did not like the food from the clinic, I still loved all the Japanese food I ate everywhere else. More likely I got used to the clinic's way of preparing the food; being very scarce when it came to seasoning; the purity of the food consisted of enjoying the simplicity of a meal without meat, spices, sugar, wheat, any saturated fat or any kind of milk products. In some ways you are taught to search for the positive qualities that lies hidden in the foods "nature". You savor the raw texture of the brown rice, you enjoy the sensual softness of a tasteless white piece of tofu. And the little package of black sesame sauce I did not use the first weeks of the clinic suddenly became an exiting tasteful addition to a meal, and I actually brought with me some home from fieldwork. Did I get more used to the pure tastes, or did I get more used to the idea of the purity in them?

There is an article by Aldona Jonaitis called "Smoked Fish and Fermented Oil: Taste and Smell among the Kwakwaka'wakw" (2006), where she explains how food distinguishes its people and serves as a marker of difference. Not only is she defending the need for an anthropology on food that is focused on sensing, but in a very interesting way she is focusing on not only what food means: but what food "wants". She describes in this text the very strange unfamiliar tastes associated with potlach; or ceremonial distribution of local food. Greasy and with a strong fish smell and fatty consistence the fermented oils distributed in these ceremonies are usually difficult for foreigners to handle. If I may contribute with an interpretation this may also have been one of the reasons that this kind of food is so closely linked to the peoples identity; only the local people could appreciate and savor this distinct taste and smell. Then Jonaitis describes how she, though unusual for a foreigner, actually enjoyed the taste of the fish oils, but still did not receive any at the potlach because, as she was told; it was "for the people" (Jonaitis 2006:158). Upon reading this article I recollected how my first meeting with a traditional Japanese dish, called "natto", took place in the same manner. Natto is made out of fermented soybeans, the smell is very strong and foreign, the texture of slick brown beans in white slime is quite appalling and in general foreigners do not like this dish. It is also viewed as very healthy and very traditional. As with Jonaitis, I was one of the few foreigners who actually liked this dish, the strong smell did not bother me, and though the consistence of the dish was a bit strange, uncomfortable and not to mention practically difficult to eat (imagine eating slimy beans with chopsticks), the taste of it is very good. Both patients and

nurses shot curious glances at me in the clinic when natto was on the menu one day and the patients and nurses learned that it was my first time for tasting it. They were surprised that I liked it, as they were equally surprised every time we ate it and I expressed a liking for it, as if what I had said earlier was not true. I indulged in what are considered typical Japanese foods: bitter Japanese green matcha tea flavor, tofu, natto and the Japanese rice with sweet vinegar, the strange salty experience of seaweed and the many additions of fish, squid and octopus in the different dishes. Dried squid was one of my favorites. To my Japanese friends I became somewhat of a curiosity because I liked the typical Japanese flavors more they.

Jonaitis further describes how the Kwakwaka'wakw peoples' potlach becomes a way of defining the peoples identity and how its performance has become a political protest, in this case towards the colonial powers. Her ethnography shows how food becomes political statements, and how locality and food is connected to tradition and identity. Another example is an article on Belizean food by Wilk (1999), where his ethnography proves how food can be a potent symbol of group identity and create a foundation for a sense of common membership in a larger group. He argues that food has been used in personal and political context to create a sense of the nation, in the contradicting environment between the local and the global. The different aspects of food at the Nishi Shiki clinic all vote for a political approach to both producing and consuming food. The food should as far as it is possible be produced somewhere local, and places become essential aspects of food. According to Nishi Shiki, vegetables and fruit should be cultivated without the use of pesticides; so the work and production in itself are made into political statements. And in the end, for the consumers, what you choose to buy and eat makes out who you are, or rather, where you belong in the ethical political landscape of food production and consumption. But most importantly what Jonaitis argues is how food, by being so closely connected to memories and feelings triggered by taste and smell, create in people a feeling of a unique and meaningful shared past. In her example of the Kwakwaka'wakw potlach the people seem to aggressively distance themselves from others. My interpretation of the Nishi Shiki system is that it also functions as a distinguisher of identity, by creating a distance between the Japanese people and non-Japanese people through sensory means. As well as the symbolic meaning of rice mentioned earlier; it is also the soft sweet smell, the rounded texture of Japanese rice that separates it from Indian or Chinese rice, the sweet sour taste of Japanese vinegar mixed in with the rice that is so typical a taste for the Japanese cuisine - all these seem for the patients to be memory triggers and soaked in identity. By the examples illustrated there are reasons to believe that the making, tasting, sensing and consuming of food link together Japanese national

identity with ideas of health, harmony and responsibility. Sutton writes about “synesthesia” as a union of the senses. I want to further broaden the way to think about the way senses can behave. Tasting is strongly connected to all the other senses, but in the larger picture it is also accompanied by meaning, ethics, identity, feeling, memory and the constant production of these. One could even claim association in itself is a sense. In my experience, taste as a sense in broad terms is in constant flux.

SWALLOWING IDEAS

“What food ‘wants’, then, is to be eaten, tasted, and enjoyed - and through the resultant pleasure, it can do and mean and be many different things.” (Jonaitis 2006:163)

When people say “you are what you eat”, they mean that if you eat unhealthy your body will become unhealthy, although of course sometimes the definition of what is “unhealthy” varies. There is also the aspect of thought and mind in the body; figure for example what happens if you imagine for a short moment that you have a big juicy slice of lemon in your mouth; you feel the texture of the fresh lemon fruit, smell the bitter strong odor and feel the juice of the fruit fill your mouth when you close your teeth around the piece of fruit. While imagining chewing and working through the fruit in your mouth something happens; your mouth fills up with saliva as if you actually were eating the fruit. In such simple mind tricks the easy and direct connection between the thought and body is illustrated. Then there is the idea of turning the situation the other way around; through continually being given small and simple servings of food the mind will stop craving large quantities of unhealthy foods, in a praxis of controlling the mind through repeatedly affecting and influencing the body. It is in this dialectical relationship between food, mind, nature and body that the key to the Nishi Shiki idea of healing can be found, in a process of literally eating the philosophy.

For explaining these phenomena Sutton uses the term “gustemology” as a way of describing “[...] such approaches that organize their understanding of a wide spectrum of cultural issues around taste and other sensory aspects of food” (Sutton 2010:215). Taste, Sutton argues, has a causal force. Certain tastes brings certain associations, we all know this from our everyday lives and the way we can feel christmas by the smell and taste of freshly peeled mandarines, the way we associate certain events with certain smells, colors, sounds, symbols and flavors. Beyond the power of bringing back nostalgic feeling, memory and a sense of order and rhythm to the world; to have a power to heal these tastes need to have a force that also protrudes into the future. The food must have the power

within it to change something in the patient, that leads to healing. In other words the food encapsulates more than the mere power of associations or feelings; the food embodies in a direct way pure physically experienced meaning and its political statements activate change.

PRESCRIBED EMOTIONS

Nishi Shiki has its foundation in the East Asian medical systems, like many other both conventional and non-conventional medical practices in Japan. Lock describes a marked acceleration of the use of East Asian medical systems in Japan; partly because of postwar changes in the epidemiology of disease from predominantly acute to chronic illness, and a fear of long term consequences in use of synthetic drugs (1984:67). She mentions that Western interest in traditional East Asian medicine is a source of pride, and also that it is a part of a larger social movement in Japan where there is a heightened interest in traditional culture in general. The faith in the traditional medical disciplines are shown by its inclusion within the National Health Insurance, as is also the case with Nishi Shiki. The patients at the clinic in which I conducted fieldwork could report that they paid only 30% of the costs of hospitalization, the rest is covered by the Japanese national health insurance.

The traditional Japanese medicine that Lock uses as examples are the herbal medical practice often referred to as “Kampô”. She explains that the traditional herbal medicine is used as though it was biomedicine; the herbs are taken as drugs and the philosophy of the medicine is generally ignored or despised (1984:67). Interestingly, Nishi Shiki is perceived and practiced quite differently. The philosophy laid down by the founder is deeply valued, his words are spread by pamphlets with his life story, he is quoted, interpreted and discussed in books written by Nishi Shiki doctors. Every Friday at the clinic we all gathered with Sensei,⁸ where we would read out loud from a text chosen by him. Sensei would ask questions related to the text, and these occasions always turned emotional. Peoples’ eyes were blank while answering the questions related to their own road to health and happiness. Sometimes someone would start crying; their tears flowing down blushed warm cheeks while they poured their heart empty of their body’s struggle. These physical expression told me how the moral text that was read out loud produced a sense of guilt, a confession of struggle and a reliving of individual pain. This explicit demonstration of emotion in the Nishi Shiki texts somewhat surprised me at first. Until this meeting I had only seen the outward controlled enthusiasm outplayed in meeting with doctor, nurses, meals and routines. If there ever was a

⁸ The head doctor was called “Sensei”, which is the Japanese word for teacher, but is used as a formal and respectful term towards doctors, instructors or any other person whom you learn something from, or who are responsible for you.

reference to any hardship related to the practice, it was always some minor complaint about details such as the temperature of the baths or of how little time was given to them by the doctor, but always said in a trivial way, as if to not give any special attention to something the patients felt was their own petty troubles. One's own hardship was dramatically downplayed. Therefore this overt emotional outburst in the text-reading class on Fridays puzzled me. It felt like a release of tension and an admittance of failure, and the guilt related to these concessions of imperfectness was somewhat lessened by the humbleness in their performance.

Inspired by the philosopher Damasio's argument that emotions have been central to the evolution of consciousness, and that emotion therefore is pre-social, Kay Milton discuss how emotion is used in learning mechanisms (2002:149). Emotions are defined by her as changes in the body brought forward by some internal or external stimuli, and these changes are thought of as something learned. Therefore they differ according to learned emotion discourse. Because the ways these emotions surface are unconscious we continuously discover which things trigger which emotions. This understanding allows us to include in the concept of emotion possibilities of control and aspects of power. As I learned from fieldwork, memories of experienced emotion are used in different contexts as a guide to avoid or seek out certain things we believe will maximize our happiness. In the above mentioned situation at the text reading class at the clinic, it seems to me that mild learning of some Nishi Shiki related text was not the main purpose of the session. Rather it struck me how efficiently this class produced such a strong sense of togetherness, openness, closeness and humbleness, not only in the patients but also in myself. As an approach to food, diets and health, an emotional approach is highly applicable, if not to say unavoidable. As has been earlier argued, an approach towards emotion within medical anthropology gives valuable cultural understanding (Scheper-Hughes and Lock 1987, Rosaldo 1984) . Emotion is right down to the core of what Nishi Shiki ideology pins down as the cause of illness, and emotion is what has to be controlled. Kay Milton writes that "Without emotion there is no commitment, no motivation, no action" (2002:150), in both good and bad ways emotion serves to be our goals or our demons. The most simple of examples is as easy as the existence of unhealthy foods, why do we produce it, let alone eat it? Because it has emotional triggers, associated to meaningful parts of life through feeling. Food creates emotion and makes us remember certain moments in life, and control of food is control of emotions.

CONCLUDING REMARKS FOR SUPPER

I am sitting in the clinic's dining area, together with Mr. Nishi. He is not any person; he is the Mr. Nishi, the grandchild of the founder of Nishi Shiki himself. In this setting Mr. Nishi is interviewing me for the monthly medical magazine of the Nishi Shiki practice. He is a healthy looking aged man, with warm brown eyes, a charming grey tint in his black hair, and a kind smile that melts naturally into his smooth and golden face. His voice is deep and patient, and it strikes me that he seems to be used to taking a rather fatherly role quite often. We are at the end of the interview, at a point where we are really just discussing and asking questions to each other in a more relaxed conversation, and one of the patients, Sazae San, is entering the room quietly. She is just coming to make some tea for her thermos, and though she does not recognize the man sitting with me by his appearance, after a short while she understands who he is and with a badly hidden surprise on her face sits down to look at us with a hint of awe glowing from her eyes. At this point Mr. Nishi is talking about the weakness of the human mind, whereupon Sazae San intervenes in a defeated manner, saying that she has a lot of weaknesses. Here Mr. Nishi smiles gently to her and says: "You are very lucky, because when you know your weaknesses you can also heal them". After this the interview continues, but Sazae San is rather silent. When Mr. Nishi has left, and I remain in the dining room with a different patient who also witnessed this exchange of words, she told me with big eyes and in a very serious manner: "Nishi San just gave Sazae San some very special words".

What I interpret out of the situation illustrated above is that Mr. Nishi gave Sazae San a rare and valuable little push as a help in doing the actions she already knew she should be performing, but found still difficult to conduct. When I met her at the clinic she was staying there just as a means to lose a little weight, she would eat the clinic diet and supplement with her self bought snack in the evenings, I knew this because we shared rooms several times while I stayed at the clinic. Hence her feeling of defeat and weakness. This exposes the clinic's weak point in that negative habitual bodily actions also can take place at the clinic, and can strengthen the feeling of illness as a result of not accomplishing the philosophy idealized in the clinic. During her stay at the clinic Sazae San frequently had her drawbacks because of her bad diet habits, but still managed to lose weight slowly and steadily. In what sense Mr Nishi's words had an impact on her development is hard to say, but her sincerity in contemplating on and appreciating his words were quite clear. As her bodily actions changed so did her mood and energy level did. After a while me and Sazae San would take long walks together to a nearby temple, a trip that would take her one and a half hour to finish from leaving to returning to the clinic. This trip she would do twice on a good day; one in the morning

before breakfast and one before dinner. She was, like most of the patients, overtly enthusiastic and expressed optimism about the diet and the clinic, though I admit to believe a part of the enthusiasm came from politeness and a feeling of loyalty towards the clinic. In any case Sazae San became what I will call quite of a fighter, she positively beamed through her periods of fasts, went for long walks and as her clothes became more baggy and she moved herself differently, it showed to me how she herself felt to be present in a different way in her own body. This is how ethics was to be bodily digested rather than philosophically contemplated upon through participating in the clinic routines. Sazae San showed both a behavioral change during her stay at the clinic. As she was a dedicated reader of the Nishi Shiki philosophy books before she came to the clinic, this shows that it was the actual actions and forced habits she was exposed to at the clinic, and not the theoretical philosophy itself, that made her experience improved wellness.

CHAPTER 5: SWEET BOUNDARIES

A TASTE OF THE JAPANESE BODY PARADOX

Haru was a family man, a business man and my martial arts senior. He was also to become something of a mentor for me during my stay in Japan. As we were sitting together in one of the city's many charming noodle and beer tents after finishing a martial arts practice he uttered to me: "It is very important for you to take care of your body; for your future family's and your friends sake". Although we are often encouraged to keep our bodies healthy, the arguments used for motivating people to do so may vary. My mentor continued by explaining that to be able to give myself fully to my husband, children and family I needed to stay in good shape. This discussion took place in the contradicting environment of the traditional noodle tents, while drinking beer and smoking cigarettes. But because this was done after a good workout my interpretation of his moralizing statements was that this kind of bodily and social activities need to be balanced. Seeing himself as somewhat responsible for me during my stay in Japan, his responsibilities to his family to stay healthy clashed with his felt responsibility of taking frequent beers in my company. A similar type of situation often occurs in the work life of Japanese people, where workers are expected to join for the after work drinking, and not to leave before their boss does. This leaves no time for family, or friends outside of work relations. To Haru, keeping this balance meant training and exercising in respect for his family and his aikido teachers, and having a beer and a cigarette with me because of a felt responsibility over me given him by one of his aikido seniors. It took me a long time to grasp how deeply social the reasons and motivations for staying healthy were, both at the Nishi Shiki clinic and in general Japanese family living. As a young woman coming from a society glossy magazines flashing this month's best training exercises based on how many weeks it is to the bikini season, to reflect on a different approach as to why we should take care of our bodies felt refreshing, and strangely motivating. I was being introduced to a search for a healthy body not founded on the wish to be an object of sexual desire, a surprisingly new approach. Then again, the Japanese body proved to have more complex sides in due time for me to become too healthy.

HOLLOW CUPCAKES

Does this mean vanity is out of the picture when it comes to health morals in Japan? Absolutely not. But they get somehow separated through the Japanese way of gravitating towards everything seemingly paradoxical. I will argue that there often is a causal connection between health and beauty, therefore the praxis of relating unhealthy activities with beauty is interestingly widespread

in Japan. In the sweet pastel colors of the many Japanese bakeries and sweet shops with floral and candy patterned interior, filled with girls wearing something that looks like a pinata candy explosion all rolled together and worn like a dress. The picture of the little skinny lolita woman with an extremely oversized, pink and sparkling piece of cake seems to be strangely thrilling to the Japanese, and adds to the pile of paradoxes Japanese people enjoy. But not without a price: research shows that body esteem scores lower in Japan than Western individualist societies (Kowner 2002:153). One of the reasons that has been suggested is that the rapid Westernization of the Japanese lifestyle after the Second World War also brought with it ideal body images that were based on the European body, a thought I think plausible given the many Japanese young girls and boys I have witnessed with bleached hair, blue contact lenses and even bleached skin. At the same time Kowner reports in the same article that the Japanese place a rather low emphasis on the body as a source of sexual and social self esteem, like many other East Asian countries (152). This is only made understandable if you follow an idea of Japan as a collective and interdependent society, where the needs of the individual is subordinated to that of the group (Lock 1984:138).

This means the Japanese, especially girls, are dragged between the impossibility of the Western ideal body, the need to fit into the conformity of the Japanese slim, controlled, and self sacrificing body, and the seemingly social need to publicly indulge in gawping enormous, pink and creamy foodstuffs into small and cute bodies. This as part of a larger wave within the Japanese symbolism of girls' bodies, which is associated with many of the same things associated with children; candy, games, fluffy toys, colorful or frilly clothes, a "lost" and naive way of acting and a body language which protrudes helplessness. This as a very deep contrast to the self sacrificing and controlled body of the old fashioned traditional Japanese woman, which in my experience is what the Nishi Shiki clinic was trying to retrieve. This need not necessarily be all about an opposition between the Western and the Japanese. Scheper-Hughes and Lock have earlier commented on the contradictions between ideals of how the body should *behave* and how it should *appear*; "The double-binding injunction to be self controlled, fit, and productive workers, and to be at the same time self-indulgent, pleasure seeking consumers is especially destructive to the self-image of the "modern", "liberated" American woman" (Scheper-Hughes and Lock 1987:26). What happens when these two factors or ideals fail to harmonize? First, I would like to focus more specifically on how these topics are related to the individual bodies within the Nishi Shiki clinic.

THE WIND OF CHANGE

“As for what is known as the art of medicine, it also is, of course, a form of defense against the ravages committed on the living organism by the seasons with their untimely cold and heat and the like.” (Plato, i Kuriyama 1999:268-69)

The contrast to the women’s bodies in the clinic are clear. They are always heavily dressed indoors, as opposed to the lightly (although not exposed) dressed and fashionable bodies you see outdoors in the city. The Japanese typically underdress the children because children are supposed to keep warm by running around playing. A similar observation was made by Eli Åm when she did anthropological fieldwork in a Japanese kindergarden, where she was concerned with how lightly dressed the children were during winter (Åm 1991). She also comments on the coldness of the kindergarden, and how the children had to regularly run over to the oven to warm their hands. If I may make a parallell to the Nishi Shiki clinic; this makes an example of how the control of temperature in spaces also controls to a certain degree the activities of the people present in this space, and that morals are implied through controlling space and temperature: Children should run around and play, and to make a point out of that the temperatures are kept low. In the same manner, Nishi Shiki theory considers it more natural for the body to adjust its own temperature without much help from clothes. The clinic temperatures are therefore kept low. The result however, is that the patients dress heavily to keep warm.

Although Nishi Shiki is not an old practice, it presents itself as part of an older tradition of Japanese and Asian medicine. As Kuriyama interestingly describes in “The Expressiveness of the Body” (1999), ancient Chinese ideas on health and illness were closely connected to the ways the winds affected the body, and the misty boundaries between the wind and the breath. Kuriyama reflects on how the body was once more “embedded in a world”, and how the body was more affected by the changes of nature, wind and season (1999:262). Because of the expressed wish within the Nishi Shiki philosophy to be a closer part of nature, and to feel more closely connected to Asian and Japanese history, I see Kuriyama’s reflections on the history of Western versus Chinese medicine relevant and informing.⁹

There are several severe differences between the ways wind is described as affecting the body in traditional Chinese medicine, and the ways it is conceived within Nishi Shiki medicine. Kuriyama

⁹ Further connections between Chinese and Japanese medicine can be found in an article by Mary Picone on healing and representations of the body in Japan (1989). Margaret Lock also accounts for how East Asian traditional medicine is combined of Buddhist and Confucianist ideas, a cultural heritage shared with Chinese medicine (Lock 1984).

describes the wind as often of negative influence. It brings disease and can harm the body. In Nishi Shiki the wind, or the air, although potentially harmful, is exposed to the body in moderate amounts in order to “harden” the body, or to make it more receptive and communicative with its surroundings. To ask whether you have caught a cold, a Japanese speaker will ask “kaze ga hita?”. The word for cold, “kaze”, means wind. In Japan you are thereby asked if you have “drawn the wind”. To get a cold seems to be a passive receiving of harmful “winds”. Differing from the rest of the Japanese medical practice, as in many other instances, the Nishi Shiki practice turns about and exploits the harmful potential of certain elements to their own benefits. Through controlling the time sequences in which to expose the naked fragile body of a patient to the raw outside winds, and controlling the amount of it through the openness of doors and windows, the powers of nature are turned to benefit the Nishi Shiki practitioner. The Japanese anthropologist Ohnuki-Tierney characterizes the forces of nature in Japan as both good and evil. Though meticulously avoided on a day to day basis, it is at the same time used for preventive and healing purposes within traditional medicine (1984:33). As part of what they consider to be traditional Japanese medical practice, the Japanese use the different potentially harmful elements of nature; winds, temperatures and foods that are difficult to digest (as the genmai rice). The patients are not only exposed to these, they actively seek them out themselves and experience them as purifying. Ohnuki-Tierney argues that dirt is conceived as a responsible element for illness in Japan, or things from the “outside”, and exemplifies this through all the different and extensive hygienic rituals the Japanese people perform everyday (1985:33). The Japanese use of face-masks also support this claim. In Europe masks are used to hinder bacteria and bacilli to go from the wearer of the mask to someone else, as used by surgeons and medical staff, but in Japan the masks are used by people in public places and spaces that are considered dirty, to avoid inhaling other peoples bacilli. On some occasions upon my arrival in the morning the receptionists would wear face-masks, I was then told that such-or-such disease was around and that I should wear a mask in places like public transportation. It is in this point in which the Nishi Shiki practice differ from the modern medical practice in Japan. They manipulate the potential harmful elements or harbingers of disease to their own benefits, as a way of achieving a more balanced and positive relationship to nature. What is dangerous and harmful are used as tools in “hardening” the body and making it stronger. The receptionists on the other hand, displayed the modern Japanese conception of protecting oneself towards harmful elements, in accordance to cosmopolitan medical practice. As a syncretism between traditional belief systems and modern biomedicine I will return with comments on the plural nature of these practices in the concluding chapter. To illustrate the Nishi Shiki philosophy on body temperature and connections to wind and

air, I have chosen the therapy form called “*nudity cure*” or “*air bathing*” as an example. This exercise is executed three times a day by all the patients. It is performed alone in separate rooms, and the exercise is synchronized through the voice and music from the speakers that are placed in the ceiling in all of the rooms.

AIR BATHING

From the speakers in the ceiling a soft melody starts, first very low and then the volume rises slightly. This sound is taken as a signal by all patients that it is time for the air bathing - or nudity cure which it is also called, and that everyone is to go to their separate rooms. The patients that are sharing rooms separate their confined spaces by pulling forth the curtains around their beds. As I have been instructed by the nurses beforehand I open the large windows, but keep the curtains closed, and then I start to undress. I take off all my clothes, and I am standing completely naked in the chill air in a foreign country, in a strange medical clinic. The door is slightly ajar and the melody and instructing voice from the ceiling tell me what to do in a relaxed but formal tone, and I felt very vulnerable and self-conscious. As I lay down on my patient bed as instructed by the voice I feel the cool air sweeping over me after having made slight waves in the curtains, making my skin cover in goosebumps and my head light. I glance several times at the entrance door and follow the voice from the speakers instructions to cover my body with the blanket. There is a period in which I lay quiet with the blanket over me, breathing in the fresh air, feeling the cold white blanket over my naked body, and listening to the instrumental, soft and repeated music that trickles gently down from the ceiling. I am politely asked by the voice to take off the blanket and start doing exercises, I start by doing the one called “the goldfish exercise”. I fold my hands in the back of my neck, tighten my stomach muscles so that my head and heels turn a bit upwards, then I simultaneously push my upper body and my heels to the left - then to the right, in a fish like movement. The sequence lasts for a couple of minutes and the exercise is tiresome enough to make me take a couple of breaks during the movement. I can hear the patient in the other end of the room breathing heavily because of the exercises. The cool wind feels more present on my slightly sweaty skin, and as I am instructed to take the blanket back on and lay silent for a couple of minutes I am also breathing just a little bit heavier. This sequence is repeated, with several different physical exercises without blanket, followed by relaxing with the blanket on, for some 20 minutes. As you get used to the exercise you disappear into a mind absent meditation pretty quickly, monotonously and automatically following the instructions given by the anonymous ceiling. I learned that the purpose of air bathing is to activate the skins ability to regulate the body’s temperature. Furthermore the

exercises themselves are good for the body, because they keep the body warm during exposure to the raw air - which during winter can be rather unsympathetic.

THE SKIN BOUNDARY

“The skin marks the boundary between the universe and body and performs not only material exchange in part but regulation on the bodily temperature.” - Katsuzo Nishi ¹⁰

There are differing approaches to the boundaries between body and world in different places, but scholars do not always agree upon which approaches belong where. In the Western medical world we seem to look upon the skin as a boundary - a stronghold - to keep the rest of the world and its bacilli at bay. Through the skin and the immune system we keep our inner selves at a safe distance from everything defined as “other”. The body is often viewed as our personal fortress inhabited by warriors and continually being “invaded” by hostile forces (Martin 1992). As mentioned earlier this viewpoint has also been present in the Chinese medical traditions; where the winds brought with it evil and disease. In ancient China, where the traditions for reading patients pulse is complex and old, the minister Qi Bo under the Yellow Emperor related each of the major conduits of the body to one of the large rivers of China (Kuriyama 1999:157), making a connection between nature and body through making one the metaphor of the other. The reading of the pulse itself is a perfect example of how the inner flows of the body surfaces the skin and is “read” by doctors, a practice most common in both Chinese and Greek medical traditions. As is the focus of the japanologist and historian of medicine Kuriyama, the belief systems inherited from Japan, although somewhat altered, still has some of the same elements. Kuriyama relies heavily on Chinese medical traditions to describe Japanese cases, but argues for that Japanese holistic and traditional medicine derives mostly from Chinese medicine (Picone 1989). After all, Chinese medicine has been adapted in Japan for the last 1300 years (Lock 1994:14-15). Within the idea system of the Nishi Shiki program the skin is rather viewed as that of a regulatory organ. The wind is of a more neutral quality; it is not the wind that is evil but the modern body that is weak and untrained to deal with the forces of wind and nature. Ideally the skin works as a buffer between the hot body and the cold air, constantly controlling the flows of energy that enters or leaves the body.¹¹ Upon hearing that the ancient

¹⁰ Quote from a Nishi Shiki medical pamphlet, date unknown.

¹¹ These energies are often referred to in literature on Chinese or East Asian medicine as “chi”, or “ki” in Japanese, and are thought as flowing through body, where stagnation in those flows will cause illness. Other terms are yin and yang, which also can relate to both warmth and cold, wetness and dryness and be related to food diets, diagnosis of illness and the body energy, or ki. But since these terminologies were not used specifically in the Nishi Shiki clinic as part of the general practice or in therapy, I will include but this remark on the subject.

Chinese saw the wind as a negative harbinger of diseases, it is easy to jump to the conclusion that the Chinese saw the disease as entering the body from outside, but the truth is that disease would only intrude into the pores of the already depleted bodies (Kuriyama 1999:222). This sides with the ideas in Nishi Shiki where disease and illness is a state of mind. That state of mind is unavoidably connected to the body. Therefore, it is connected to responsibility. The wind and the nature are not given agency but power. So too is the mind and body. Therefore the philosophy seems to be that the mind and body, as part of the same whole, must take responsibility for their own health and integration into the physical and moral world.

One example of the importance of the skin boundary as an active component in healing is how, in one of the printed out papers I received by an eager patient, advice is given in how to get rid of a cold. The patient is advised to either drink a cup of hot lemon juice or take a foot bath before going to bed. This is to make the patient “sweat off the cold” while sleeping. This reflects the thought that the negative energies - the illness - are actively pushed out by the body, through the skin, in the form of perspiration. At the same time the patient is advised to drink persimmon tea and water, and to eat some salt. All these things because they are elements you lose in the act of sweating. Healing becomes therefore an active act of transition and replacement of positive and negative components inside and outside the body. I therefore interpret the Nishi Shiki body as experienced in slightly different ways than what Emily Martin (1992) argues is typical of the Western body. Through the exercises already mentioned, and several that will be discussed later, the Nishi Shiki program speaks for a body that is perceived as constantly in communication with the world. The boundary between body and world is not a fixed one. The human body is seen as a part of nature, and there is an idea that human “artificial” modern living has left the body in a form of physical paralyzation that result in diseases. What is done in the clinic is to trigger the body’s foundational regulatory functions through different kinds of physical stimuli, to help the body in the act of reasoning with its own cravings. One of these stimuli is the formerly depicted *air bathing*. There is also performed once a week a hot/cold compress therapy done by putting alternately ice cold and steaming hot towels on patients stomachs while lying on the floor. As shown by the examples there is much focusing on temperature; exposing the body to small physical shocks through changes in temperature and thereby triggering the bodys own ability to withstand these changes through learning how to regulate the flow of energy and temperature.

BREATHING HOT SKIN

There is a slight knock on the door and one of the familiar smiles shows herself at the entrance of my room, with wet hair and a soft comfortable looking outfit with floral patterns. She says it is my turn for a bath; I quickly find my towel and soap, knowing that there are many patients going through those bathtubs during the day and aware of my limited time there. The bath consist of two rooms, the first one is a small room with a sink, mirror and a shelf for putting your clothes and other belongings. A glass door separates this room and the next. The inner bathroom consists of a shower and two bathtubs, one with steaming hot water (40-45 degrees celsius) and one with colder water (16 degrees celsius). After cleaning myself with soap I do as instructed by the nurses and enter the cold bath first. As I am usually already cold due to the general low temperatures in the clinic, to enter that cold bath is an act of will. I sit down quickly in the tub so as to get the initial small shock over quickly, and as formerly instructed I lower myself so that I have the water up to my chin. My body reacted strongly to the cold bath. My chin tightened as I pressed my teeth together firmly inside of my tightly closed mouth, my knees up to my chin and my arms around my legs. To lift the arms up to turn the little hourglass every minute caused the water I had warmed around me to flow away. During the three minute interval in the bath I started to shiver and the goosebumps on my skin felt like they were high as mountains. Going from the cold to the hot bath is also quite uncomfortable, because of the burning feeling on the skin while lowering into the hot bath. Quickly though it gets very comfortable. This does make it even worse to enter the cold bath a second time, and these intervals of hot/cold baths are repeated; four times in the cold bath and three in the warm; both starting and ending in the cold.

It is fair to mention that this process gets easier with time. But I did think of the older patients, some with absolutely no muscle mass or body fat, some with skin problems or rheumatism, and how this must have been much more of a physically challenging experience for these patients. The effect of this practice feels very refreshing, the skin prickles and will stay spotty and red for quite some time. During my fast I would stay under my blanket in my bed for a longer period of time after this exercise because of my generally low body temperature and energy level. Similarly to the air bathing cure, the purpose of this exercise is to help the skin develop an ability to synchronize the state of the body with the state of the world through breathing energy in the most efficient manner possible. From a Nishi Shiki stance I interpreted something conceptually positive in the idea of the world entering the body, and in the body entering the world, staying within a harmonized balance. These cures make the patients feel that they make an effort in their own healing process. As with the

air bathing or the hot-cold baths, these activities are easy to perform but demand a manageable degree of will power, this way it makes the patient have an experience of actively participating in the process of healing.

OF WHAT MAKES NO SENSE

ACT 1 - THE SUGAR PARADOX: Entering the beautiful, though slightly wild looking Japanese garden, I start wondering what I have gotten myself into. Accepting an invite to the home of one of the patients I met at the clinic, a trip that took me on an 11 hour long bus ride, suddenly seemed a little bit too adventurous. The two rugged and smelly dogs outside the entrance are barking loudly, running back and forth through the rounded stepping stones and the small sturdy bushes and stone statues, including Pingu, Picachu, a cute cat, a large toad and some characters known from Japanese children cartoons. Sliding the traditional doors open I enter a hallway, and utter “ojamashimasu”, apologizing for intruding and disturbing. The house is huge, inherited by host from his late parents, and has an authenticity that only worn, used and valued old things can. The family seems to be well off. The house is filled with all sorts of fancy gadgets. The wife just bought a sparkling big and new BMW for her husband for his birthday. Entering the hallway the first that caught my eyes was a smaller sized motorbike right there by the entrance, as an object for display. The house is a collection of many rooms in two stories, the floors are of old fashioned straw mats of very good quality, not made anymore for modern Japanese homes. The traditional walls made of paper and wood on all sides of all the rooms can be slid open, so that the feel of the house as ever changing and rearranging itself is very strong and slightly confusing. Most of the rooms I never saw, as most of them were never used, and I had the feel that anyone could enter in on me from any side, at anytime. Absolutely all the rooms are completely filled with all sorts of foodstuffs, electrical machines, papers, pottery, computers, play objects, snacks, opened containers and packages, water bottles, blankets, pillows, books. This material chaos has eaten up the entire house through many years of the married couples tight schedule. Both are working, which is unusual in Japan, and in addition to that they are both caring for their private vegetable fields in evenings and weekends. The only room escaping the invasion of objects is the first one to the left of the entrance, divided into two separate compartments. The first one has only one object in it, a low old fashioned Japanese table, made so that people can sit around it in typical Japanese manner; with your knees resting on the soft tatami floor. This is where the guests usually are served ceremonially tea and traditional sweets. The slightly bigger inner room consists of a golden buddha statue so big it covers the entire side of the wall, surrounded by wooden frames, with shelves on the sides and small tables in the

front, where all sorts of amulets, coins, flowers, incense sticks and other ornaments are placed, altogether making an impressive and powerful altar. Although this is the only thing placed in the room, its physical and spiritual presence is as much a part of the space and the air as the altar itself; seeping into the other parts of the house through the thin smoke and heavy smell of the traditional incense. The kitchen is an ordered chaos, foods and objects seem to lie about randomly, but the couples' movements around the room are purposeful and make me feel as if the things are all filling up exactly the spaces they should. The kitchen table is covered in letters, chopsticks in cups, candy wrappings, coffee cups, spices, boxes with unspecified contents. It is centered by a huge bowl filled to the rim with cakes, sweets, chocolates, crackers, small potato chip bags, all topped off with several boxes of diet pills. On the shelf at the entrance to the kitchen lies a large box with address and mail stamps on it, filled with more boxes of diet pills. In the living room - which is separated from the kitchen only by the typical traditional paper sliding doors - is a smaller version of one of the Nishi Shiki exercise machines I recognize from the clinic. The husband asks me to feel at home; "eat or use whatever you want", he says, grabbing a diet pill from the large bowl in the kitchen right after chomping down a box of chocolate covered, mushroom shaped crackers.

ACT 2 - THE DETOX GLUTTONY: Sakura was one of the most firm, distinct and outspoken patients I met at the clinic. She was very interested in my project, and was always ready for questions and discussions. Because of a former marriage to an American she was pretty fluent in English. Due to the fact that she had lived many years in America, she was also very interested in and aware of the differences between Japanese and Western society, especially eating habits and lifestyle. Sakura had hospitalized herself because she was not able to become pregnant, and as a woman of nearly 40 she started to feel the pressure of time. She hoped that a body cleaning of pure foods and fasts would grant her fertility. Sakura did not look 40; based upon her looks and appearance I would think she was approaching 30. With her smooth skin, rounded and enthusiastic eyes, heavy gesticulation and loud laugh Sakura showed surprisingly much energy of a woman weighing barely 45 kilograms. Because she lived in Tokyo, which is quite far from the location of the clinic, and because the clinic in which we were situated was much closer to a location in Japan famous for its detox sandbaths, she planned on going for a little trip before returning to Tokyo, and invited me to join.

During our back and forth mail correspondence planning the trip and booking hotels, one of the things she said that puzzled me was a comment on the type of food service they had at the hotel. She said that the hotel she recommended for us to stay in had a buffet dinner, and that this was very

good because we could eat as little as we wanted. As I am used to that the general opinion of the positive sides of a buffet is that you can eat as much as you want; I was curious as to what she meant by saying this. Then after a ride with the shinkansen high speed train and approaching the healing hot spring sand baths, we had supper at a small and local restaurant specializing in the small towns varieties of fish and shells. I never saw such a petite woman consume such a vast amount of food. The food was absolutely delicious. The rice was so sweet and soft that you barely had time to enjoy the damp smell before it was beyond sight, smell, mouth and taste and an essential part of your body. The small raw silver sardines and herrings sparkled in the dimmed light of the restaurant, and melted on the tongue as natural as snow in the spring sun. The meal was beautifully composed in a traditional Japanese wooden box, and showed a colorful play with green leaves and clear red fish eggs. As an addition to each of our big supper boxes she ordered miso soup, tempura fish and a large plate of sashimi¹² for each of us. I thought she was gone mad, but calmed myself down by reminding myself that she had been on a strict diet for a couple of months and surely should enjoy her first meal outside of the clinic. The show was repeated the next day at the buffet in the hotel area. We consumed several servings of the different delicacies offered at the hotel, a couple of servings of cake topped off with some beer and snack in the hotel room.

THE SENSUAL APPEAL OF THE PARADOX

As these cases imply, the sense of paradox came to me frequently during fieldwork. Not only did things not make sense, at times they seemed to ruin every form of assumption that things do have logical explanations, and that things of this world are correlated through causal connections. You assume something will happen, but the complete opposite occurs. People say they do certain things, but that is exactly what they do not do. And in the middle of it the feeling of not grasping events, meanings and people give rise to an uncertainty of the feasibility of the fieldwork project itself. At least sensations of a paradoxical nature can, and did give a boost to my curiosity as to why people, meanings and their praxis do not immediately correspond, giving rise to a want of further explorations. Maybe all societies are based on contradictions, ponders Mary Douglas in one of her classical works *Purity and Danger* (1997: 143). Though focusing on the sexual contradictions within societies she also states that deep contradictions can be found in other parts of culture as well, and that the contradictions are part of a general want of getting benefits from “both worlds” (157). I believe the sensual utopian appeal of leading a careless lifestyle and staying in perfect shape and health is represented and showed in these paradoxes. There is an ongoing fight

¹² thin slices of raw fish

between the idea that you are individually responsible for your own health, but at the same time there are no limits to what you as an individual “deserve”. Modern media discourse on food and reward related to responsibility and health is not a part of this thesis, but as these examples implies it would be an interesting and relevant future study.

NO BODY IS AN ISLAND

“If food is treated as a code, the messages it encodes will be found in the pattern of social relations being expressed. The message is about different degrees of hierarchy, inclusion and exclusion, boundaries and transactions across the boundaries.” (Mary Douglas 1972:61)

Food as a very physically present and important part of peoples everyday life is also - because of its transgressive nature - creating important passages between bodies and their surroundings.

Globalization and modernization have created swift changes in peoples’ diets in many parts of the world. Since food is not only nutrition but of meaning and symbolic value, these changes can challenge ideological systems, or encourage them. In Japan the introduction of Western diets has enjoyed popularity among the younger generation, while simultaneously a lot of the blame of chronic diseases and bad lifestyle habits. To eat Japanese traditional food then, has become in many situations an act of creating a distance between what is considered to be Japanese and healthy with what is foreign and unhealthy. Research has shown that Western style imported food was “in” when it was freshly introduced, and that high class individuals would be seen eating business lunches at McDonalds (Watson 1997). Currently it seems that the Japanese are casting a more lucrative light on its traditional cuisine, and that the most fashionable and expensive restaurants are often Japanese traditional ones. I will argue that this creates bonds between the Japanese as a people, that it can develop into nationalism and that this can be used as creating experiences of both belonging and healing. The Japanese diet is also defined as distanced from other Asian cuisines and food items, as I often experienced when Japanese friends would point at Chinese imported food in the super marked and tell me not to buy it because I could risk being food poisoned.

HOLY SHIT

“To touch, even lightly, on the relationship of a subject to his shit, is to modify not only that subject’s relationship to the totality of his body, but to his very relationship to the world and to those representations that he constructs of his situation in society” (Laporte 2002:29)

One of the most important parts of the healing processes in Nishi Shiki was ridding the body of matter. Frequently the nurses would ask a patients how many times she had gone to the toilet during

the day, and in what quantities. In the books published by Nishi Shiki, the stories about patients getting healed from serious diseases frequently have a story about the patient going to the toilet and getting rid of more excrement than they thought possible to fit in their stomachs. The illness is literally exiting the body as physical matter. These stories are often related to patients who have this experience after several days of fasting, so that the pureness of the experience is total; in the way that the body is conceived as totally empty, pure and healthy again. When the patients are hospitalized in the Nishi Shiki clinic, a bottle of magnesium is one of the things that the patients are required to buy, prescribed to be taken every morning. For the patients who report that they have not been going to the toilet sufficiently often, they might be asked to also take some in the evening and to enlarge the morning dose. There is an overall assumption that eating light or fasting for longer amounts of time will stimulate the bowel movements to cleanse themselves of waste. Laporte remarks that because of body waste's connections to purity, waste has always been connected to the divine (2002), and that human excrement carries with it the morals of the body it departs (2002:35). This is especially relevant within the practice of Nishi Shiki, due to the overly cleansing mechanism of the excrements as emptying and thereby purifying the body, and also as testimonies of what moral sins has been lingering in the body. The transgressive experience of excreting large amount of feces after a long fast reminds me strikingly of the performance of an exorcism. The patients are faced with their inner demons, connected to low morals or disease, chasing it out of the body through physical and moral cleansing.

The connections between degraded morals and shit mirrors those between traditional pure food and modern un-pure food, and between Japanese healthy foods and foreign unhealthy foods. This pureness is present on several different conceptual layers. Japanese food is often depicted as “purer” than their foreign counterparts (Watson 1997:175). Another supposed difference between the Japanese and the “Western” food is that the Japanese food is typically socially shared, while the Western food is eaten as individually bounded meals, as in individual burgers, sandwiches or baguettes. Foreign food is supposed to typically consist of meat, in contrast to the Japanese food, which, by buddhist traditions, is supposed to have consisted of rice, fish and vegetables (Watson 1997:166). The common denominator here is purity, in a nutritional physical sense and in a moral sense. The Japanese is on every level experienced and expressed by the performers of Nishi Shiki as purer than that of foreigners. But the moral and physical quality of the food is not the only object for contemplation; the amount and appreciation and gratitude towards the food is also to a certain degree connected to the national identity of the consumer. The act of eating or of feeding is a way

for the body to incorporate, or inscribe on itself or others, not only physical substance but the meanings and ideologies that those substances carry (Middelthon 2009).

PURE CHAOS

I have argued that the responsibility of maintaining individual pure and ethically correct boundaries are done through physically controlling body boundaries by the means of food, temperature and winds. From this perspective boundaries, bodies and responsibilities are individual. The ways temperatures and winds are conceptualized and treated in the Nishi Shiki medical clinic shows how the practice is related to the traditions of Asian medicine, and also to modern biomedical practice. The patients' responsibility to gain personal health is stressed, but the process is helped by the structure and control of the clinic itself. A part of the East Asian medical practice is that social behavior in groups has important effects on health (Lock 1984). The acts of taking control over bodies is accelerated by exploiting what are traditionally viewed as harmful natural elements, like coldness or wind, and using them as preventive or healing forces. Nishi Shiki is making a point out of creating a distance from the general public ideas of illness, in a process of returning to what is considered pure, true and Japanese. The question whether this can be a form of protest towards values or development in the Japanese society has had no space for exploration within my fieldwork, but Scheper-Hughes and Lock has some interesting remarks when writing about structuring individuals through their bodies and the possible ways for the body to counter attack: "Apart from anarchic forms of random street violence and other forms of direct assault and confrontation, illness somatization has become a dominant metaphor for expressing individual and social complaint" (1987:27). An interesting though quite thorough study could be made of how conforming to alternate medical practices is related to dissatisfaction with society in general.

The liminal acts of gluttony described in this chapter introduce a sweet chaos to the long periods of purity and control acted out in the clinic. Although they seem to create a paradox they also strengthen the feeling of cleanliness through the stark contrast. It can function as a display of personal control to be able to indulge from time to time without giving into temptations on a day to day basis. In some situations it may even be a display of power. Maybe it was something like this Mary Douglas imagined when she described the idea of the sweetness of chaos and how it is enjoyed through paradox, how it breaks down the old and builds something new in a destructive and creative process (Douglas 1997). At least we can vindicate that the body is used as a means to deal with ones struggles, to communicate those struggles to the outside world, and to create possible

solutions to these problems. As has earlier been argued by Pandolfi, the suffering experienced from illness can be interpreted as a metacultural process of creating a polysemic and multilevel sense of self (1990).

KARMA BOUNDARIES

“The individual body should be seen as the most immediate, the proximate terrain where social contradictions are played out, as well as a locus of personal and social resistance, creativity and struggle”. (Scheper-Hughes and Lock 1987:27)

The old woman Mei was suffering from severe rheumatism and had her husband living with her in the clinic. She struggled with her meals because her hands were shaking and hurting too much to control her chopsticks. Therefore she would use a very long time to consume her meals. Her husband would sit patiently by her side conversing with the other patients, not paying any attention to her very visible struggling with her food. Mei was a very proud woman, I believe her husband understood this, and therefore showed her respect by not noticing when she lost her chopsticks or lost a mouthful back on her platter. He thereby took the attention away from her and any possible humiliation by his own conversation. Only when her struggle became too apparent to ignore did he pick up a spoon to help her, all the while continuing conversing and telling interesting stories, making the situation natural and pleasant. This situation shows how individual body boundaries are in some situations completely irrelevant to the topic of selves and responsibility. Body boundaries are not necessarily only about your own skin, sometimes you define yourself through other people's mouths. Mei's body boundaries were not merely her own, they were also her husband's. This exemplifies how the connections between individuals determine their boundaries, rather than the other way around. It also shows how the body boundaries vary between persons; it would for example be inappropriate if I were to suddenly grab a spoon and help feeding one of the patients.

As for the concept of body boundaries in relation to responsibility, my conclusion is dual. Fundamentally, the individual is responsible for her own body. This is shown by the fact that the curing of illnesses is through a change of lifestyle which is controlled in everyday life by the individual herself. On the other hand, lives and habits are typically shared things. People usually do not live in isolation. Therefore the relationships formed between people indirectly makes us all more or less responsible for the people close to us. As the example of the Japanese lunch-box illustrates, the feeder is to a large extent responsible for the wellbeing of the one being fed. Further, as the site for fieldwork is not a family situation but that of a medical clinic, the professional aura of

the clinic as an organized institution in many ways lessens the patients responsibilities for their individual bodies. Here the patients are taken away from their own homes, kitchens and lives, to a place where the food, as medicine, is being placed before them pre-prepared and ready for consumption. Although the overall moral taught at the clinic is that the responsibility is theirs alone. The Nishi Shiki practice forms a notion of instant karma, your actions have a direct impact on your wellbeing. The moral implies that you deserve what you get, or at least that you need to make an effort for the sake of your health. The moral also reaches beyond social and body boundaries and into the world of nature and the spiritual, a topic which will be dealt with in the coming chapter.

CHAPTER 6: ECOLOGY OF LOVE

JAPANESE NATURE AND CHANGING LIFEWORLDS

Though not scheduled to be part of this project, the repeated references to nature and ecology by both patients, workers and the medical literature I received from my informants made it unreasonable not to include the human body's responsibility to nature, and how this relation can affect the consumption of food and perception of health. Nature was a reoccurring subject when I was talking to the patients at the clinic, but now I am not sure whether we were talking about the same thing. Whenever the topic of nature arose it was often in relation to the gardens where we produced vegetables, holy mountains and forests with shrines, or healing hot spring waters at spa resorts. All these places have in common that they are tamed forces of nature, rearranged to fit peoples practical or spiritual needs. The forest is a god that is focused into a holy shrine, as nature controlled through worship. The power of the hot spring water is drawn from the hot deep womb of the land to heal the cold skin of tired housewives, and the energy of the earth is capsuled in the fresh vegetables in the garden, watered, weeded, measured and eaten by patients. It is argued that in Japan there is no logical dualistic contrast between culture and nature, and that the dualistic extremes rather can be found between the tamed nature and the raw nature (Kalland 2002). From a Japanese tradition there is something spiritual in everything, even inanimate objects like stones or in artifacts. My reading of Kallands' article on holism and sustainability in Japan is, that the use of "nature" in Japanese culture is more easily legitimized because of its conceptual flexibility, its innate agency, and its reciprocal relationship to human beings (2002). The point Kallands makes is that the love and care for the beauty of nature in Japan often is left misunderstood as environmentalism or that it concern ecosystems. But the appreciation of nature in Japan lies rather in reducing it down to its essence; as done in Japanese flower arrangement, the cutting of bonsai trees, or haiku poems. The Japanese relationship to the environment it is not about preserving nature, but about manipulating it.

FOOD REDUCTIONISM

Within our respective medical clinic, the intake of food is handled like a budget in which the goal is to harmonize the interests of the body and the interests of the world. The body needs a certain amount of energy, counted and measured in calories, to function properly, and the world has a certain amount of resources available. Is it also expressed as something that can be affected by the energy efficiency of the total amount of individual bodies. The examples shown in the earlier

chapter by the *nudity cure* and the *hot and cold bath* stands as examples of how the patients' bodies are trained with the goal of holding energy and warmth more efficiently even when exposed to cold air or water. Because of this, the skin is considered a most essential part of the process of harmonizing the body and the world. The body is through these exercises believed to make the patients gain a greater resistance to coldness, so that the body, as a more energy efficient unit, can function on lower amounts of energy intake. In Nishi Shiki ideology the individual body is to be a lower energy cost for nature.

Kalland talks about reductionism of nature, done in art, or as in this instance, in food.

“Reductionism” is a useful term for understanding how the act of making things simpler at the same time can make them more powerful. Kalland is not the only scholar who has noticed how reductionism is used in various ways in Japan, Noguchi remarks how reductionism is preferred as a principle rather than the Western way of centering the food around a main element (Noguchi 1994:318). The object stands out more clearly if it is framed. An orange tulip stands out more strongly if singled out between bright green leaves. Words of wisdom feel stronger if uttered in a short simple sentence. Reducing something also means boiling something down to its essence, giving it the qualities of being simpler and purer. That the patients at the clinic are in a reciprocal relationship to what is called nature has been shown in earlier chapters, the guilt associated with human activities in exploiting the planet's resources is very much present. The given ethnography resonates with the description in Kalland's article about nature as an agent, someone we owe a debt. This happens because nature is embedded with spirits, a tradition formed through the Japanese animistic religion Shintoism. Kalland writes: “In Shinto, as well as in many of Japan's new religions, there is a widely held notion that impurities, or “dust” are ceaselessly being accumulated into people's bodies or on their souls (*tama, kokoro*), making them vulnerable to illness, death and other misfortune unless the impurity is removed through various forms of purification” (Kalland 2002:156)¹³. This clearly resembles the notions in Nishi Shiki about accumulating food and impurities in the bowels, and seems to be a reconstructed metaphor used in the medical practice of Nishi Shiki to exploit traditional and embodied fears, values and metonymic associations between impurity and disease. In addition, in these metaphors the Japanese have many traditions related to reciprocity (Benedict 2005), which also includes nature (Kalland 2002), making the emotional

¹³ An interesting connection between these old myths to modern Japanese popular culture is the appearance of what has been translated in English to “dust bunnies”, or “makkuro kurosuke” (pitch black blackie) or “susuwatari” (travelling soot) in the popular Studio Ghibli animation movie “My Neighbor Totoro” (Miyazaki 1988). These are depicted as living in old abandoned houses and are connected to dirt, fear and darkness.

effect even the more visible and present. I will therefore argue that the Nishi Shiki system of health engineering would work in a more effective way in a Japanese setting than any other, because of how it resonates with the Japanese responsibilities to nature due to their symbolic heritage.

LESS IS MORE

Nature in its wild form becomes a destructive force, and all life processes can be felt as impure or damaging. Time itself is demolishing, and everyday you get older, weaker and closer to death. The process of life is constant destruction. It therefore calls for and legitimizes action. Such actions include presenting food in dishes that in many ways are manipulated in the same way as the forest is through the bonsai tree, wild growth through flower arrangements and words through haiku poems. It is reduced to its core through removing disturbing or excess elements, thereby cultivating nature through creating simplicity and pureness. Greed and want of excess and indulgence is described as “natural” for human beings, and Nishi Shiki doctors call for a reflection upon our addiction to “luxury foods” such as meat. Therefore, dieting in the Nishi Shiki clinic can also be viewed as a way of cultivating, or taming nature. In practical terms this is done through reducing excess calories from the diet, removing things considered “artificial” (as in chemically produced flavoring or coloring), and also taking away things considered to be artificially *made* (such as chemically protected or refined rice, sugar or flour). There seems to be no decoration of the meals, but the patients express the sight in its simplicity as both beautiful in a visual sense and in the sense of meaning. The beauty lies in the composition of the different bowls, their colors, positions and content in contrast to each other. A clean cut, rectangular white piece of tofu placed in a perfectly round sky-blue bowl. The picture of the meal is at last framed together by the tray it is served upon, making it personal and inaccessible to any other than the patient with the appropriate name sign on it. The dishes make a strong visual impression of asceticism, a feeling of lightness of mind and pureness of body. This is only furthered by the simpleness of the tastes in the food. I am aware of the fact that the Japanese cuisine is known to be very simple in its tastes and to not usually take in use many strong or powerful spices. Still, compared to the experiences I had of other Japanese foods the clinic food presented an unique simpleness or neutralness in its tastes. Sometimes there seemed to be a total lack of taste in certain dishes, and there were many times where I was grateful that they always placed a little bowl of salt on the tray. Combined with the lack of smell in the food and during the act of cooking, the overall impression is quite neutral, clean or pure. Or as expressed by Laporte on the subject of senses and pureness; “Beauty does not smell” (Laporte 2009:84). The lack of stimulation of the senses through food created an alertness and awareness in the body

towards the food, possibly making a patient appreciate it more in general. Nishi Shiki exemplify Bauhaus philosophy, captured in words by the famous artist Ludwig Mies van der Rohe: “less is more”.

EXPANDING WHOLENESS

This want for pureness is understood in relation to the bigger picture of individuals as in a reciprocal relation to society, and as society in a reciprocal relation to nature. Nishi Shiki propaganda places guilt upon the patient as a part of a social community, rather than as individuals. Therefore they have to, as part of their society, take responsibility and action. Problems arise due to the fact that these are patients; dependent upon the care of others. In the sense that individuals have reciprocal relation to society, these individuals may be in a felt debt to this society, and therefore possess stronger feelings of guilt. The commonly expressed feeling of being part of a community within the Nishi Shiki clinic, or as part of a larger imagined Nishi Shiki community, also contributes to the sense of wholeness, not only as a person but as a part of something like a family. These things are shown by the happiness and closeness expressed when greeting one another in the hallways, and in the exchange of information and opinions related to food and philosophy between the patients. The familiarity between patients is also shown by their relaxed grammar in their conversations: in Japan you conjugate verbs in accordance to the formality required towards the person with whom you are talking. The patients use grammar in the same way as would have been used during a family dinner. The way the patients dress also exemplifies this; as the Japanese are very conscious of the way they present themselves through clothing. Usually shirts are perfectly pressed and even the shoes are almost too clean to be used outdoors, but these patients would walk around in loose jogging gear or in a comfortable pyjamas. I still remember how I immediately felt at home when, during my first week at the clinic, one of the ladies would knock on my door wearing a bathrobe, slippers and with wet hair tell me that the bathroom was available. This was done without the distinct and constant bowing and apologizing which is ever-present in most social situations outside the home in Japan. They even used the familiar grammatical form towards me, an act that included me as a felt member of the Nishi Shiki community of the clinic. They would for example put “~chan” after my name when talking to or about me, which is often done between girlfriends or by parents towards their children.

The sense of wholeness mentioned from Csordas’ definitions of healing, can be applied in a bigger sense in relation to society. My argument is that to be part of a society as a whole is strongly related

to the sensation of being healthy, and that the creation of this sense of wholeness is an art of subjective emotion that can be successfully manipulated through practices such as Nishi Shiki. In a society where conformity related to social appearance is very strict compared to what is normal in the Western world, this relaxedness within the home is very important. To relax in the way that the patients did within the clinic is dependent on a mutual trust and sense of familiarity, a familiarity I believe is fundamental for the patient's sense of belonging, being part of a community and through this their possibilities for healing.

NUTRITION ECOLOGY

There is in the Nishi Shiki diets' philosophy always a need to take into consideration the amount of energy used, or misused, in all sorts of operations. To take a very simple example: when you use a lot of energy in conserving, storing and transporting foodstuffs over long distances, that same energy could instead be used on producing food in places where it is more needed. Starvation in many parts of the world is often used as an example in Nishi Shiki literature when talking about the moral mastery of not consuming more of the world's energy and resources than needed. So enjoying a Nishi Shiki meal at the clinic offers double satisfaction: you are not only consuming a very small amount of energy, the calories have not travelled far; in fact very often they were pulled up from the earth in the vegetable garden in the clinic's very backyard. On a sunny day I would occasionally go out into the vegetable garden to do some weeding, sometimes followed by my roommate, Sazae San. Through experiencing and learning about the locality of food, as well as viewing the food growing just outside the window, the patients experience a truly deep sense of a "taste of place". This approach to tasting is taken even further and includes the moral and ethical aspects, which are embedded in the places themselves. I noticed during my time spent in the clinic the importance of viewing the individual body as a part of a chain reaction of usage and production of energy. The production of large quantities of food in small spaces separated from the people consuming it, create in the Nishi Shiki philosophy an unhealthy detachment between food and people. The result is that the people don't understand the value of what they consume; the food loses its meaning and identity; and the result is that both body and nature suffers. There is a simple and direct causal connection between what is eaten, how the production of that particular food has consequences for the ecosystem, and its effects on the body. Not only are you in a responsible relationship to the functions of your body, but likewise of nature and the ecosystem itself. As a result of this Nishi Shiki makes energy budget economists of their patients; so that the patient can herself place her body in the right place within this imagined energy chain. She is given the means to do this through

example diets and information about food, and she is given the goal through a wish to balance the body and mind within nature and ecosystem. She is therefore being empowered to take part in and contribute to a domino effect of healing - through the power of individual bodies and into the ecosystems of the planet. The mentioned wholeness can then go even further, from individual to society and nature, ecosystem and planet. The sensation of health seems to be connected to society as a whole in relation to nature, and that is why the patients in the Nishi Shiki clinic can put so much value in their identity as part of a Japanese society. Therefore the patients, through defining themselves and acting as part of a Japanese whole, also can integrate a feeling of shared healthiness. Healing is thus placed in a larger perspective, where being healthy is not only to feel whole, but to be a part of a better society and a more harmonious nature.

THE ART OF CONSUMING NATURE

I believe some brief remarks on the Japanese religions and their perspective on nature is in order. Nature is considered closely connected to religion in Japan. Their national religion Shinto is based on giving nature agency and worshipping different nature-related spirits. Kalland writes that Buddhism, which is the other main religion in Japan, has been claimed by religious scholars to be the religion closest to nature (2008:97). The Japanese focus on the four seasons in festivals and their closely connected seasonal foods, the poetic approach to nature through traditional art and literature, and the way of simplifying nature through these arts, have all made it very easy to jump to conclusions about the Japanese relationship to nature. Especially since my experience is that the generalizations being made about the Japanese people's awareness and softness towards nature, are often confirmed by the Japanese themselves. I will claim that the pride the Japanese people share over their nature, their art, and the relation between the two, has resulted in exaggerated generalizations about how nature, and harmonizing with nature, is a "natural" part of Japanese culture. As Kalland states when discussing generalizations about Japanese religion in relation to nature: "[...] religions are not coherent constructions and that their claimed benevolence to nature are based on selective reading of these non-Western religions". Very interestingly Kalland points out the possibility that the Japanese notion of a glorious and harmonious ecological past, also conceived by many Westerners as a possible solution for the future of human society, in fact was created by the West (Kalland 2002:154). As shown in the empirical examples from the fieldwork at the Japanese medical clinic, these ideas of the harmonious past as solution for the future was also very much present in the medical discourse shared by the patients and workers at the Nishi Shiki clinic.

ENVIRONMENTALISM, NATIONALISM AND IDENTITY

“(...) it is necessary to begin preparations for the implementation of the eating light food regime. As a leader on an international scale, I would like to see the government place priority on this issue and initiate measures for the actual implementation of the menu across the whole country. I believe that the aesthetics involved here will become engraved in the history of mankind and continue down the ages. If the Japanese can provide such a model, there will be other countries that will follow suit. This could lead to the formation of a worldwide society built on the foundation of eating light habits, bringing about the birth of a new, spiritually rich age, compared to the 20th century.”

Dr. Koda

The feel of the books and pamphlets are dramatic and paints a fatalistic picture of a world where, unless we take immediate and drastic actions to improve our lifestyles; we will suffer from both starvation and natural catastrophes. What is interesting is how the readers are being told to take responsibility, as Japanese citizens, and proceed in the actions to save the world from these catastrophes by leading the world to action as a moral example. To show how the patients viewed themselves, not only as moral practitioners of Nishi Shiki, but also in a very deep sense as Japanese, I can state that there was not a mealtime that went by without someone referring to the Japanese standard of living and eating in a positive light as opposed to other countries, especially “the West” and America. What this tells me, is that not only are Nishi Shiki redefining how to interpret diseases, but the new ways in which disease and health are defined resonates with a deeply felt Japanese nationality. As has been argued by Richard Wilk, in his research on Belizean Food and the forming of national identities, societies grow more open and global but tastes and preferences are more local than ever (1999). This corresponds to the fact that Western food, that was earlier “high class” as argued Watson (1997), is now devalued through new meanings now embedded in traditional and local Japanese foods. The identity as a Japanese persona, drawing upon a cultural picture of a healthy nation, strongly affects the patients actions towards being healthy. As is also the case in Wilk’s ethnography on Belizean food and nationality, the search for a binding national component creates a contrast between the selective globalism and authentic localism, resulting in a further objectification of the local (1999). Or as Wilk writes; “Foreign goods create local identity on a global stage” (1999:253). When exposed to ideas of the healthy Japanese body, as opposed to the Nishi Shiki conception of the Western barbaric and greedy body, the patients expresses a wish to be a part of a felt Japanese community. I have argued for that this can and do make a change in the patients lifestyles and lifeworlds.

ETHNIC IDENTITIES

To understand the various forms of being Japanese, the concept of reductionism needs to be compared to the multiple layers of Japanese identity. Dorinne Kondo called the Western assumptions about the boundedness and fixity of personal identity a profound challenge (Kondo 1990:26), and other scholars have commented on the Japanese non-dualistic view of the body (McCarthy 2010:7). With this in mind it has been an important part of the understanding of the people I met not to reduce them to the people they acted out as in front of me. It is true that this can be said about any individual of this world. We change in flow with our social meeting and situations. As Kondo implies however, the situations and persons involved in a meeting play a somewhat more important role in a Japanese setting. In practical terms this means that the “identity” played out by a patient at the clinic does not necessarily correspond to the other alternative identities available to that patient. It is therefore quite impossible to generalize about any dietary or exercise related habits for that patient in other situations of social life. This is an important point because there is a lesson to learn here about the problem of cultural paradoxes presented in the previous chapter. It may even show that the fixedness on paradox and discrepancy has been an unfruitful one when it comes down to the understanding of the Japanese, but it has however given a surprising insight into our own, or at least my own assumptions about how to understand a different culture. To shed light on the cultural practices of the Japanese, it has been necessary to question the thought that a disparity must be paradoxical, and to pursue the practical functions of these discrepancies. I relate the ethnography of this project to health and responsibility, and the outcome of dealing with these seemingly paradoxes is that we must explore several approaches to responsibility and health within singular patients.

EMBODYING THE WORLD

“So, I feel that we must, as soon as possible, make this planet, this earth, a shining example of a world full of love and compassion. Then, the residents of this planet of love and compassion can pray for the happiness of all “life” throughout the universe. This is the way to make even our ancestors happy. Prayers like these will put out a warm clear aurora from our planet.”

- Dr. Koda

First and foremost, this chapter is all about the ways Nishi Shiki practitioners link themselves to the world, and in what ways their link affect the processes of healing. The understanding of healing within Nishi Shiki is fundamentally based on how the individual relates to the functioning of this world, both on an ethical level and on a physical level. There is a tendency in Japan, and especially

in practices related to older traditions, to make assumptions about morals based on physical appearance, exemplified by Picone: “[...] to the expert, the body’s shape reveals a persons character and abilities, which, in Confucian morality, were thought to determine his future social status” (Picone 1989:471). The importance of physical traits in assessing peoples character in Nishi Shiki was shown through the use of face-diagrams for diagnosing patients.

In phenomenology we often relate to the ways in which people embody the world, but this relation is also perceived as a process going both ways in Nishi Shiki; the practitioners perceive the world to embody the human individuals collective morality. As has been shown throughout this thesis the patients believe that their actions concerning lifestyle and diet directly affects the processes of the planet and the world, and that this is also connected to ethics and morality. Or to quote the renowned doctor within Nishi Shiki, Dr. Kouda: “ If people could get by in 1,700 kcal per day, the world could support a population of 10 billion people.“ This express the belief that the patients actions have consequences for the planet. Life gets meaning through the fact that someone, or something, is fundamentally affected by your actions. I will argue that this thought, or way of perception, creates within the patient a sense of both belonging and responsibility, which can both be fertile ground for a feeling of wholeness. There are reasons to believe that this part of the Nishi Shiki philosophy is part of a greater trend in Japan related to nature, nationalism and identity building. Aike Rots for example, has written about how the Japanese spiritual tradition of Shinto is being continuously redefined through the emerging discourse of “Chinju no mori”, or “Sacred Forests” (Rots 2012). Chinju no mori is basically, as with the earlier examples of the discourse on Belizean food, part of building national identities in the cultural meetings that are unavoidable in a globalized society. The practice is about preserving and respecting forests that are valued symbolic space in a contemporary Japan searching for the “pure essence of the Japanese nation”, and symbolically unify the past with the present (Rots 2012:105). The concept of Sacred Forests, like the practice of Nishi Shiki, is marketed through the idea of an ethnic tradition that represents a spiritual and moral Japanese way of life since primordial times (Rots 2012:97). Like Rots argues “[...] generally speaking, in the discourse of chinju no mori ‘green’ concerns about biodiversity and the protection of natural environments go hand in hand with normative notions of traditional (i.e., rural) Japanese society, culture and morality” (Rots 2012:102). I will therefore argue that Nishi Shiki practice is in many ways situated in the same discourse, as part of a larger tendency in Japan to make parallells from responsibility to traditions, morals and national identity.

CHAPTER 7: THE GOD IN THE MACHINE

“Healing is the realization that disease and suffering is an illusionary and passing state of mind” (Picone 1989:479)

Forever situated in the flux between body and mind, there is not much to gain by defining where these boundaries are placed, but rather why and how they change. I have been arguing that responsibility is prescribed as a solution to the patients maladies in the Nishi Shiki clinic. As Mr. Nishi said to the insecure patient Sazae San, you are lucky to know your weaknesses because then you know what to heal. Knowledge becomes responsibility, and with that follows power to choose, to change, to save oneself. I have learned from this fieldwork how food can be emotion, medicine and religion. But more importantly, I have argued that the patients *experience* the food as these things, and that this can change their world in a continuous process. It is not the food per se, but rather the ways I have wanted to show how the patients are taught to experience and “work” the food, in ways that give meaning to them individually. This is in accordance to how Bourdieu describes how learning happens through concrete action, and not through “models” (2009:87), as a part of his concept of the habitus.

Both power and responsibility are two sides of a double edged sword, because failure is always a possibility. In that case you are left with only yourself to blame. Bourdieu’s stance is that power is in the interplay between structure and agency, and that the habitus is the place where this unfolds (Bourdieu 2009). Therefore, as Bourdieu shows and as the Nishi Shiki practice exemplifies, power is difficult to fix in one place. It is neither free will nor determined by structure, but constantly created. As discussed in chapter five, the sense of karmic causation implies that the mind constantly creates the body, as also discussed by Mary Picone (1989:480). In dealing with questions of responsibility the Nishi Shiki system shows its sensitiveness towards human weaknesses; arguing through books written by Nishi Shiki figures that the weakness of human nature is innate; it is described as something we all have and that we all struggle with. Healing is therefore a continuous struggle with our innate greed, sometimes perceived as a natural human fear of extermination through starvation. The patients therefore has access to different ways of perceiving themselves, in the ambivalent landscape between the responsibility for their own health, but still cursed with the innate weakness of instinct over will that are believed to be present in all human minds.

THE AGE OF THE HUNGRY GODS

LaFleur tells the story of a demon, or ghost, that people believed existed in medieval Japan, called “Gaki”, or “Hungry Ghosts” (LaFleur 1989). They were thought to live in the alleys and streets, living off human waste. As human misery, pain and starvation embodied, these creatures were depicted with huge stomachs and throats thin as needles. They thus suffered great hunger but were unable to eat. These creatures are described by LaFleur as constituted by hunger, not merely conditioned by it. One could be reborn into the Gaki as karmic retribution for sins performed in a former life. But the Gaki were also a legitimization of hierarchy and human suffering in medieval Japan. In other words the Gaki by their own existence exemplified for the people how karma works, as they themselves embody their own hell, a hell they are unable to escape because their hell is their own bodies, or themselves. The Gaki existed as ghosts in the medieval time, but through his article LaFleur argues that these were real people, their demonic and revolting appearance a result of poverty and their bodies reactions to starvation. The young girls depicted as hollow cupcakes in chapter five stands as a stark contemporary contrast. With their seemingly huge mouths contrasted by their tiny bodies, they are depicting the modern paradox and the living contemporary opposite of the medieval Gaki. As with the Gaki, their appearance has a more complex explanation than what the image of their bodies immediately tells. Research shows how both anorexia nervosa and bulimic nervosa has increased in Japan since the 1980’s, and that an eating disorder including dieting combined with binge eating has become more and more common in today’s Japanese adolescents (Kiriike, N., Nagata, T., Sirata, K. and Yamamoto, N. 1998). LaFleur describes the contemporary interpretations of the past as “[...] a twentieth-century slippage into a kind of cultural amnesia about the priority of questions having to do with the raw physicality of such things” (La Fleur 1989:282). In the same way as the interpretations of the Gaki has mainly been on a religious level, and not as a potentially problematic social problem. The focus on the increase of anorectic disorders in Japan are thus missing. This could be a potential problem, considering that the BMI of Japanese females has actually decreased in recent years (Kiriike, N., Nagata, T., Sirata, K. and Yamamoto, N. 1998).

Ironically, material abundance has in the modern living of industrialized nations become a health problem, presenting challenges to societies and individuals forcing forth new health discourses and new ways of conceptualizing the body. At some unclear point in time we all became the gods of our own machines. Abundance made vast amounts of lifestyle choices available, each and every one of them grasping after individuals, campaigning their superiority over all other lifestyles with neon lights and thrilling melodies. Habits are sold over counters like newspapers and commercialized

like the new religions of our time. New rituals are composed to handle the hunger created by the endless heaps of possibilities, to take power over those and create a new lifeworld where we can inhabit our own bodies. The new world is constructed to ensnare our senses, to make us indulge our ripped and perfected bodies with consuming its own destruction just so we again can consummate on our own meaningful processes towards perfection. Eat more, exercise more, use more, throw more. The resulting amount of garbage created and collected in and outside the bodies are obvious, at least to the Nishi Shiki practitioners. In their view the connection between increase of general consumption and the surfacing of unexplainable physical and mental distress is expressed clearly. On the path to total perfection and pureness, what is considered dirty and unclean increases, because what is considered un-pure is contextual.¹⁴ The paradox of hunger in the middle of abundance is experienced physically in form of illness and disease, and the illness is distanced through narration, an act where the collective history is connected to the individual (Pandolfi 1990). Within the Nishi Shiki philosophy, as in many other newly risen medical systems and religions, answers are sought to be found in the past.

THE GHOSTS OF KARMA PAST

Illness, in history, has been a way to order and systemize the world (Picone 1989). Today, karma is the most important cause of illness in much popular therapy, understood as a thing that can work instantly and affect bodily states in present life (Picone 1989:480). When we are in pain we naturally need to explain this pain in order to understand it, and in order to rid oneself from it. We are expressing ourselves through the illness (see also Pandolfi 1990). But as has been argued throughout this thesis, it is not merely individual identity that is expressed. It is the community identity as part of national and ethnic identity. The food and diet that the Nishi Shiki practitioners sought were not sought merely for their nutritional value, but also in their national value as symbolically Japanese. The activities that were performed for health reasons were not performed only because of their instant physiological effects (there are myriads of “cures” one could have chosen), but also because their distinctly linked to Japanese traditions. The idea of high morals and humble living have shown to be linked by the Nishi Shiki performers to their national history. I believe to have shown how the patients are able to perform healing collectively, through conforming to the inherent ideas of a certain Japanese morality, and responsibility to the world.

¹⁴ See also Hylland-Eriksen (2011) and Douglas (1997).

BODY WORLD DIVINATION

What we have seen within the Nishi Shiki project is the conceptualization of a relationship between the body, mind, moral, will and heart. Since what we by choice put into our bodies effects those bodies, what is uncertain is what choices we in reality do have, and to what degree our lifestyle and diet change our bodies and health. It therefore develops into a question of power, a question which will bring onto the scene the problem of the specific individuals responsibility for the bodies that they are. As earlier discussed, illness and disease are seen as a part of the natural ordering of things. Illness is your body's way of telling you that you are doing something wrong. Natural disaster is described in Nishi Shiki philosophy as a consequence of contemporary human action of indulging and consuming. Herein lies a completely new conception of holism, one that is somewhat different than the way we conceptualize and describe eastern holism in the West. Picone points this out when arguing that; "The Western ideal of holism, in contrast, implies a search for the causes of bodily states in external factors, rather than a "contextualization" of the body in the Chinese sense" (Picone 1989:471). As Picone does, I would like to stress that a Japanese concept of making a harmonious "whole" out of something, be it a body or a world, works in all directions: not only is the body shaped to conform to the world, the world is also shaped to conform to our bodies, minds and morals: as is done with nature through the haiku poem. I will argue that Picones concept of Asian holism confers with Bourdieus term of the habitus; because the sensation of healing is located in situating oneself in a collective, or "holistic", habitus.

PATIENT AS GOD OR GHOST?

In the project of taking the patients seriously as the individuals they are, it is important to integrate in the project of understanding their practice, a sense of what their goals and motives are. How do they feel related to what they express? And how can I include this in my thesis in a manner that shows the patients respect? The patients clearly experience different forms of suffering, and act out that suffering in the manner most logical to themselves as a strategy for getting rid of, or at least understanding, this suffering. Illness can be many things. As has been explored through earlier chapters, it can be metaphors, protests, expressions of belonging or of non-belonging. But illness is also a quite real and felt pain in the body. The understanding of the patients' views has been something I really have had to work with during fieldwork. As earlier noted, I had to maneuver between what was "really" felt and what was socially expressed. What I have found though, is that these socially conformed expressions can have the power to alter felt experience. The most tangible confirmation I have of this fact is my own experience of the clinic food, a menu quite strange but that I nonetheless started enjoying after repeated meals and expressions of joy over these like the

patients did. I can but believe that I am made of the same materials as the patients at the clinic and that the same thing may have happened to them. The same can be said of activities, or of ways to experience and live in the world. As I have already discussed, what I found interesting in the Nishi Shiki practice was how physical practice and expression are used as a means to heal the physical body. This contrasts to the thoughts that the mind should alter its way of thinking so that it can change bodies through decisive action. Pierre Bourdieu has also discussed these issues related to habitus, when he stresses the belief that a child learns through copying peoples *actions*, and not “models” (2009:87). I am not trying to make a cartesian division between the concepts of mind and body, but merely stressing the point that the body is taught behavior through repeated practice. The mind is, as earlier argued, treated within Nishi Shiki in collective terms.

HEALING AS CONTEXTUALIZATION OF SUFFERING

“All the symbolic manipulations of body experience, starting with displacements within a mythically structured space, e.g. the movements of going in, and coming out, tend to impose the *integration* of the body space with cosmic space by grasping in terms of the same concepts [...]” (Bourdieu 2009:91)

The ethnographic examples used and analyzed as part of this thesis proves to me that a sense of healing is conjured out of the Nishi Shiki practice of contextualizing the patients suffering, in a sense that gives meaning to the individual. The patients expressed a profound need or wish to form a part of a collective unity. This is shown through the fact that all the clinic activities can be performed at home (excepting longer periods of fasting that should include medical supervising for safety), but the patients still returned frequently to the clinic. They returned as a way of repeating their “detox”, and of reuniting with other patients who also frequently returned. This shows how the Nishi Shiki practice creates a collective sense of wholeness. I will argue that healing, in the case of Nishi Shiki, is a social practice where the patients embody a joint experience of national and moral identity. This identity presumes an obligation to act responsibly, not only as an individual, but as a part of a greater interdependent social community.

One evening while taking a stroll with my Japanese mentor Haru, he asks me a question to ponder: “What is the most difficult thing; to love or to be loved?”. Without wasting time to wait for my reply he continues with a monologue about family obligations, love and life. Whatever the answer to his question might be, the question points down the core of what becomes out of boundaries, whether they be made of bodies or ethics. A boundary separates something, and that separation will

often result in a giving and a receiving part. Now the question posed is whether the receiving or the giving is preferred, the loved or the loving, the active or the passive. What I found intriguing about this in the project of relating health to responsibility in a medical clinic, is how the role of being a receiver affects the experience of the illness, or the body at stake. We would all like to be in control. Control in any way is power, but that power presents the issue of responsibility. On the other hand the receiver experiences in a lesser degree the pressure of responsibility because they lack that control. The Nishi Shiki clinic offer the patients an opportunity for balancing the concepts of power and responsibility with humbleness. Nishi Shiki therapy offers itself up as a tool to conceive the world, and the body, in a flexible way that can continuously produce meaning for the individual patients. The patients are included as a valuable part of a specific collective community, or as a felt part of a larger “whole”.

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