

Twice Dead

*Organ Transplants and the
Reinvention of Death*

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Preamble

Accidental Death

Technology has extended and widened the notion of the accident. . . . Accidents are part of our daily life and their shadows people our dreams.

Octavio Paz, Conjunctions and Disjunctions

This book does not make for comfortable reading. Some readers will find the subject macabre, even repulsive, for the focus is on death and the “harvesting” or, in the prevailing euphemism, “procurement” of organs for transplant. Stories about organ transplants appear in mythology and folktales, as well as in documents from medieval times (Barkan 1996), but only during the past twenty years have medical knowledge and technology advanced sufficiently for organ transplantation to become routine, with surgeons performing thousands of operations each year. In the majority of cases, the transplanted organs come from the bodies of individuals diagnosed as “brain-dead.”

A “living cadaver,” as the brain-dead were first called, is created by an accident and sustained by medical technology. Major injury to the brain must occur, whether caused by an automobile or motorcycle crash, a drowning, smoke inhalation, a major blow to the head, a “cerebral accident” (stroke) in which the brain suddenly floods with blood, or some act of violence, such as a gunshot wound. Most victims of severe head trauma are kept alive by a relatively simple piece of technology—the artificial ventilator. Solid organ transplants,¹ which depend on the procurement of organs from brain-dead patients, could not have been institutionalized without the existence of the ventilator and other life-

1. “Solid organ” refers to the internal organs, including the heart, liver, kidney, and lungs, that have clearly defined anatomical boundaries.



The accident. Reproduced by permission of *The Gazette*, Montreal.

support technologies. But this coincidence of new technologies and living bodies, some with irreversibly damaged brains, could not alone mean that organs could then be procured from these new entities: a new death had to be legally recognized before commodification of the brain-dead could come about.

Although clinical treatment for trauma is similar in virtually all countries where the necessary medical facilities are present, and the term *brain death* is used universally today, the consequences of this diagnosis vary considerably. Brain death is not necessarily equated with the death of individuals. This book explores the way in which developments in medical technology have forced a reconsideration of the recognized boundaries between life and death, and how these debates reflect deeply held social values and political interests. It is striking that in Japan, in contrast to North America and most of Europe, recognition of brain death as human death has proved to be an exceedingly contentious issue. By exploring in parallel the situation in North America and Japan, I hope to force some reflection about this problem in both locations: the one where the recognition of the new death was accomplished relatively smoothly and the other where it continues to prove deeply problematic. Quite simply, in the presence of advanced medical technologies, there

remains disagreement as to what constitutes death, and little reason to believe that lasting resolution to the matter is in sight. While this situation exists, we cannot feel completely at ease about organ transplants that make use of brain-dead donors, although I am certainly not suggesting that we stop the practice.

I first became interested in brain death about ten years ago, while doing research in Japan on an entirely different topic. The subject was being discussed exhaustively in the Japanese media. Articles often included the results of polls inquiring whether the public was willing to accept brain death as the end of human life, and how people felt about organ donation from brain-dead patients. In the technologically sophisticated, literate economic superpower of Japan, the idea of this “new death” was clearly setting off alarm bells. Yet aside from an initial flurry after the first heart transplant in 1967, no similar concern has been apparent in North America or in most of Europe, where the media seem relatively untroubled by doubts as to whether brain death constitutes the end of life; instead, they focus on the saving of lives through organ transplants from brain-dead donors. The only worry is about a “shortage” of organs, the bittersweet outcome of success.

At first I limited my attention to the debate in Japan, where “the brain-death problem,” as it is known there, has been the most contentious ethical debate of the last thirty years. Although the concept of brain death was medically recognized more than twenty years ago, and the diagnosis is used regularly in clinical practice, this condition was legally recognized as death in Japan only in 1997. Even now, brain death is equated with death only when patients have specified in writing that they wish to become organ donors and their families do not overrule these wishes. Brain-dead individuals who have not indicated that they want to become donors are not considered legally dead. As of the end of 2000, organs for transplant had been procured from only nine brain-dead donors in Japan; the organs from a tenth donor proved to be unusable.

In North America, by contrast, organs for transplant can be removed from bodies legally recognized as dead (including anyone diagnosed as brain-dead) if the individual’s wish to become a donor can be reasonably assured. In theory, families may not overrule this intent. In several European countries, “presumed consent” allows transplant teams to procure organs from every brain-dead patient unless an individual has explicitly opted out of organ donation by signing a document to that effect.

After presenting my research findings from Japan to a variety of

North American audiences, it became evident that many people still assumed that the Japanese response to the new technologically created death is an anachronism, associated with religious beliefs and deeply rooted cultural traditions. Such assumptions persisted despite my energetic attempts to dispel this misconception. This prejudice highlighted two important and perplexing questions: in Japan, why did brain death become recognized as the end of life only very recently, and even then inconclusively? And why are organ transplants not perceived as an unequivocal good? Although shared values of long standing do indeed contribute to the debate, Japanese responses are exceedingly complex and defy any simple explanation.

Examination of the Japanese response raises another crucial question: why did we in the “West” accept the remaking of death by medical professionals with so little public discussion? The “gift of life” is a seductive metaphor, one that now seems natural to us, and it has proved effective in promoting the donation of human organs for transplant, but in adopting it we have glossed over questions about the source of these organs. Aside from discussion in a few academic and medical forums, we have chosen not to enter into debate about the new death.

Death would seem to admit of little ideological posturing, at least as an indisputable biological event. I suspect that the majority of us raised in the dominant traditions of Europe and North America understand death as an unambiguous, easily definable point of no return. Certainly the media lead us to think that this is the case. In contrast, discussion of brain death in Japan has caused considerable social angst, even though Japan, for the most part a secular society, is driven by the principles of rational order and scientific progress associated with modernization. What is more, many people in Japan apparently do not understand death as a straightforward event affecting only the physical body.

Clearly, these differences cannot be explained by a Japanese lack of education, technology, skills, or economic resources. Japan, in fact, utilizes and exports more complex medical technology than any other nation in the world. So “culture” must be at work, we assume, and we tend, as I did when I started this project, to look for features of Japanese, rather than North American, culture to account for this discrepancy. What concerns make Japanese resistant to the concept of a “new death” based on the condition of the brain? Is the difference to be found in attitudes towards nature—specifically, in a concern about tinkering with the bodies of the dying and the dead? Is Japan perhaps not as secular

and rational, not as “modern,” as its outward trappings lead us to believe? Are the majority of people in Japan unwilling to treat the body objectively, especially the body in death, as seems to be done in North America? An assumption implicit in this line of interrogation is that a secular society will strive to “save” lives if the technology is available. Hence we turn all too easily to searching for the relics of tradition, survivals from an archaic past lurking in Japanese modernity, that might account for this anomaly.

Several vocal Japanese commentators have invoked “tradition” when accounting for the reluctance to recognize brain death in their country, but they usually embrace an essentialized notion of culture as a positive force, one that protects the nation from unwanted change. These individuals draw on ideas and behaviors that they think of as uniquely Japanese, including characteristic ways in which human life and bodies after death are valued. They contrast this situation favorably with the perceived cultural vacuum of America, a nation overly preoccupied with individualism and insufficiently with history. This dearth of “culture,” in their opinion, facilitates the implementation of medical technology without regard to ethical and moral implications. These commentators are insistent that Japan should not simply ape the “Other” of the West but should strive instead to ensure that contemporary moral order is infused with values associated with Japanese tradition.

The majority of Japanese with whom I have talked about brain death dismiss arguments that reify Japanese tradition. Nevertheless, many suggest that values common to a large number of Japanese, such as a concern about desecration of dead bodies, partially account for a resistance to a recognition of brain death as human death. But they make no claims about the uniqueness of their culture, nor do they assume that it is monolithic. On the contrary, they cite polls indicating that around half of the nation supports recognition of brain death in theory. Rather than focus on Japanese resistance, many of these individuals comment on the “culture” of the West. They suggest that the Christian tradition of charity has facilitated a willingness to donate organs to strangers, often adding that altruism is not well-developed in Japan.

~~Some academics and cultural commentators take yet another position. They argue that culture, by which they mean the “culture of tradition,” is irrelevant to the impasse. Modern society is, by their definition, secular and rational and freed from culture, except of course for the “high” culture of the arts and the postmodern culture of fusion, into~~

In North America, discussion about brain death has been limited for the most part to a small group of doctors and an even smaller group of lawyers and intellectuals. The contribution of culture to this debate is virtually never raised, except perhaps to account for a perceived “lack of cooperation” among certain minority groups with the donation of organs. Periodically the debate has leaked into the media, usually when something newsworthy happens in connection with organ transplants. These reports are almost always positive and laudatory of medical heroics. Rarely has the assessment of brain death or the actual procurement of organs been given more than fleeting coverage.

Discussion of the institutionalization and legitimization of brain death as the end of human life, followed by its routinization across North America and much of Europe, has been dominated by two lines of thought. The first attempts to assign death to a scientifically deducible and verifiable moment, and thus to make it at once indisputable in medicine and recognizable in law. However, professional consensus has been lacking as to whether death is a moment or a process and how best to determine when it occurs. No consensus exists even as to whether a definition of death should be applicable to all living forms or whether there can be a death unique to humans.

Until the late 1960s this long-standing professional controversy had little effect on determining the death of individual patients, the precise timing of which is usually not important unless foul play is suspected. With the development of critical-care medicine, it became imperative to decide if and when it would be appropriate to discontinue life support for patients who were expected never to recover—who were in an irreversible condition that could end only in biological death. During the same period, organ transplants were becoming increasingly common. Particularly after the world’s first heart transplant in 1967, many recognized that doomed patients on life support represented potential organ sources. However, these patients could not be diagnosed as dead in the usual way because their hearts were still beating, sustained by the ventilator. Doctors urgently needed to be able to formally declare death so that organs could be removed from brain-dead patients without legal repercussions. A new definition for death had to be established, one that located death in the brain; and its criteria needed to be uniform and objective.

The second line of argument about the new death, put forward most frequently by philosophers and bioethicists, is that if there is no possibility for cognitive function in an individual because of irreversible dam-

age to the upper brain, then that person can be pronounced as no longer having any “individual interest.” Such patients are neither clinically nor legally brain-dead because the lower brain remains intact. Nevertheless, supporters of “higher” brain death argue that because they will never recover consciousness, these patients are good-as-dead. This argument is not widely accepted by members of the medical profession and has not gained legal recognition anywhere, but it is increasingly being given serious consideration, for reasons that will be made clear.

In Japan, different sets of assumptions about death make it difficult to construct arguments reduced either to questions of scientific accuracy or to the demise of an individual. Efforts to assign death scientifically to a specific moment are frequently rejected outright by both medical and lay people. Dying is widely understood as a process, and cannot therefore be isolated as a moment. What is more, the cognitive status of the patient is of secondary importance for most people. If biological life clearly remains, even if an individual suffers from an irreversible loss of consciousness, many people do not recognize that individual as dead.

Most important, death in Japan represents more than the extinction of individual bodies: it is above all a familial and social occasion. Even when medically determined, death becomes final only when the family accepts it as such. It is not surprising, therefore, that in Japan it has proved very difficult to represent brain-dead patients as cadaverlike. In addition, many people repudiate the idea of tampering with newly dead bodies.

Of course, these values and behaviors can be conveniently glossed as cultural, and it is to such phenomena that Japanese refer when they argue that culture is implicated in the brain-death problem. But most people do not then go on, as does a minority conservative element in Japan, to incite nationalist sentiment by arguing that recognition of brain death goes against that which is “timeless” and “natural” to Japanese.

Setting aside the rejoinders of active nationalists, are the responses of most Japanese so remarkable? People anywhere, when actually confronted with a brain-dead body, may find it hard to think of the person as dead, because the body exhibits many signs of life. Only if the idea of the “person” is clearly confined to mind and brain can the destruction of the brain be equated with the death of an individual. On the other hand, if the concept of the “person” is diffused throughout the body, or even extends outside the body, then destruction of the brain is not easily reckoned as signifying death.

Influential individuals in Japan have drawn on what they believe are widely shared values to encourage doubt as to whether a brain-dead patient is indeed dead. These same doubts are widely disseminated in the media. The public debate, for many years biased against recognition of brain death, has ensured that a diagnosis of brain death has not displaced the view that death cannot be pinpointed in time, nor located in the brain. Cultural sentiments have been mobilized for political ends.

The Japanese legal profession has been opposed all along to recognition of brain death, making it unlikely that the concept would gain easy acceptance. And although the legal status of the corpse is not clearly defined, civil court decisions have nevertheless affirmed that those who conduct the burial rites and will directly succeed the deceased have rights over the body (Machino 1996:108). It is widely assumed that the family should make the final decision about donation, even overriding expressed wishes of the individual.

In clinical settings, in addition to the necessary technology, a cluster of concepts and associated values must coexist to facilitate organ transplants from brain-dead bodies. First, a dead body must be recognized as alienable:³ specifically, this means it can be handed over or acquired for dismemberment for medical purposes. Commodification of the human body in the name of scientific progress has a long history in Europe and North America but a relatively short one in Japan.⁴

Concern about use of medical resources and money is also important. When ventilator support of a brain-dead patient is interpreted as a “waste,” and continued care deemed futile, then it is a small step to visualizing how the body of such a patient, declared legally dead and therefore alienable, could be put to good medical use. Medical practitioners in Japan are less likely to subscribe to this utilitarian position than are clinicians and hospital administrators in North America. Health care expenditures in Japan have been rigorously controlled, and the single-tier socialized health care system accounts for a much smaller percentage of GNP than it does in the United States, Canada, or the United Kingdom (Campbell and Ikegami 1998). Pressure exists in Japan to eliminate “waste” in connection with medical activities, but the mat-

3. *Alienable* means legally available for transfer or sale. Current policies in North America and Europe treat the cadaver and body parts as “quasi-property,” thus making them alienable, but their transfer may not involve payment.

4. I am using *commodity* here in its original sense, to mean something that has a use, advantage, or value and can therefore be exchanged. Monetary exchange is the norm but not the only medium of exchange.

ter is not considered urgent because the health care system has not been permitted to be improvident. In any case, a brain-dead patient surrounded by a distraught family is very unlikely to be regarded as wasting scarce resources.

In modern society, “accidents” have no satisfactory explanation and are particularly disturbing because they represent a loss of control. The argument that organ donation can make something worthwhile out of an apparently senseless death is therefore a persuasive one. Through the “gift of life”—the ultimate act of altruism—control is to some extent reasserted and the disruption created by the accident is partly corrected, making nameless strangers into heroes. In Japan, however, another ideology competes with this view. Gift-giving is deeply embedded in an economy of reciprocal exchange; thus the idea of giving objects of value to complete strangers with whom one has had no personal contact appears strange to many. This, too, is culture at work.

The coalescence of these values, weighted very differently in Japan and North America, informs clinical practice, in one case enabling organ procurement and in the other inhibiting it. Despite the existence of constraining values, a lack of legal support, and the negative forces at work in the public domain, the majority of Japanese with firsthand experience of brain death, notably medical professionals working in intensive care units, think of this condition as human death. So do a number of relatives of brain-dead patients who ask for the ventilator to be turned off, although it often takes them several days to reach this decision.⁵ But even then, families may not be in favor of organ donation.

Because the transplant enterprise is heavily dependent on organs procured from brain-dead bodies, it has been unable to establish a strong foothold in Japan. The thirty-year hiatus following the first Japanese heart transplant, an event with long-lasting, bitter repercussions, was finally ended in March 1999, one and a half years after the Organ Transplant Law was passed. A second heart transplant was carried out, together with a liver and kidney transplant making use of organs procured from a single brain-dead donor. In North America and much of Europe, by contrast, the dispute is about a so-called shortage of human organs and the unfulfilled “needs” of waiting patients.⁶

5. It is impossible to estimate how many families request that the ventilator be turned off, but of the nineteen emergency medicine doctors I talked to in Japan, all but one of them had experienced this situation more than once.

6. Discussion of a shortage of organs is not entirely absent from Japan, but it takes second place to the discussion about the recognition of brain death.

Aside from the vast discrepancy in the numbers of transplants performed, the biggest difference between Japan and North America is public discussion of issues associated with the new death. Many people in Japan are acquainted with the minute details of brain death and have some inkling of the competing arguments; this dissemination of information has led, however, to an impasse. A good number of Japanese also possess media-filtered knowledge about organ transplantation and related issues in North America, Europe, and elsewhere. In North America, we may joke about being brain-dead, but many of us do not have much idea of what is implicated in the clinical situation and know little or nothing about the debate in Japan. The medical and legal professions and the media in North America have damped down almost all the public anxiety that was briefly evident in the early years of organ transplants. Recently, a few television programs have focused critically on the sale of organs, usually in India. In the late 1990s, the difficulties of determining brain death have been discussed occasionally in the media. But this coverage is a fraction of what Japanese citizens have been exposed to.

My research strongly suggests that the majority of Japanese live and work with ontologies of death that differ from those of North Americans. This difference invites examination of the way in which contemporary society produces and sustains a discourse and practices that permit us to tinker with the end of life. Even when the technologies and scientific knowledge that enable these innovations are virtually the same, they produce different effects in different settings. Clearly, death is not a self-evident phenomenon. The margins between life and death are socially and culturally constructed, mobile, multiple, and open to dispute and reformulation.

The culture of Japan does not fully account for the discrepancy between the two geographical locations on this issue, although this is commonly assumed to be so. This could be the case only if the North American situation were assumed to be “normal,” culture-“free,” and progressive, and that of Japan to be in effect culturally “conservative.” Such a dichotomous argument renders the concept of culture unproblematic—a position to which I take exception. In trying to explain why the brain-death problem persists as a hotly disputed matter in Japan, I argue that the culture of tradition is self-consciously put to work to aid those opposed to the recognition of brain death. It is not surprising that nostalgia for the “good old days” should be mobilized in arguments that warn about the moral implications of institutionalizing biomedical tech-

nologies that tinker with the margins between life and death. But in Japan this strategy draws on what are assumed to be shared values from the past and mobilizes them as a brake on innovations believed to have potentially damaging consequences for the “uniqueness” of Japanese society.

Widely shared values are certainly implicated in the brain-death debate in Japan, although they are not always mobilized for political ends. These values are not passed down unchanged through the centuries, as “traditionalists” would have us believe; they are subject to reflection, dispute, and transformation. Knowledge about what takes place in the rest of the world, notably in North America and Europe, informs this debate. But culture and politics are also at work in the United States and in Canada. Death can never be entirely divorced from culture, and the brain-death discussion also has political dimensions in North America, even though most of the discussion has proceeded as though the redefining of death is simply a medical and legal matter.

In undertaking this comparison I have chosen not to set out the North American situation and then that of Japan, but instead I move back and forth between the two geographical settings. This strategy is designed to underscore the point that the technology and expertise are equal in both locations and derive from a common recent history of medical innovation. Moreover, the juxtaposition illuminates how the debate in Japan is influenced by knowledge about the Other of North America and Europe. The various Japanese responses to brain death have evolved in part from an awareness of being a powerful nation in a globalized modernity, but being modern does not mean the erasure of what many believe is a distinct Japanese culture, nor does it entail an unexamined aping of the West. Concerns about creeping economic determinism and technological innovation coming at the cost of human well-being exist in Japan as elsewhere.

My simultaneous inquiry into the Japanese and North American debates is also designed to create uncertainty. Why was brain death accepted with relative ease in North America and most of Europe? And what relationship does this easy recognition have to the increased commodification of body parts for many purposes beside organ transplants? Between chapters I have inserted vignettes or excerpts from newspapers and other publications involving brain death, organ transplantation, and other disquieting medical matters. I have added very few comments, in part because no straightforward answers exist to most of the disturbing questions these stories raise. The bad science, the errors, and the self-

interest exposed in some of these cases in a sense are secondary matters. Doctors, like most other people, usually work and plan as carefully as possible, safeguarding what they think of as the best interests of those in their care; even so, no obvious, unequivocal answers emerge to the moral questions raised by this form of body commodification. It is inappropriate, even if it were possible, to suppress emotional responses to organ procurement in the interest of finding rational answers. We are scrutinizing extraordinary activities: death-defying technologies in which the creation of meaning out of sudden destruction produces new forms of human affiliation. These are profoundly emotional matters.

My task is not to determine the morally correct path; I do not believe any hard-and-fast answer exists, and I find it difficult to take unequivocal stands about the various aspects of this complex situation, in which saving the life of one individual cannot in practice be disassociated from the death of another (although in closing I make my position clear on several key issues). Nor is my purpose simply to contextualize and account for the Japanese story. Through technological innovations we grow increasingly competent at the manipulation of the human body, alive and dead. This expertise demands a scrupulous consideration of the social consequences of what we are doing. One way to enter into this debate is to examine how societies other than our own have approached the social and moral issues associated with emerging biotechnologies, among them the creation of a new death for accident victims.

Boundary Transgressions and Moral Uncertainty

The exotic charm of another system of thought is the limitation of our own, the stark impossibility of thinking *that*.

Michel Foucault, The Order of Things

In this book I show how brain death is associated with different sets of assumptions about what constitutes the end of human life in Japan and North America. I also highlight what conditions are thought by some to be as “good-as-dead” and ask if and when it is appropriate to make utilitarian use of body parts. Differing assumptions in the two regions yield different answers to these questions. They touch on boundaries between nature and culture, life and death, self and other, person and body. Medical science is undoubtedly one of the principal arbiters of these judgments, but it should not be thought of as inevitably determining decisions about human death.

Biological death is recognized in society and in law by the standards of medical science, but what exactly constitutes death of a body, and what does this death signify with respect to death of the person? Does irreversible brain damage count as biological death, even if on occasion signs of life remain in the brain and other parts of the body continue to function, albeit aided by medical technology? And if irreversible brain damage counts as biological death, does this mean that the person too has died? Moreover, does the law recognize brain death as human death? Only when consensus is reached on these points can a brain-dead body be thought of as cadaverlike and made available for commodification.

The position of the North American public, largely ignorant of the issues, remains obscure. Among North American physicians, brain death has been broadly recognized as an indicator of both biological and per-

sonal death; in Japan, there is no consensus. In recent years, in several countries, a few clinicians (most of them neurologists), legal commentators, and philosophers have argued that irreversible brain damage should not be thought of as biological death, but that it nevertheless represents the end of meaningful life. I review here several of the key concepts that inform my critical reading of this entire debate.

Moral Economies of Science and Styles of Reasoning

A dominant approach in the “modern” world argues that nature, including the human body in life and death, functions according to scientific laws and is, therefore, autonomous and independent of social context and the moral order. When nature is understood this way, boundaries between nature and culture appear self-evident and pose few, if any, philosophical problems. Humans, however, are often characterized as tool makers, a pursuit that has permitted us over millennia to transform the natural environment and harvest its riches. The usual explanation given for such activities, this cultural modification of the natural, is that they are essential to meet “basic” human needs. In other words, nature *must* be reworked on the basis of intellectual and technological innovation, but nevertheless functions according to laws that ensure its continued autonomy from culture.

With the formation of the biological sciences in the nineteenth century, systematic examination, classification, and manipulation of the environment and of the “natural” objects that inhabit it, including human, animal, and plant materials, expanded enormously. By the second half of the century, the idea of improving on nature, and thus of providing for far more than basic needs, was firmly established. At the same time, the language of needs expanded into one of rights. Today, for people in the so-called developed world, lifelong good health is clearly included in these expectations (even though the vast majority of the world’s population, including many residents of the United States and Canada, will not enjoy this assurance without major economic reforms).

The dominant ideology of an autonomous nature is increasingly challenged by philosophers, historians, social scientists, and natural scientists themselves. The making of stone tools and the laboratory replication of DNA alike require application of the human imagination. All knowledge about the natural world and its transformation must inevitably be mediated by our senses, making the conceptualization of nature, including the specification of its relationship to human society, contin-

gent. Moreover, meanings attributed to both nature and society change through time and space (Cronon 1996; Daston 1992; Latour 1993; Lock et al. 2000). Cronon argues, for example, that nature is a human idea with a long and complicated cultural history that has led human beings to conceive of the natural world in very different ways (1996:20). Following this line of argument, the distinction between life (associated with culture) and death (associated with nature), although usually regarded as unproblematic, is necessarily blurred.

Sophisticated challenges to the epistemology of science, including that of biology, with its appeal to objectivity, do not dispute the reality of the material world. Nor is it asserted that morals, judgments, and assessments are present in every aspect of the scientific endeavor in exactly the same way as they are in other areas of human life. Scientific reasoning is not conceptualized by these critics, whose ideas I share, as a form of human conversation, as Richard Rorty has argued (1988), but neither is science understood as exempt from interrogation about its truth claims.

Lorraine Daston, a historian of science, posits what she calls a “moral economy” of science. She notes that the ideal of scientific objectivity insists on “the existence and impenetrability” of boundaries between facts and values, between emotions and rationality, but she insists that this ideal is based on an illusion (Daston 1995:3). Certain forms of empiricism, quantification, and notions about objectivity itself require a moral economy to sustain them. By moral economy, Daston means “a web of affect-saturated values that stand and function in well-defined relationship to one another” (1995:4). Objects or actions are valorized and form part of a balanced system of emotional forces, with equilibrium points and constraints. “Although it is a contingent, malleable thing of no necessity, a moral economy has a certain logic to its composition and operations. Not all conceivable combinations of affects and values are in fact possible” (1995:4). Daston is not arguing that ideologies or political self-interest inevitably penetrate the scientific endeavor (although, at times, clearly they do), nor is she suggesting that science is merely socially constructed. Even though moral economies in science “draw routinely and liberally upon the values and affects of ambient culture, the reworking that results usually becomes the peculiar property of scientists” (1995:7). This is, Daston argues, a special instance of hegemony, often solidified slowly but relentlessly over, sometimes, hundreds of years.

Moral economies are not limited to one particular discipline or sub-

Imagined Continuities

On Becoming an Ancestor

Memory . . . an editorial ministry which reconstructs its past experience in accordance with the peculiar needs of the imagination.

Jonathan Miller, McLuhan

In this chapter I examine Japanese attitudes toward their ancestors, in particular toward their memorialization, and the possible effects of these customs on responses to the idea of a death located in the brain. Concern about the memorialization of the dead and the creation of appropriate links between the living and the dead have been of enormous significance throughout much of Japanese history, but it was with the formation of the modern state at the end of the nineteenth century, and again during the military regime in the early part of the twentieth century, that these practices first took on national importance.

Cultivating Tradition

Although culture is rarely thought of as a factor in the invention of brain death and its institutionalization in the United States, Canada, and other countries of the West, it is often assumed that culture *must* be at work in Japan. Some Japanese commentators themselves insist that recognition of brain death will violate the moral order of Japanese culture and society. On the other hand, those in Japan who have wanted brain death recognized often emphasize, in the words of the government's special commission, that arguments cannot be found "in traditional Japanese religious and ethical views that constitute a specific and strong denial of this view of death [brain death]" (Kantō Chiku Kōchōkai 1992:5). In other words, the culture of "tradition" should not cause resistance to

the recognition of brain death. Japan has throughout its history been eclectic, a culture of “fusion,” in Najita’s estimation (1978), in which religious beliefs from several sources have commingled.

Though close, culture and religion are not the same. One thing is clear: it cannot be argued that opposition on the part of religious leaders in Japan has contributed to a resistance to the recognition of brain death or the practice of organ transplants. As Helen Hardacre notes, “Compared with the volume and variety of debate elsewhere [in Japan], the response from Buddhism and Shinto has been almost negligible in spite of the great acrimony and urgent tone of much of the secular discussion” (1994:589).¹

Stephen Vlastos, a historian, has pointed out that contemporary Japan is widely regarded, both by those born there and by foreigners, as a society “saturated with customs, values, and social relationships that organically link present generations of Japanese to past generations” (1998:1). Moreover, since World War II, Japanese have come to know themselves, and to be known by others, through their cultural traditions. The government has made Japanese “traditions” highly visible and integrated them into the present so that citizens and tourists alike may participate in the past. These reconstructed traditions are bathed in nostalgia—a longing for something precious that has been lost (Ivy 1995; Robertson 1991, 1998). However, many facets of this “found” tradition are, unbeknown to most Japanese, late nineteenth- or early twentieth-century in origin (Vlastos 1998:1).

Vlastos argues that social scientists have conventionally used the idea of tradition in two overlapping forms. In the first, tradition is made discontinuous with and set in opposition to modernity—a thing of the past, old-fashioned, and “smelling of the countryside,” as one would say in Japanese. In the second form, the past remains vitally active in the present. In this instance, “rather than representing culture left behind in the transition to modernity, tradition is what modernity *requires* to prevent society from flying apart” (2). Both understandings of tradition are embedded in the competing rhetoric about brain death. Vlastos criticizes these usages as resolutely ahistorical. “Tradition,” according to

1. One exception has been Sōka Gakkai, Japan’s largest lay Buddhist organization, with a membership of over 8.3 million and a powerful political wing. This group stated firmly that transplant surgery is *not* in conflict with the teachings of their organization; on the contrary, they argued early on for the promotion of donor registrars, a donor card, and the establishment of an information network (Ross 1995).

Vlastos—and he is not alone in this view—is not the sum of actual past practices that survive in the present; rather, it “is a modern trope, a prescriptive representation of socially desirable (or sometimes undesirable) institutions and ideas *thought* to have been handed down from generation to generation” (3, emphasis added).

Going beyond the well-known work of Hobsbawm and Ranger (1983), Vlastos argues that tradition is mobilized and constitutive of modern cultural formation and, most important, that the appearance and trajectory of this mobilization reflect society’s anxieties and ruptures. Such an approach to tradition does not deny the reality of the past; cultural traditions do not suddenly spring up fully formed, but are created out of material and discursive antecedents. Often, respect for tradition is invoked as a defense against threats to national identity and to moral and social order. The culture of tradition is put to work in the service of a conservative politics as a stabilizing force, and the rhetoric associated with the brain-death problem is illustrative of this process.

Bad Deaths, Unhappy Spirits, and Revenge

In postwar Japan, memorialization of the deceased no longer has national or political significance. But concerns about the respect due to the dead are nevertheless remarkably resilient. Although it is rarely made explicit in public commentary, respect for the ancestors is, I believe, the reason behind many of the opposition arguments. As the director of a nursing school put it to me, “No one talks about the ancestors; they are just there, needing no comment” (Minami Hiroko, personal communication, 1998). Such beliefs are particularly pertinent when Japan, a “harmonious” society with strong human ties, is compared with the “rational,” “overly individualistic,” “cold” West, where body commodification is thought to be relatively easy.

The idea of ancestors imbued with a power to influence everyday life is, of course, entirely foreign to the dominant tradition in North America. Given that visible evidence of modernity assaults one everywhere in Japan, it is not unreasonable to assume that “traditional” ideas about spirits and the influence of the dead on the living must be obsolete there also. However, just as there is abundant evidence that religious or spiritual beliefs are not in decline in North America, so too in Japan, otherworldly entities, in the form of the ancestors, remain significant. However, for the majority such beliefs are a matter of “custom” and not

associated closely with the sacred. The ancestors are, after all, family, and their role is to protect moral order in daily life. Even Japanese who state that they are nonbelievers, when they return to their place of birth, often participate in a few elementary rituals to show respect for the ancestors.

The anthropologist Namihira Emiko, in her cultural account of Japanese attitudes toward death, argues that “traditional” death practices have a firm hold on everyday life in contemporary Japan (Namihira 1988). Her widely read book on the subject was harshly criticized in Japan by those who condemn “superstition” and “old-fashioned” ideas. Several critics have argued that Namihira is presenting ideas held only by people living in remote areas. The same critics insist that cultural analyses of this kind deflect attention from the real reasons behind opposition to brain death, such as unprofessional behavior in the medical world (Nudeshima 1991a).

Namihira illustrates her argument with an analysis of the moving narratives by relatives of victims of the Japan Airlines crash in 1985, in the mountains not far from Tokyo. She concludes that for most respondents the spirit or soul (*reikon*) of the deceased is anthropomorphized and continues to exist, but in a place apart from the everyday world. *Reikon* eat and drink, express emotions, and feel bodily sensations; surviving relatives have an obligation to keep the departed soul or spirit happy and must not give it cause for anger or regret. Great anxiety is created if a dead body cannot be located or identified, because it is believed that *reikon* desire living relatives to transport the body (usually, these days, the ashes after cremation) from the place of death for burial in the place where it formerly lived. If the corpse is not complete (*gotai manzoku*), the spirit remains troubled and restless (36), and if the suffering continues, the *reikon* may cause harm to the living. Many of the relatives of the crash victims were clearly concerned about this possibility.

Similar beliefs are evident elsewhere in daily life in Japan. For example, in 1998 a World War II soldier was finally repatriated from Siberia after fifty-three years. He complained on his return home that his country had made more efforts to recover the bones of dead soldiers from Southeast Asia than to repatriate soldiers still alive in Russia (*New York Times* 1998). Another example comes from a Japanese physician who informed me that when medical students do courses in human anatomy, they are required to gather every piece of

the dissected bodies for cremation. If even a tiny part is missing, then it must be found.²

In Japan, medical students customarily participate in *kuyō*, a ritual in which they pray that the souls of the bodies they have dissected may depart peacefully from this world. These practices are largely motivated by the potential suffering of the dead individual, for spirits require the same care that one would give a fellow human being. When I have suggested that *kuyō* should perhaps be performed after the procurement of organs, before the body is returned to the family, many physicians supported this idea, and some indicated that such a practice might well increase organ donation. A specialist in Chinese philosophy, Kaji Nobuyuki, made a similar suggestion some years ago (Kaji 1990), but Japanese doctors are not, it seems, aware of Kaji's writing.

Hospitals in Japan have what is known as a *reian shitsu*, a room for the repose of recently departed souls. When a patient dies, the body, robed in a white cotton kimono, is moved to this unadorned room, where the attending doctors and families participate in a ceremony in which they burn incense and say a few prayers. All the doctors with whom I have talked make a point of attending such ceremonies for patients who die while in their care. Physicians believe that their presence in the *reian shitsu* may help the grieving family, but some also participate out of respect for the dead, and to reassure themselves that their clinical care was not in any way inadequate. Once the ceremony is complete, the body is moved to the family home for a wake, or, if the family lives in a small apartment, to a place resembling a funeral parlor.³ The wake is designed to ensure the safe departure of the spirit. Many people do not believe literally in the soul's departure, and some do not think such rituals necessary, but most are nevertheless at ease in carrying out these customs.

As in most other parts of the world, Japanese distinguish between good and bad deaths. Although most people today reject such ideas, formerly people recognized several classes of spirits, among them *muen-botoke* (buddhas without attachment or affiliation) and *gaki* (hungry ghosts). These spirits are usually those of individuals who died in a state

2. Compared with the stories prevalent until relatively recently in the United Kingdom and North America about medical students playing pranks with parts taken from cadavers laid out for dissection, a mood of respect predominates in Japanese dissection rooms.

3. Funeral establishments in Japanese cities may resemble hotels in their opulence and convenience. The top floor, however, is made over to tatami rooms where families hold wakes. This location ensures that no one will walk over the deceased and facilitates the departure of the soul (Hardacre, personal communication, 2000).

of jealousy, rage, melancholy, or resentment, who are neglected by their descendants, or who have no descendants. They roam the earth in search of food and comfort. Their suffering can and should be appeased through appropriate human intervention, otherwise they will persist as “wild” spirits (*aramitama*). Such spirits can enter the body of the newly dead; a bladed object, a sword, dagger, sickle, or knife must be placed close to the corpse for protection (Smith 1974:42).

A second, particularly frightening class of wandering spirits are those who die “unnatural” (*higōshi*) deaths, deaths that according to Buddhist doctrine do not occur because of destiny or karma but are the result of unprecedented disaster (Kimura 1989). All accidental death is inauspicious, but drowning particularly so. Such violent, unanticipated deaths—“bad deaths”—are, of course, the deaths that create potential organ donors. Spirits that arise from bad deaths are dangerous because their anger never ceases; they bear “deep-seated grudges” (*onnen*). Death outside one’s own house, including death in hospital, is one form of unnatural death; death while traveling is also abhorred.

Other forms of unnatural death include death during pregnancy or childbirth (this type of death warrants special funeral rites in at least one Buddhist sect).⁴ Death as a result of infanticide (*mabiki*) or abortion, death in war, suicide, including the double suicide of thwarted lovers, death resulting from capital punishment, and death from certain types of illness are all unnatural. Death at a young age, particularly dying before one’s parents or grandparents, and death before marriage and procreation are also “unnatural” (Kimura 1989). The ritual pollution associated with death in the Shinto tradition is especially dangerous in the case of an unnatural death, and the unhappy spirit is likely to stay close to earth and cause misfortune not only to its descendants but also to strangers (Yoshida 1984).

Kabuki and Noh drama are replete with plays about tormented spirits and the tragedy their suffering creates for human life as they act out their grudges (*tatari*). One of the “new” Japanese religions, founded just after World War II, requires that when an individual’s suffering is judged to be caused by an unhappy ancestor, then ties with that ancestor must be severed entirely to release both ancestor and descendant from their suffering. For believers, this drastic move abruptly challenges the usual intergenerational family obligations, thus isolating members of the sect

4. I am indebted to Helen Hardacre for this information.

from their families and rendering them more amenable to the demands of the sect's exclusivist leaders (Kerner 1974).

Rituals to appease the suffering of the dead are widely practiced in Japan. Among the most important are *kuyō* carried out for bodies, both human and animal, that have been used in medical education and research (Asquith 1986, 1990). *Kuyō* for the souls of aborted and mis-carried fetuses (*mizuko kuyō*) are also widespread. Some Buddhist temples make a great deal of money by officiating at these ceremonies, but the majority oppose such practices as either a cheap vulgarization of Buddhist belief or simply an exploitative endeavor (Hardacre 1997: 207). Despite an abiding fear about the ritual pollution associated with abortion and birth, a few Shinto shrines practice *mizuko kuyō*. Many thousands of Japanese women derive comfort from these practices.

In her research into ideas about good and bad death in contemporary Japan and North America, Susan Long concluded that in Japan death in old age, preferably in one's sleep, or a sudden death (*pokkuri*), resulting from a fatal illness in old age, are thought of as natural. Deaths that do not cause trouble for others—those that avoid a long period of dependence and take place at home, surrounded by the family—are preferable; these are “peaceful” deaths, and, although culturally orchestrated, are also thought of as natural. Death has multiple meanings, Long argues, and bad deaths are opposed explicitly to those understood as natural. Bad deaths involve pain, dependency, and dying in a hospital, especially when supported by medical technology. These deaths, together with accidental and violent deaths, are regarded as neither peaceful nor natural (Long 2000).

The importance assigned to “natural” deaths must surely influence the emotional responses of families at the bedside of brain-dead relatives. Both health care professionals and families may be hesitant to raise the issue of organ donation under these circumstances, because few people can imagine the retrieval of organs from a brain-dead body as a peaceful event.

Becoming an Ancestor

Namihira points out subtle but important distinctions in the Japanese words for dead bodies. The word *shitai* refers to a corpse, but *itai* (with an honorific) is used when family members talk about a deceased relative, or whenever the relationship of the body to living relatives is spec-

ified (1988:44). While a corpse remains in the house it is bathed, shaved, dressed, and greeted each day (Becker 1993:130). The concept of *itai* connotes feelings of attachment to a recently deceased relative, and it is the *itai* that makes demands on living descendants (Namihira 1988:46).

Becoming an ancestor is an extended process, and for most families physical death sets in motion a series of rites and ceremonies that culminates in a final memorial service, most commonly on the thirty-third or fiftieth day after death. During this time the spirit loses its intimate, polluting association with the corpse. Eventually it also loses its individual identity and enters the realm of the generalized ancestral spirits, essentially purified and benign (Smith 1974:67). Each spirit passes in time through the various ritual stages, except for those that are neglected or suffer unnatural deaths.

This transition does not depend on the conduct of the individual in life; individual endeavor and personal achievement count for nothing. Attaining ancestorhood depends entirely on the family's loyalty and ritual memorialization of the deceased (Ooms 1967:319). Rituals are the responsibility of household members. A Buddhist priest is usually called in to create a posthumous name for the deceased and to recite sutras, but his participation is peripheral to the death itself.⁵ At the time of the funeral, the posthumous name assigned to the deceased is carved by a priest into a memorial tablet (*ihai*) that is placed in the *butsudan* (the family altar, usually kept in the residence of the eldest son). Posthumous names, composed in part of the names assigned to individuals while living, become key elements in the transformation from *reikon* to ancestor, and the memorial tablets attest to the continuity between the living and the dead.

Through these ritual activities, the deceased are memorialized and gradually attain status as ancestors—vital links between this world and the next. It has been argued that the idea of filial piety (*kō*) permits East

5. During the Tokugawa period (1603–1868), when the government began to systematically monitor the population, compulsory registry with a Buddhist temple was instituted, in part to rout out Christian converts who could then be disposed of, often violently. The result was that every family was forced to establish a formal relationship with a temple, and Buddhist priests have been involved with the majority of family funerals since that time. However, Buddhist authorities generally deny the existence of spirits of the dead, and they have in the past characterized ancestor worship as mere folk custom. Nevertheless, to most Japanese Buddhism remains closely associated with funerals and with the achievement of ancestorhood, an artifact resulting from historical edict. For most people, association with institutionalized Buddhism is limited exclusively to the times when a family death occurs (Yamaori 1986).

Asians to understand individual lives as part of a family lineage that transcends individual death; the concept of *kō* can be understood, therefore, as a “theory of eternal life” (Kaji 1990:22). But no possibility for *individual* transcendence exists as in Christianity.

Nudeshima Jirō found that fewer than 30 percent of Japanese participated in something approaching a full set of ancestral rites and rituals, but because many more families carry out attenuated versions, overall there is no evidence of a dramatic decline in these rituals (1991a; see also Smith 1974). Nevertheless, loss of ritual knowledge about mortuary practices is the central theme of the highly acclaimed 1984 film *Sōshiki* (Funeral) in which the director, Itami Jūzō, parodies the ineptness of contemporary Japanese in performing rituals. Books to remedy this ignorance, replete with detailed diagrams illustrating correct behavior and clothing at funerals, are on sale in Japanese bookstores.

Even though mortuary practices are attenuated, Keith Brown notes that in Mizuzawa, in the northern part of the main island of Honshū, the ancestors retain a firm hold on residents. Even though farming is often no longer profitable, land is rarely sold because it is passed down through the ancestral line and must be protected. This argument holds even when the farmer knows the family has not always worked the same parcel of land. The idea of the landed estate with its link to the ancestors, rather than its precise location, is what is important (Brown, ms).

Northern Honshū is known as a conservative rural area, but it is by no means atypical. Although in urban areas many families carry out few rituals for the deceased, in other households family members may talk with recently deceased ancestors, whose photographs, together with the memorial tablets, are placed in the *butsudan*. Deceased relatives are regularly offered food, and a place may be set for them at meals. This custom of giving *sonaemono*, ritual offerings, is believed to stabilize the reciprocal arrangement between the deceased and family members (Reading 1991:27). In return for offerings, the family can expect protection. This type of cultural knowledge may not be systematically transmitted to the younger generations any longer, but nevertheless it is promoted by many religious sects (both old and new) and appears regularly in various forms of popular culture.⁶ Although not everyone in the extended family may feel strongly about such ritual behavior, and some

6. Helen Hardacre, a specialist in Japanese religion, argues that ancestral ritual is one of the most resilient religious observances in Japan and in no way a minority practice (personal communication, 2000).

might prefer to abstain entirely, family members who practice the rituals are generally still supported.

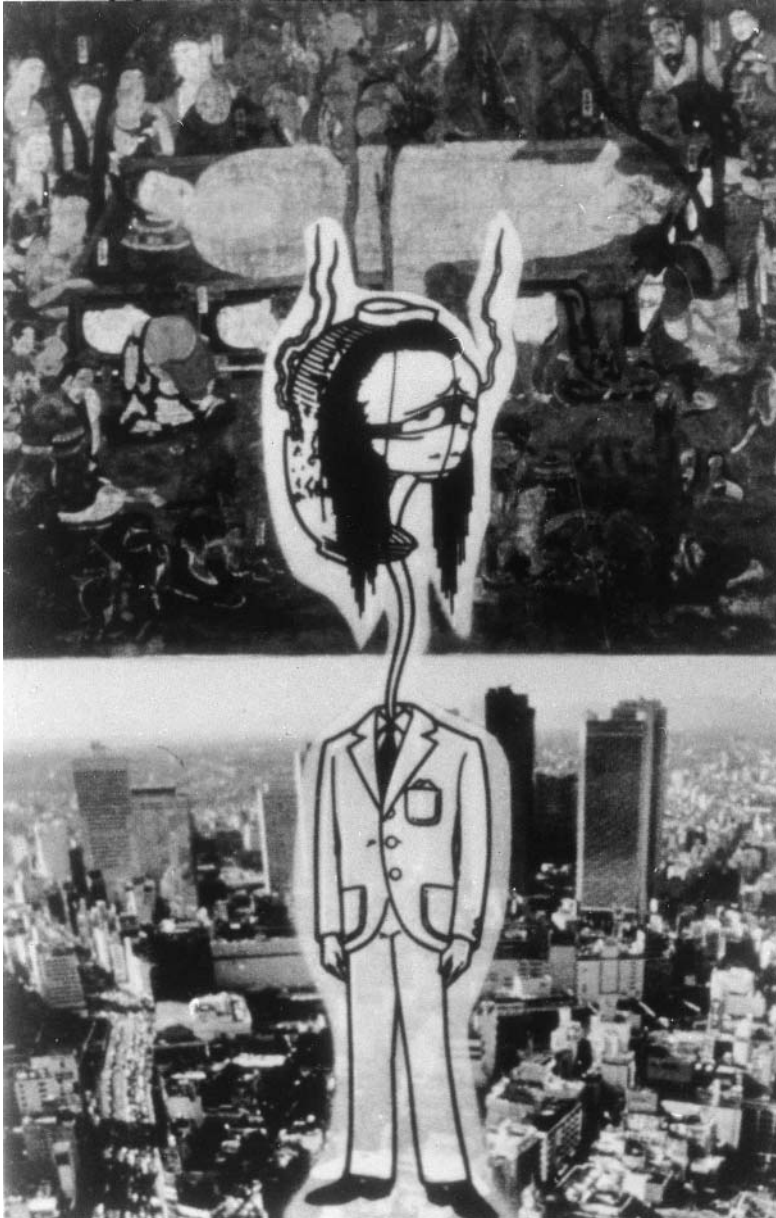
From Ancestor Veneration to Family Memorialization

One facet of “tradition” often mentioned in discussions about Japanese modernity is the relationship of individuals to society. In his book about changing burial rituals in Japan, Nudeshima, like numerous others, notes that people in Japan have in the past been recognized less as individuals than as members of collective entities, with ties that bind them formally and permanently to other individuals. The body is not understood, therefore, as individual property in either life or death, and directions about its disposal and related ritual activities are the prerogative of the family. Even though this family-centered world, monitored by the ancestors, smacks today of the conservative past and has largely been superseded in the postwar years by a late modern, technologically driven society, ideas about generational continuity are not thrown entirely to the winds. Aside from anything else, 60 percent of Japanese reside in extended families for at least part of their lives.

Many Japanese friends and colleagues have indicated to me that they participate in the *bon* ceremony each year and go to visit the graves of deceased relatives. Several surveys have indicated that over 90 percent of respondents visit family graves at least once a year (Kawano, in press; R. Smith 1999). The gravestone is washed, and a few words about family activities may be communicated to the dead. Some people also reflect on family matters while kneeling in front of the *butsudan* at home. An ancestor can continue to age in the minds of his living relatives, who may report to him after the birth of a baby, for example, that he, the ancestor, has become a great-grandfather (R. Smith 1999). These activities are not understood as formalized ancestor worship but simply as activities that indicate family solidarity.⁷

Robert Smith reminds us that the ancestors exist only because the living remember them, and he argues that what takes place today is a simple “memorialism” rather than formal ancestral veneration (Smith 1999). Changes in mortuary practices, including the introduction of personal eulogies (*chōji*) at funerals, reflect this shift. They indicate that

7. Ancestor worship now has a negative connotation for most people because of its association with nationalism and a zealous support of the emperor (but see Field 1991). Nevertheless, respect for the dead remains a potent idea to many.



Brain death. A businessman's body is in Tokyo, but his head is in Nirvana. Reproduced by permission of Osaka Medical Association.

ancestor rituals, together with concerns about succession in the extended household, are in decline, but that commemoration of the deceased as an individual or as part of an extended family remains important (Suzuki 1998).⁸ A good number of women today break with tradition by insisting that they will not be buried with their in-laws. This declaration indicates that they no longer believe their principal job in life is to perpetuate their husband's family line, another powerful sign of the wane of the ancestors (Kawano, in press). Recently "natural" burials at places other than designated sites have been made legal, and it is now possible to scatter the ashes after a cremation, often at a location having a special association for the deceased. But, despite these innovations, burial in family plots remains prevalent, and many people feel anxious until they have made and paid for their funeral arrangements.

The idea of *en* (from the Buddhist term *innen*, meaning karmic connection), brings persons, families, objects, and the dead into intimate association. To perpetuate the necessary memorialization and connections, ancestors must be properly buried and their graves regularly tended. In recent years, catering to the increasing number of people who are not, or do not want to be, "connected" to a family after death, several religious organizations have created common burial grounds, where permanent ritual care is carried out on behalf of these unconnected, pitiable souls so that they will not harm the living (Kaneko 1990). Memorialization today is much more informal and individualized than was ancestor veneration, but it nevertheless remains important and is a practice to which, paradoxically, World War II contributed.

The dropping of atomic bombs on Hiroshima and Nagasaki resulted in a massive national memorialization of the victims. It was claimed in the 1980s that in Hiroshima one out of seven people was a *hibakusha*, a survivor of the bomb, and one in three hundred Japanese nationwide were believed to be *hibakusha* (Treat 1995). A vast literature also exists of "little histories" (Gluck 1993) by survivors and their relatives about the bombing and its effects. Much of this memory work, at once political and heart-wrenchingly personal, focuses on those who did not survive—on the massive rupture of continuity. Diaries, novels, and other documents represent a concerted effort to transcend this atrocity even as it is memorialized (Todeschini 1999).

8. Brown's data from the north of Japan indicate, as is so often the case, that there is a great deal of regional variation in these matters, and that questions of succession and obligations to the ancestors remain important to some people, especially, perhaps, those who work the land (ms.).

Less dramatically, a good number of groups exist for the writing of personal histories. Very often the narratives focus on the relationship of the writer to a deceased parent or grandparent: someone killed in the war, whom the writer may have known for only a few years before their death, is a favorite subject (Figal 1996). These self-histories (reminiscent of the diaries that form the core of treatment practices for certain types of mental illness in Japan; see Reynolds 1976) are not autobiography, and those who lead the groups insist that a focus on one's own emotions and affairs is inappropriate and shallow. The purpose is to memorialize and to situate oneself in recent Japanese history and as part of a generational family. Mariko Tamanoi argues, however, examining the narratives of rural women in postwar Japanese society, that women often situate themselves in opposition to History writ large (1998)—in opposition, that is, to what the patriarchal family, backed by the ancestors and the emperor, formerly represented for many people.

The idea of the individual as an autonomous entity has made considerable inroads in Japan in postwar years. It is always tempered, however, by powerful forces, among them the education system. Students are taught that they are part of a nation with a long, unbroken history of living in close-knit, harmonious communities. Assertion of individuality in Japan must still overcome the weight of the normative social order. In many families decisions about important matters are still ultimately dealt with by family consensus or by fiat. The male head of the household has the final say, albeit often after family discussion. In the face of extraordinary family trauma, such as the brain death of a relative, it is quite possible that an individual's wishes would be contravened. A 1998 poll shows that 25 percent of respondents would not support the written desire of a family member to become an organ donor, and another 12 percent do not know what they would do (*Asahi Shinbun* 1998c). Even though most people report that they support donation in principle, it would take only one dissenting family member to prevent it.

The rhetoric of continuity, a retelling of the past as it ought to have been (Najita 1978:4), serves to stabilize the dominant, conservative political order. The extended family and in particular its male head, representing not only the living but also previous generations, remain powerful, even though today other forces continually oppose this hegemony. The "foreign" technology of organ procurement and transplants has difficulty becoming established in this environment.

Ancestral Attachments

Boundaries between the social and natural worlds have never been rigidly maintained in Japan, in part *because* ancestors are immortalized as beings who continue to participate in the everyday world. They form a vital bridge between the social and the natural domains. Fleur Wöss concluded that separation of the soul from the body at the moment of death remains central to contemporary Japanese belief about dying (1992). In one survey, only 20 percent responded that they do not believe in the existence of *reikon* (soul or spirit); while 40 percent believe in its continued existence after death, and another 40 percent find themselves unable to answer (*Shōwa 61 Nenban yoron chōsa nenkan* 1987). The same survey shows that among people aged sixteen to twenty-nine, belief in the survival of souls is particularly prevalent (*Shōwa 54 Nenban yoron chōsa nenkan* 1979). Another survey indicated that 23 percent believed that they will become a spirit after death and will return to visit their living relatives once a year at the *bon* festival; 27 percent answered that they would become “nothing” after death and (as so often is the case with survey research in Japan) 42 percent were unable to answer the question (Nagamine 1988:65).

For those who believe in *reikon*, contact with them is usually restricted to a ritualized annual encounter. Fewer than 13 percent believe in the possibility of or wish to seek out contact with spirits at any other time (*Shōwa 55 Nenban yoron chōsa nenkan* 1986). Wöss also cites a 1988 study showing that 77 percent of Japanese teenagers believe in the possibility of wandering and vengeful spirits (a belief no doubt encouraged by interminable reading of comics featuring such themes) (*Yomiuri Shinbun* 1988b). Unfortunately, this survey has not been updated.

A 1979 survey of people of all ages shows that 34 percent believe in ancestral spirits as protective forces, while 59 percent state that they have strong ties to their recently deceased family members (*Shōwa 54 Nenban yoron chōsa nenkan* 1979). Almost two decades later, these sentiments apparently persist: nearly 57 percent of survey respondents believe that they have a strong spiritual tie to their ancestors (Hōsō bunka kenkyūjo Yoron chōsabu 1996). A second survey among people aged fifty to fifty-nine indicates that more than 83 percent think ancestors should be given “proper respect” and that tending the graves of the deceased is one form of respect (Naikaku Sōri Daijin kanbō kōhōshitsu 1998). This same survey indicates that just over 22 percent of respondents believe in life after death, supporting a 1996 survey indicating that

35 percent of people believe in an afterworld (Hōsō bunka kenkyūjo Yoron chōsabu 1996). These latter findings suggest that for the majority, appropriately ritualized memory may be more important than a literal belief in the existence of ancestors.

A 1981 survey shows that more than 60 percent of Japanese consider that when and where one is born and dies are determined by destiny and should not be changed by human intervention (Maruyama et al. 1981). If this finding remains accurate, it must have a profound effect on attitudes toward organ donation and transplants.

Surveys of this kind also make it clear that belief in spirits of the dead is not closely associated with formal religious belief or practices. A 1983 study cited by Namihira showed that of 685 respondents, 66 percent believe that no religious beliefs exist concerning the dead in their part of the country, even though respect for the dead was readily apparent (1988:74–75). These results support the theory that spirits are conceptualized as belonging to “nature” or the wider cosmos, as anthropomorphized forces entirely separate from formal religion (Asquith and Kalland 1997:19).

The philosopher Ōmine Akira argues that this type of thinking represents “quirky local beliefs cherished in our peculiarly unspiritual island country and incomprehensible to most of the world” (1991:69). Ōmine, who is not alone in making this argument, thinks that this “primitive” animism has influenced the practice of Buddhism in Japan. He claims that the “traditional culture and value systems” of other countries, including Buddhist countries such as Thailand, have had the “resilience to confront and absorb the new view of human life opened up by medical science” (68). Animism clearly influences attitudes about the dead in Japan, but, Ōmine argues, these beliefs “simply lack the depth of vision to address a challenge like that of redefining the boundary between life and death” (69). Those who insist that organ transplants and recognition of brain death go against Buddhist doctrine are mistaken, in Ōmine’s opinion; their thinking is clouded by animism. For him the rationale for using brain function as the criterion of death is unassailable: it is “what we call consciousness, or the mind, that makes each human being different from every other. And consciousness resides not in the heart or arms or legs but in the brain” (1991:70).

Namihira argues explicitly that the complex beliefs about ancestors continue to inhibit cooperation with organ removal for autopsy and transplants. A questionnaire by a committee set up to encourage the donation of bodies for medical research showed that 66 percent of the

respondents think that cutting into dead bodies is repulsive or cruel (*kawaisō*) or shows a lack of respect for the dead. Another 40 percent reported that exposing the body of a recently dead relative to complete strangers (such as health care professionals) is embarrassing and shows lack of respect for the deceased (1988).

More people than formerly donate their bodies as anatomical gifts (Nudeshima 1991b); but if Namihira's 1983 results remain valid, then the majority of Japanese are still uncomfortable about autopsies and other medical intrusions into a newly dead body. Fewer people than previously adhere strongly to a belief in the literal continuity of a soul or spirit after death. Nevertheless, in interviews I conducted in 1997, twenty-three of twenty-seven adult Tokyo residents said that the fate of the body after death, and concern about the well-being of recently deceased relatives, makes them hesitate about both the donation and receiving of organs. None of those interviewed professed to a formal belief in the idea of ancestor veneration, although about half acknowledged that respect for their recently deceased parents and grandparents, including ritual observances, remained important to them. Only one or two people acknowledged an active interest in Buddhism, but more than half of all informants pointed out that family and social obligations require that the bodies of deceased family members be treated in accordance with Buddhist-associated ritual.

In sum, social obligations and expectations, perhaps even more than active spiritual or religious beliefs, appear to motivate respect for recently dead relatives. Memorialization of deceased relatives remains part of everyday life in both rural and urban Japan. This aspect of the culture of tradition is likely to discourage some families even from discussing the possibility of organ donation. Although I can produce little conclusive evidence that these obligations and beliefs directly influence decisions involving brain-dead patients, I have been told several times that family members often fall into a common Japanese pattern of behavior while clustered in shock at the bedside: one of "holding back," unwilling to impose new and foreign ideas on the family as a whole as it starts to mourn.

Many physicians working in ICUs in Japan believe that they have no right or obligation to discuss donation with grieving families. A 1998 survey of 362 hospitals officially designated as organ procurement centers revealed that 65 percent of doctors would not take the initiative to ask families of brain-dead patients about donation even if the patient had signed a donor card (*Asahi Shinbun* 1998b). Nakajima Michi and

many other commentators have argued that because of sensitivity about indebtedness (*ongaeshi*), many families would feel obligated to donate if their doctors made the request. When Nakajima donated her husband's kidneys, she felt obligated to the doctor for the time and attention he had given her husband. Many doctors, in turn sensitive to this difficulty, are hesitant to broach the subject of organ donation for fear of inadvertently pushing families to do something about which they are reluctant. These attitudes have no doubt contributed to the fact that commodification of the human body for the benefit of science and for unknown strangers has a very short history in Japan.

In North America, where formal religious activity is much more evident than in Japan, the "rational" and the "irrational" also coexist. A belief in angels is apparently widespread among Americans (Gibbs 1993). A study in Oregon (Perkins and Tolle 1992) revealed that a high percentage of people are very uncomfortable about autopsies or other forms of bodily desecration of a recently deceased individual. The same was true in Sweden (Sanner 1994). It is possible, as Nudeshima suggests, that the Japanese public appears to be more resistant to a recognition of brain death and to organ donation than people elsewhere simply because they have been surveyed much more often and with more probing questions and polls. Nudeshima reminds his readers that according to surveys, Japanese are roughly as willing as Americans to donate organs: polls in both countries hover around the 50 percent mark.

According to Nudeshima, the principal reasons for resistance in Japan to recognition of brain death are the obstacles created within the medical profession, in particular its competitive factions, lack of peer review, and lack of quality control. The resulting distrust of doctors ensures that new technologies are perceived with suspicion by the public (1991a). Not all medical technologies are suspect (Ikegami 1988): the new imaging technologies, for example, are embraced wholeheartedly, reproductive and genetic technologies are set to make great inroads in Japan (Lock 1998a), and abortion meets with little resistance. Anxiety about the management of death apparently threatens the social order as most other forms of medical interventions do not.

The scandals associated with organ procurement in Japan and the lack of a system of informed consent have also fueled disputes about brain death, as have media accounts. However, none of these factors fully accounts for the large hiatus between responses to polls in Japan about donation, which are by no means completely negative, and the

very small number of procurements, even when no legal restrictions remain. ICU practices in Japan, may account for this discrepancy. It seems that the ancestors often position themselves to watch over what happens in Japanese ICUs.

Technology as a Threat to Culture

Thus far I have limited an examination of “tradition” to concerns about unnatural, traumatic deaths and to the culture of mortuary practices. Nudeshima’s senior colleague, Yonemoto Shōhei, a well-known cultural critic in Japan, asserts that modern medicine collided head on with Japanese ideas about life and death “lurking deep within our culture.” Yonemoto is not concerned with good and bad deaths, nor with the submersion of individuals in families or the continuity of ancestral lines. Following a line of thinking that resembles Ōmine’s, Yonemoto states that, in contrast to “Americans who think of organs as replaceable parts, . . . the Japanese tend to find in every part of a deceased person’s body a fragment of that person’s mind and spirit” (1985:200). Of the twenty-seven Tokyo residents with whom I talked, more than half were certain that *ki* (the force that accounts for the diffusion of “life” throughout the body) would inevitably be transplanted with a donated organ. A modicum of the “essence” of the donor is conveyed to the organ recipient. Interviews in North America with organ recipients, donors, and even transplant surgeons reveal similar concerns, as chapter 13 makes clear, although there the more contemporary concept of “personality” is usually invoked to explain this transposition, resulting in a highly personalized form of anthropomorphism.

The relation of individuals to the natural world is considered fundamental to the philosophic tradition of East Asia, and the concept of *ki* is crucial to this thinking. Good health, individual well-being, and individual maturity depend on a proper flow of *ki* in the body. *Ki* is manifest everywhere, including in individual bodies; it is individualized but not personalized. That is, *ki* does not take on the specific character of a person, but rather remains in a state of flux, varying with the environment both inside and outside the body.⁹

9. I have found no clear-cut evidence, but it would come as no surprise that the language of East Asian medicine, with its emphasis on *ki*, has undergone some reformulations in light of the insights about homeostasis and interior and exterior milieus made by the nineteenth-century French physiologist Claude Bernard.

Ki, associated originally with Taoism and later, particularly in Japan, with Zen Buddhism, is implicated in many aspects of daily life, including the numerous clinics that use East Asian medicine, schools, the martial arts practiced by many young people, the tea ceremony, and most forms of the indigenous creative arts including calligraphy, all of which have undergone recent revivals over the last thirty years. Its influence has been documented in training programs for bank employees, factory workers, baseball teams and other groups (Kondo 1990; Moeran 1984; Rohlen 1974). Once largely limited to the elite, concepts from the dominant East Asian philosophical tradition have diffused thoroughly into daily life in Japan. They have, of course, been modified, sometimes drastically, but even in rural areas women find time to participate in activities such as poetry writing, the tea ceremony, and flower arrangement, along with English classes and computer studies (Lock 1993). As with mortuary practices, this facet of the culture of tradition, so often disseminated as an unchanged cultural legacy, heightens awareness of a supposed Japanese uniqueness. Such awareness could not be sustained, however, without the otherness of the West.

No substantial research has been done on the subject, but I believe that the East Asian philosophic tradition enables many Japanese to conceptualize the idea of person and the relationship of person to body in a characteristic way. On several occasions, when cajoled somewhat reluctantly into participating in a tea ceremony or into an organized viewing of a Zen garden, I was reminded by my hosts in no uncertain terms that foreigners do not have traditions such as these to calm the body and empty the cluttered mind. Such activities unite mind and body as one, and the correct management of *ki*, including an avoidance of excesses of all kinds, keeps one healthy. What is more, the center of the individual, the core of the person, resides not in the head but in *kokoro*. *Kokoro* is not an anatomical organ but a concept—a crucial part of the collective imagination removed from the foray of daily life. True feelings are located in *kokoro*: this is the source of a stable inner self, but it is not the location of the eminently social concept of “person.”

The very diffuseness of *kokoro* gives it enduring strength (Lock 1980; Rohlen 1978), even in the face of the challenge the anatomical sciences have mounted against East Asian philosophical discourse about the body. Psychological discourse, however, even today, has a relatively weak hold in Japan. Psychoanalysis has never really taken root at all, despite extensive exposure to this type of thought from the days of Freud onward. Contemporary psychiatry in Japan makes extensive use of

pharmacological interventions, and psychotherapy tends to employ behavioral modification or other forms of cognitive therapy to induce practical changes in a person's daily life. Therapy focuses on how individuals might better adjust to social and family relationships and to everyday reality. The idea of an autonomous, individualized self, essentially synonymous with the "person" in the West, does not sit well in Japan, where "person" is above all reproduced in the public domain, beyond the bounds of the body, as part of a network of ongoing exchange.¹⁰ Personhood is constructed in the space of human relationships. In effect, no single self exists in the public domain, but rather selves are constituted through a variety of subject positions depending on context (Kondo 1990:44). Person, constituted out of multiple situated social selves, remains, perhaps for the majority, a dialogical creation, and decisions about what one does with and what is done to one's body are by no means limited to individual wishes or rights. Moreover, individual self-determination is considered by many as essentially selfish. A key part of the brain death debate has been about whether next of kin can overrule individual wishes about donation of body parts, and the new law acceded to this position.

The "inner," stable self of *kokoro*, in contrast to the more public selves that constitute "person," lies in the depths of the body. It serves as a buffer, secured through tradition, against the ravages of modernity. Although many people find little space for serenity in their busy daily lives, nevertheless *kokoro* remains important. Among the Tokyo residents with whom I talked on this subject, only one-third locate the "center" of their bodies in the brain; most of the others, of varying ages, selected *kokoro* as the site where "self" is centered. The remaining few insisted that there is no "center" that takes priority over anything else. Given the pervasiveness of both *ki* and *kokoro*, for many people "person" does not reside in the brain, nor is it exclusively associated with mind. Such views make it difficult to count brain-dead persons as dead, particularly when a brain-dead body remains so visually alive.

Given that it is a "person" and not a body that is diagnosed as brain-dead, what happens to a brain-dead patient in Japan is inevitably much more than a matter of individual choice. Should organs be transplanted, the procedure is more than a mechanical transfer of body parts. These

10. Dorinne Kondo, in her consideration of discourses of identity in Japan, notes that most anthropological analyses have failed to question Marcel Mauss's fundamental equation of the "self" or the "person" with psychological consciousness—in other words, its formulation as a highly individuated concept (Kondo 1990:35).

facets of the culture of “tradition” contribute to discomfort both with the concept of brain death and with transplant technology.

Despite the media onslaught, many people remain unaffected by the social and moral implications of a recognition of brain death. Many more do not reflect much at all about the ideas of self, and person, or *ki* and *kokoro*. But speakers of Japanese are immersed in a language and an environment in which these concepts are ubiquitous; one cannot communicate without referring repeatedly to them. *Ki* and *kokoro* can and have been mobilized by partisan individuals to elevate anxiety about the new death and the threat they perceive in it to moral order.

Reflections on the Natural

Feelings that brain death does not “fit” with Japanese culture often take the form of a generalized disgust on the part of conservative commentators. These commentators support “tradition” as a force that curbs the destructive threat of modern innovations. In the vast number of magazine articles, books, and newspaper editorials published in Japan on brain death and organ transplants since 1986 (in 1996 alone more than 140 such articles appeared), it is repeatedly asserted that brain death is “unnatural” (*fushizen*). For example, brain death is reported by one cardiologist to be too “unnatural” to be called “death” (Hirosawa 1992); a psychiatrist describes brain death as going against “natural science” (Kimura 1992). Brain death has been characterized as “contrary to basic human feelings” (see Uozumi 1992). Doctors, philosophers, and others have argued that the idea of “controlling” death goes against nature (Watanabe 1988; Umehara 1992). Organ transplants too have been described as *egetsu nai* (a powerful vernacular expression indicating that something is foul, ugly, or revolting) and *chi ma mire* (bloody) (Fukamoto 1989). Arguments against organ transplants requiring a brain-dead donor appear, therefore, to raise concerns about technological intrusions into the “natural” process of dying in Japan.

In Japanese, several metaphors are pervasively associated with the idea of nature, among which the concept of harmony is perhaps the most common. In classical works of medicine, philosophy, and Confucianism, individuals are exhorted to keep their *ki* in balance and to stay “in harmony” with the natural and social orders. In educational settings of all kinds and in the numerous East Asian medical clinics, the idea of harmony is ubiquitous. This tradition is falsely presented as age-old; an

emphasis on harmony can be dated to the military regime of the 1930s (Itō 1998). Buddhist metaphors of transience and impermanence are also closely associated with nature. These metaphors of harmony and of impermanence, likened to the cycles of nature and the seasons, contribute to the idea held both in Japan and elsewhere that Japanese citizens are somehow “closer” to nature than others. It is this rhetoric in particular on which critics of brain death draw.

An ideology of living in harmony with nature—of merging with nature—blurs the boundaries between culture and nature, between what is “artificial” and what is “natural.” Although contemplation of nature is a key element in Buddhist practice, notably Zen, nature should nevertheless be enhanced, managed, and tamed to “fit” with cultivated aesthetic tastes: witness Zen gardens and bonsai trees. It is perhaps surprising, then, that brain death and organ transplants should be condemned as unnatural. It is conceivable that exactly the opposite view might have won out: that the manipulation of life and death alters nature for the better. This is the type of argument that colors discourse about abortion in Japan, and which I predict will dominate debate about in vitro fertilization and genetic testing, screening, and therapy as these technologies become routinized (Lock 1998a).¹¹ Abortion and infanticide have long been used to produce the “correct family” (Cornell 1996), and genetic technologies will no doubt be used in efforts to make “perfect” babies. Manipulation of reproduction does not go against nature, it seems; yet the idea of interfering with death raises the hackles of many outspoken Japanese and makes others feel ill at ease.

We cannot generalize, therefore, about technological imperatives in Japan or elsewhere, nor about aversions to technological innovation, about what is natural and what is not. We must persist in asking instead what it is that is specific to locating death in the brain, organ donation, and the social relations involved in these two endeavors that incites anxiety.

Brain-dead bodies everywhere produce ambiguity, creating space for dispute and anxiety, but clinical practice in ICUs in Japan is informed by the particularly disruptive discourse of the “brain death problem.”

11. Although freely available, reproductive technologies in practice are subject to restriction. Surrogacy is not permitted, nor is insemination by a donor other than a close relative of the husband. In vitro fertilization is available primarily, therefore, to permit couples to create “natural” families in which social bonds correspond with biological parenthood. Used this way, this technology reinforces rather than threatens the social order.

Central to these disputes is the idea that death is above all a social event, and almost all public commentary bears on this belief, even when, as in Tachibana's analysis, the focus is diagnostic accuracy. Closely related to a sensitivity about social death are the ideas that persons do not reside in brains and are not confined to individual bodies. Moreover, in many families, persons do not cease to exist at physical death, but continue to interact socially with others as ancestors. Only the most materialistic and resolutely modern of Japanese, of whom there are of course many, would find it an anachronism to think of a person lingering on in an unconscious body after severe head trauma. And even these individuals, confronted with a brain-dead relative, might well have trouble thinking of that person as corpse-like and divested of all human qualities.

That the culture of tradition is a powerful force in the brain-death debate does not rule out other sources of controversy. Clearly medical politics and arrogance (also part of contemporary culture) account for a great deal of resistance, among members of the medical profession as well as the public.

Many people can readily agree with criticism of the medical profession. This politicizes the issue even as it marginalizes or explicitly rejects the influence of values and behaviors associated with the past. Many critics who reject cultural influences outright assume that the application of medicine in a modern, technologically advanced society, while it may be corrupt, inequitable, or unethical, is entirely separate from culture. Moreover, a good number of people do not want to be associated in any way with the conservative element that reifies tradition, although they are opposed to the recognition of brain death.

Even so, recognition of brain death as human death has many supporters in Japan, particularly among some sections of the medical world, intellectuals, and patients waiting for organ transplants. Even many critics of the current situation are not in principle opposed to recognition of the new death. Nevertheless, given the inertia of the past thirty years, a powerful conjunction of forces still works against this new technology.

Thus far I have dealt largely with public and professional discourse about the new death. I turn next to clinical practices. One might expect that clinical practice neatly mirrors public, and especially professional, discourse, whether in Japan or North America. But significant disjunctions between the two highlight the ambiguous nature of a living cadaver and show how difficult it is for those who must work closely with this entity to sustain the belief in its complete demise that is necessary for procurements to take place.