

OHNUKI-TIERNEY, EMIKO. *Illness and Culture in Contemporary Japan. An Anthropological View*. Cambridge: Cambridge University Press, 1984. Xiv+242 pages. Illustrations, references, index. Hardcover \$22.50, ISBN 0-521-25982-7; paperback \$7.95, ISBN 0-521-27786-8.

Growing dissatisfaction with scientific medicine in the West has been accompanied by increasing interest in alternative methods and concepts, and attention has been directed to the medical systems of non-Western societies.

Emiko Ohnuki Tierney, a medical anthropologist working in the United States but returning to Japan to conduct research for this book, admonishes those who would see in exotic systems a panacea for their problems. She warns that medical systems are embedded in a socio-cultural milieu: they are influenced by specific values and patterns of interpersonal relationships. She also admonishes those anthropologists whose own studies, perhaps stimulated by growing public interest, have perverted romantic or idealistic visions of the system they seek to explain.

This book is concerned not only with the formal medical system of Japan but also the day-to-day hygiene practices of the people: an aspect of medicine often neglected in anthropological studies. Focussing on an urban society which is comparable with some of the Western industrialized nation states, it makes an important contribution to the field of ethnomedicine. The book is not, however, written solely for the specialist it is intended for all those who have a general interest in Japanese culture. Westerners living in Japan or having day-to-day contact with the Japanese should gain far-reaching insights into Japanese behavior from the author's discussions of concepts of hygiene and health.

There are two parts to the book. Part 1 deals with popular health care and concepts of illness. Part 2 deals with institutionalized medicine and health care. In part 1 we discover that while many daily practices aimed at hygiene are perceived and expressed in terms of biomedical germ theory, they are in fact directly tied to a symbolic structure which is essentially Japanese. Keeping the body clean is associated with a wider structure of ideas about the purification of the "inside," which includes the body of society and of the territorially defined community. Marginal areas are associated with elements of impurity: waste products, the human dead and animals killed for food and clothing. They are also associated with certain people who both live at the margins of the community and handle impurities as part of their occupations. Both the inside and the margins are culturally controlled. They stand in contrast to the "clear cut" outside which lies outside the cultural realm and includes certain gods and certain people: strangers and westerners in particular. Although benefits may be obtained from the outside, if those associated with it approach or are approached at the wrong time serious illness may result.

The Japanese see themselves as belonging to one of several basic constitutional types. Modern scientific theories of chemical properties—alkalinity and acidity—and of blood groups, have been drawn into the traditional system to enlarge the notion of what a constitutional type might be. But the meaning ascribed to such modern categories is quite different from that of scientific medicine, or biomedicine, as it is termed in this book. Linked to the notion of a constitutional type is that of a specific chronic weakness. It is carried for life and erupts from time to time in minor illnesses (the term "illness" is used to refer to a socioculturally defined departure from health as opposed to "disease": a category defined in scientific terms). People then perceived themselves as in a constant state of flux between health and illness. This view of health—and people have very detailed knowledge of how to deal with their "own

illness"—enables the Japanese to take an important and constant role in their own preventive medical care and that of their families, and has led to the preoccupation with illness noted by many foreign observers.

Part 2 discusses *kanpō* 漢方 medicine, introduced from China but with a long history in Japan and close to the health concepts of the people themselves; the medical role of religious organizations (but not the new sects) and biomedicine. An important difference in treatment between *kanpō* and biomedicine is that while the former emphasizes symptoms and collections of symptoms in diagnosis, and the reharmonizing of a person's system whose imbalance is signified by the symptoms, biomedicine emphasizes the identification of a pathogen—the direct cause of the disease—and its removal.

A very interesting discussion is included of how biomedicine has adapted to the demands of Japanese culture and social relationships in matters of hospitalization. According to the author Japan holds the world record for the longest average stay in hospital. This is seen partly as connected to the popular belief that all illnesses benefit from bed-rest and partly with the way such a belief legitimizes the "vacation" Japanese workers otherwise feel they should not take. For it seems that the Japanese positively enjoy a stay in hospital and the dependency on others it involves, and will enter for quite minor illnesses. This contrasts with the situation in the United States where the cultural value placed upon independence makes the dependent experience something the patient wishes to get through as quickly as possible.

The Japanese patient is not only dependent on hospital care but also on that of the family. In many hospitals rules are manipulated or ignored in the interests of family participation. Visiting hours are adjusted to allow specially cooked foods to be brought in for the patient and which are customary for those that are sick; rules about diet are bent not only for the patient but also for ward-mates who, culture demands, should be offered some of the food. Indeed most hospitals appear to expect and even rely on family involvement in care to such an extent that one is left wondering what happens to the person devoid of family support at such a time. One also wonders what happens in the case of serious or contagious disease.

The author intentionally avoids any extensive treatment of serious illness or disease and this is disappointing because it raises questions not only about hospital care but also about attitudes towards the afflicted. We are told that during the 1897 cholera epidemic there were riots against the isolation of victims. To what extent is isolation accepted today? And how far do the ideas of ordinary people about what is a serious complaint coincide with those of the biomedical system? We saw that serious illness is popularly believed to derive from the negative powers of strangers and foreigners as well as gods. How might the presence of serious illness, especially in epidemic proportions, influence people's attitudes towards the outside world? And are people more anxious about contracting serious illness when external relations are bad? Whatever the effects of such beliefs may be on external relations, it seems likely that blaming the outside for illnesses not easy to cure helps to preserve confidence in the medical system as a whole.

Marjorie Topley
University of East Asia
Macau