

The Therapeutic Hour: Locating Shiatsu Subjectivities between Gift and Commodity

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Abstract

This article invokes the longstanding anthropological distinction between ‘gifts’ and ‘commodities’ to explore some of the diverse ways in which contemporary practitioners of complementary and alternative medicines situate themselves and their practices with respect to the values of the marketplace. Focusing upon shiatsu practitioners in Toronto, the article uses brief ethnographic case studies to investigate how several therapists negotiate the ‘therapeutic hour,’ a widely-observed norm in which the practice of therapy is organized according to a 60-minute time frame as a basis for determining its economic value. The first two case studies illustrate a broad trend that the author noted, in which a therapist’s commitment to a particular model of clinical ontology—‘anatomical’ or ‘energetic’—aligned with their tendency either to accommodate or to resist the temporality of the therapeutic hour. I argue that this is due in part to differences in how therapeutic subjectivities are enacted within the two main shiatsu styles. These differences pertain to how therapists relate to the objectifying stance of the biosciences, which in turn renders their clinical encounter more or less susceptible to commodity logic. I then consider two further examples which complicate the smooth picture drawn in the first part of the paper, to illustrate that clinical epistemology alone is not determinative of whether one’s therapeutic imaginary conforms to gift or commodity logic. For many therapists it is, but others demonstrate significant versatility in how they deploy the terms of the dichotomy. I argue in closing that gift and commodity remain potent idioms for the shaping of therapeutic subjectivities within contemporary cosmopolitan medical marketplaces.

Keywords: commodity fetishism, gift logic, temporalities, subjectivity, ordinary ethics, shiatsu therapy

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Introduction

Shiatsu therapy is a form of pressure point massage which emerged in Japan during the early twentieth century. It is a hybrid modality derived from sources both local and traditional (*anma* massage and classical *kanpō* theory) as well as imported and modern (physiotherapy, the life sciences, and alternative modalities such as chiropractic therapy). Its hybrid origins have rendered shiatsu open to diverse forms of elaboration: for some, it is a rational and scientific therapy whose effectiveness can be explained with reference to its effects upon soft tissues, joint alignment and the autonomic nervous system. For others, shiatsu is better understood and practiced as a contemporary reformulation of classical medical ideas about *ki* (energy), meridians, and body-mind unity. For still others, these two domains need not be imagined as incompatible, and shiatsu can be articulated as a therapy that is both modern and traditional, affecting the body's physiological and energetic systems. In my multi-sited ethnographic research, conducted in Japan and Canada, I investigate how students and practitioners of different styles of shiatsu therapy learn to enact diverse clinical ontologies through their discursive and sensory practices. Along the way I have noticed that the tendency of some practitioners to stress the divisions between different styles of practice lends itself to the invocation of other strong dichotomies: traditional and modern as already mentioned; East and West (Skrivanic 2016); spiritual and secular (Skrivanic, nd). A practitioner's adherence to a particular clinical model, in other words, frequently aligned with a particular constellation of wider attitudes and values. One area in which I saw this divide occurring was when I queried my informants about their perceptions of practicing shiatsu as a business.

In this paper, I reflect on shiatsu as a practice that unfolds within late capitalist market economies, and examine the therapeutic encounter as something that is conditioned by the logic of capitalism. I consider how practitioners both consent to and contest the ways in which commodity logic shapes the terms of their encounter with patients. I do this by following Miyazaki (2003)'s suggestion that anthropologists examine the role of "temporal incongruity" in processes of knowledge production. In this case, I attend to the temporality of shiatsu treatments. The 'therapeutic hour' is a widely-observed norm in complementary and alternative medical treatments in North America, in which the provision of a service is confined to prescribed 60-minute duration as a basis

for determining its value.¹ I examine how shiatsu therapists in Toronto negotiate the therapeutic hour, how they experience it both as a troublesome constraint and as a condition for their own performance of technical mastery.

I begin by describing two ethnographic examples that illustrate a broad correlation I noticed between therapists' affiliations with particular styles of shiatsu and their tendency to resist or to accept the terms of the therapeutic hour. I suggest that clinical models of the body ('energetic' or 'anatomical') are productive of therapeutic imaginaries with demonstrable affinities for either gift or commodity logic, which have consequences for how therapists enact their clinical temporalities. While this was a broad trend, I also encountered several therapists whose ethical praxis exceeded the binary terms of the gift/commodity dichotomy, or else deployed it in original and provocative ways. I describe two such examples next, and then consider how they complicate the smooth picture drawn in the earlier part of the paper. Doing so helps to illustrate some of the diverse ethical and therapeutic worlds being enacted by practitioners of complementary and alternative medicines within late capitalist economies.

Before commencing with my ethnographic examples however, I provide brief accounts of the gift-commodity distinction as it has been deployed within Anthropology, and also introduce in more detail the stylistic differences that helped to structure the Toronto shiatsu community at the time of my research.

Gift and Commodity Logic; Temporalities

In their important study, Amiriglio and Callari (1993) argue that within Marx's notion of commodity fetishism there is an implicit theory of the subject, and of a mode of consciousness "which objectifies human activity" (207). Processes of exchange, they suggest, are sites in which the symbolic order of capitalism is constituted and learned (215), and thus they serve to produce and reproduce the objectifying mode of capitalist consciousness. Within Anthropology, this mode of consciousness, in which objects are deemed alienable from their owners, has long been contrasted with Mauss' (2000) account of the gift. Mauss famously inquired into why it was that across diverse societies,

¹ At the time of writing (Dec 2016), the going rate for a 1-hour shiatsu treatment in Toronto is about \$70 (6100¥).

the giving of a gift was an act which compelled reciprocity. His answer, drawing upon notions from Melanesian societies, was that gifts contained ‘*hau*,’ a spiritual essence of the giver. In other words, gifts were the opposite of commodities—they were *inalienable*, not fully separable from the giver, and it was this continued association with the giver that drove the impulse towards offering another gift in return. The giving of gifts, in Mauss’ view, was the basis for establishing ongoing social relations of reciprocity.

Anthropologists have come to see relations of exchange as being strongly characterized by either of these two opposing logics—the logic of the commodity or the logic of the gift—and have applied these conceptual tools to the analysis of diverse contemporary social practices, from organ donation (Scheper-Hughes 2002) to alternative currency movements (Maurer 2005). An early trend towards slightly reified analyses (in which social process ‘A’ instantiated commodity logic, while ‘B’ reflected the logic of the gift) has yielded to more nuanced studies that recognize the contextual and fluid nature of the divide (e.g. Tsing 2013; Miyazaki 2013). Others have pointed out that gift and commodity might “refer less to the intrinsic qualities defining objects or services and more to shifting moral designations that are susceptible to ongoing negotiation and reclassification” (Russ 2005:136).

This analytic strategy of highlighting the contested nature of social givens has also been applied to the notion of temporality. Bordieu (1977: 6-9) observed that all social practices are oriented within particular frames of time—that they each have their own *tempo*—and scholars such as Munn (1992) have argued persuasively that these temporalities are never simply given, but are constructed, and that this construction has been inadequately attended to within the social sciences. Miyazaki addresses this in his (2003) study of financial traders in Tokyo, observing that perceptions of temporal incongruity (in terms of trading strategy and national location) on the part of financial traders in Japan, vis-à-vis their competitors in the United States, produced anxieties and shaped the hopes of these industry actors. An awareness of temporal incongruity—in this case, the sense of ‘being behind’—is one way in which temporality becomes visible as a contestable dimension of social practice.²

² Different ways of feeling the ‘weight of the past’ could be another. See Lambek (2002).

Within the complementary and alternative medicine marketplace in North America, the therapeutic hour is hegemonic in organizing clinical temporalities. Yet this tempo is resisted by some, for whom it generates anxieties, while for others it animates hopes and aims that exceed the bounds of a single treatment. Before considering ethnographic examples of these two outcomes, I will first describe in more detail the community of shiatsu practitioners in Toronto, and the stylistic divides many of them upheld.

Shiatsu Styles

There is a fairly complicated history behind the distinction that I will invoke here, but I believe it is quite fair to assert that in North America and in Japan, there are two main styles of shiatsu: neuromuscular and meridian. ‘Neuromuscular shiatsu’ references the anatomical body disclosed by the natural sciences. Its proponents see shiatsu as a modern paramedical therapy whose efficacy comes from its ability to engage with the parasympathetic nervous system, as well as its direct effect upon soft tissues and structural alignment. Meridian (or ‘Zen’³) shiatsu theory grants the existence of the anatomical body, but sees it as the product of a more subtle set of processes that we might term ‘energetic.’ ‘*Ki*’ (roughly: ‘energy’) is held to flow through channels that are invisible but palpable to some, supplying the organs and facilitating the body’s efforts to maintain homeostasis and optimum function. Disease and illness derive from impairments to the smooth flow of *ki*; shiatsu treatment aims to normalize its flow and so to help the body mobilize its own capacity to heal. While the ‘Zen shiatsu’ form of meridian shiatsu did not develop through any connections to orthodox institutions of Zen Buddhist practice, many practitioners, both in Japan and in the West, do have some affiliation with Buddhism.

These two styles animate different institutions. Neuromuscular shiatsu is the style recognized by the Japanese state: vocational schools in Japan that prepare students to qualify for the national licensing exam overwhelmingly emphasize the neuromuscular paradigm.⁴ Meridian shiatsu, which is much less popular in Japan, is offered there only

³ Masunaga Shizuto’s 1977 book ‘Zen Shiatsu’ has been a highly influential text. ‘Zen Shiatsu’ is the most widespread variant of meridian shiatsu.

⁴ This license is needed for treatments to qualify for modest coverage from the national health insurance plan.

as post-graduate training in varying degrees of formality. In Canada however, where shiatsu is not a regulated profession, the Zen shiatsu approach has been more popular, and is taught in vocational schools. The separation between the two styles has been reinforced through the English-language literature which portrays them as mutually opposed, as well as through the existence of rival professional associations. At the beginning of my term of research there were six schools in Toronto offering professional training in shiatsu. One of them offered a purely neuromuscular approach; the other five offered slightly variant forms of Zen shiatsu.

In terms of how therapists went about their practices, one could argue that there was a wide middle ground which admitted of heterogeneity and mixing, but there were definitely two strong poles: shiatsu viewed as a modern, rational therapy in which the body was understood to be the material one disclosed by the biosciences, versus shiatsu viewed as traditional, intuitive and with the body fundamentally composed of energy. The examples that follow will consider therapists who for the most part strongly identify with one style to the exclusion of the other, in order to highlight salient stylistic differences that contributed to the different ways that shiatsu was enacted vis-à-vis the gift/commodity dichotomy.

Measured Approaches: Neuromuscular Temporalities

I begin with an ethnographic example that demonstrates how one therapist's practice of neuromuscular shiatsu was conditioned by the temporality of the therapeutic hour. 'Edward' was a graduate from a noted neuromuscular shiatsu school in Hawaii, with a busy practice there. We met in Toronto where he was attending a professional development shiatsu workshop while also being in the city to visit members of his family. While discussing his clinical practice, I learned that it was a point of pride for Edward that his treatments were all precisely fifty-eight minutes long. Regardless of who his patient was, or of the details of their particular history or presenting complaint, his treatment protocols had been standardized in such a way that his treatments were all timed to the minute. Such standardization allowed his treatments to start on the hour, with payment and the booking of subsequent appointments being handled by a receptionist outside of the treatment room. Removed from the site of the actual monetary transaction,

he could devote himself to the performance of his healing art. His treatments consisted of set protocols which could be transposed upon the bodies of different patients, and which were subject to an organizing principle of efficiency. His challenge, he explained, was to provide a treatment in which each point he pressed was done with the correct amount of pressure and with an economy of motion which enabled him to complete the sequence within a very tightly prescribed time frame.

In Edward's example, we can recognize how the temporality of the therapeutic hour makes possible a certain form of virtuosity. First, the hour-long timeframe determined by market norms sets the boundaries for Edward's treatments; yet he experiences this not as a negative constraint, but rather as a condition for the possibility of enacting a particular model of excellence. Part of his expertise consists precisely in performing his shiatsu expediently; a fifty-eight minute treatment becomes a marker of his virtue as a therapist, a confirmation of his professional identity. It is one of two axes (duration of treatment and quantity of pressure) along which his performance could be charted, and which together define the horizon of potential growth in his performative art. Thus the temporality of the therapeutic hour is part of an ethic that enables the therapist to produce himself as a certain kind of moral actor.

The values that Edward highlights both explicitly and implicitly—efficiency, replicability and technical virtuosity—as well as the standardization of his treatment protocols, are all qualities consistent with what Amariglio and Callari (1993) describe as 'economic rationality.' They utilize the term with respect to how "individuals treat the objects they possess and trade" (208)—i.e. commodities—through processes of quantification and calculation. In Edward's case the 'object' of his trade is his embodied performance of shiatsu, and it is subject to quantification in several ways: his treatment is timed to the minute; his application of pressure has been refined in terms of both duration and amount; and finally the patient's body has likewise been 'quantified' in that the number of points he is to treat upon it have been pre-determined and their locations mapped. Edward's treatments have been rationalized according to the logic of the commodity. His virtue as a therapist is expressed in part through his ability to replicate this standardized and optimized therapeutic commodity.

Edward's specificity—58 minutes—first caught my attention, as it seemed unusually precise compared with what I had heard in my discussions with other practitioners. I filed

it away however, suspecting at first that it might simply be reflective of a personal idiosyncrasy, or one related to the culture of his clinic. Yet a short time later I was visiting the student teaching clinic at Toronto Shiatsu College (TSC), the main neuromuscular shiatsu school in the city, and while there I got into a conversation with some of the students during a break between their treatments. One student, a male in his thirties, spoke to me in praise of his supervising instructor, who also worked professionally in the school's adjunct professional clinic: "He's really good, he's done over 700 treatments." The other two students, both women, nodded along, evidently impressed by the number.

I would hear this sort of comment quite frequently at the school. Expertise was again being quantified—this time, in terms of the number of hour-long treatments one had given. 1000 hours was understood to be a kind of watershed in terms of forming one's clinical judgment—one could legitimately think of oneself as a professional therapist at that point—and an even longer period was assumed to be the case for becoming a 'Master' of shiatsu. There was, to be clear, a widely-shared sense among all the students and practitioners whom I met, of whatever style, that clinical experience was the best teacher, and so the more treatments one gave, the better a therapist one was likely to be. And TSC students themselves needed to keep track of the number of hours they spent in the student clinic, in order to log enough time to meet the requirements for their diploma. But only at TSC was professional therapeutic virtuosity expressed in such a quantified form, in terms of the number of clinical hours one had worked.

Therefore, both in Edward's case and in that of the students, quantified temporalities played a role in establishing therapeutic excellence. I will suggest that there are two related reasons for the ease with which Edward and the students could conceptualize their practice in such quantified terms. First is the continuing influence of historical efforts to rationalize shiatsu therapy; and second, the subtle influence of the objectifying character of biomedical knowledge itself.

First, beginning in the 1950s, prominent leaders in the nascent shiatsu community sought to rationalize shiatsu in order to facilitate its acceptance by the Ministry of Health; their success resulted in shiatsu's inclusion in a 1964 law regulating *anma*, massage and shiatsu as distinct paramedical vocations. This rationalization involved not only the elimination of references to meridians and to classical conceptions of illness and healing within shiatsu literature, but also efforts to grant shiatsu the aura of a scientific therapy.

Thus, studies done by academic researchers which demonstrated differences in physiological response between shiatsu and anma—notably the former’s pronounced impact upon the autonomic nervous system—were strongly emphasized in shiatsu discourse. As well, the discourse shifted to appropriate the vocabulary and models of the life sciences. The shiatsu points, which harkened back to the points of acupuncture, were enumerated and displayed in orderly rows of evenly-space points, instead of the frequently angular or looping trajectories of the classical channels; they were also identified with features of their regional muscular anatomy (e.g. ‘the third point of the sub-occipital region,’ instead of its classical name *Fumon*, translatable as ‘Wind Gate’). The ideal duration of holding pressure upon these points was circumscribed and depicted in graphs or tables, and the ideal grades of pressure were determined and presented in measurements of g/cm². Thus, shiatsu’s rationalization was facilitated in part through practices of measurement and standardization: of the body as an object of therapy, and of the time and forces involved in attending to it therapeutically.

These translations of classical medical terms into an idiom commensurable with the biomedical sciences also betokened a broader epistemological change. As Foucault famously argued, the anatomical body is the result of a particular discursive regime, one premised upon a form of visual praxis he termed the ‘medical gaze’ (Foucault 2003). This gaze is an objectifying one—it constructs the body as an object that is separate from the viewer, subject to processes of measurement and codification as mentioned above. Following Foucault, many observers have noted that learning this medical gaze involves learning processes of ‘depersonalization.’ Byron Good (1994) has described how in medical school and in the anatomy lab, student physicians must deconstruct patients as ‘people’ in order to reconstruct them as ‘bodies,’ or ‘cases.’ More recent studies have connected this objectifying vision with the process of commodification of human organs or other body parts (e.g. Lock and Nguyen 2010; Lock 2008).

This last example illustrates that the depersonalization of patients within biomedicine shares a logic of perception with the alienability of objects previously noted within commodification. Their affinity derives from the objective and instrumental stance that both processes uphold, which I would suggest can create commensurable modes of subjectivity in biomedical observers and capitalist consumers alike. This leads to an ease

in transposing commodity logic to a rationalized biomedical body, and to other dimensions of the therapeutic encounter associated with such a body.

Thus as shiatsu therapy became rationalized according to the biomedical model, it also became something more readily imagined in terms consistent with ‘economic rationality.’ Dimensions of the therapeutic encounter, including its temporality, became more amenable to description and management under such terms, as well as becoming potential sites for the enactment of ‘economic virtues’ such as efficiency, as was the case with Edward’s practice.

Of course, simply because aspects of neuromuscular shiatsu bear an affinity with ‘economic rationality’ does not mean that its practitioners must necessarily enact all aspects of their practice according to commodity logic. To be sure, there were countervailing discourses of the gift circulating among the community of my informants. However, such discourses were especially prominent among practitioners of ‘Zen’ shiatsu, those who in some manner contested the biomedical model and its epistemological stance. I consider the example of one such therapist next.

(Putting) Time Out of Mind: Zen Shiatsu Temporalities

The next example involves a long-time practitioner of Zen shiatsu whom I will call Susan, who confessed to me that she found the ‘business’ aspect of her practice troubling on a few levels. In particular, Susan complained that a one-hour treatment time was often insufficient for her to give what she thought was an adequate treatment. Her treatments were centred on a practice of diagnosis, not of disease, but of the client’s ‘energetic state.’ She would palpate the abdomen gently, or hold her hand over top of it in particular areas, and ‘tune in’ to patterns of imbalance in the meridians. She would sometimes weave her findings into a narrative that identified the patient’s somatic complaints with psychological processes. Thus, low back pain might be related to an imbalance in the Large Intestine meridian—subsequent questioning about bowel regularity, skin condition, and emotional states (e.g. ‘trouble letting go of something?’) could recontextualize this suffering as the reflection of larger habits, relationships, and life processes that the patient was involved with. This practice, she declared, took time and could not be rushed, and she deemed it essential for obtaining results that were not merely ‘mechanical’ and

‘superficial’. Such diagnosis could be done more speedily by senior teachers, but for learners—and the process of learning could extend for many years—it was imperative not to rush.

In this account, expediency is deemed a reflection of having mastered a skill, but is not itself a primary axis of virtue. Rather, accuracy in diagnosis, which accrues through the development of a kind of somatic empathy, trumps efficiency. A quick assessment that results in a wrong diagnosis is of no value; a slow assessment, although it takes more time, is where excellence, technical and ethical, is produced. The quickness of certain senior teachers in diagnosis was the result of their accumulated experience—through long practice they had developed the ability to empathize and ‘tune in’ to the suffering of others with ease—but expediency was not the primary virtue they emphasized.

Since each patient presented a unique pattern of imbalance, Susan’s treatments were tailored to the individual: no two were the same. She referred to Zen Shiatsu as an ‘art,’ an ‘improvised dance,’ or a ‘dialogue.’ Additionally, since the meridians sometimes took longer to come into balance if the client’s case was chronic, there was also a temporality of bodily energy to consider. As a result, she had developed a flexible approach to treatment time, with her treatments lasting anywhere from 60-75 minutes. Her patients were booked at 90-minute intervals. This meant that she could treat fewer patients daily than Edward, and thus earned less money, but this state of affairs was made meaningful in line with the logic of the gift: ‘Shiatsu is not about the money,’ she asserted. Rather, the intensely relational process of diagnosis and treatment was for her, a practicing Tibetan Buddhist, part of her own self-development.

I heard similar sentiments expressed by other Zen Shiatsu practitioners: meridian diagnosis was referred to in texts as ‘life compassion’ (Masunaga 1977: 50), and was understood to involve sharing the pain of others. It was a moral end in itself. Therapists who subscribed to these sentiments, when they found themselves in situations where they needed to treat clients in a 55- or 60-minute session, often complained that they felt forced to leave out something important, or that they felt compelled to resort to a manner of shiatsu that was ‘just physical’—and thus, in their eyes, less effective.

Susan articulated a model of shiatsu that ran counter to commodity logic in a few ways. First, she rejected the standardization of the clinical treatment format that Edward was so invested in, and which enabled him to work so comfortably within the therapeutic

hour. For Susan, no two shiatsu treatments were exactly the same, and the therapeutic hour sometimes felt inappropriate and overly constraining. As well, her description of shiatsu treatments as being a kind of dialogue or dance highlighted a clinical orientation that was more relational than instrumental. As I argued in the case of neuromuscular shiatsu, clinical orientations reflect one's epistemological stance. In Susan's case, that stance was one particular to Zen shiatsu, and one that demonstrated affinities with the logic of the gift.

Whereas neuromuscular shiatsu aligned itself with biomedicine's epistemological values—such as the objectifying gaze with its tendency to depersonalize the patient—Zen shiatsu instead proposes tactility as both a model for, and as a method of attaining medical knowledge. And rather than depersonalizing the patient, it insists upon a highly relational and 'personifying' approach to clinical assessment and intervention.

Masunaga Shizuto, whose teachings have become known as 'Zen Shiatsu,' proposed a method of diagnosis that was based upon a particular method of touch. He taught his students to palpate zones in the abdomen; while doing so, they were to discern whether the zones were '*kyo*' or '*jitsu*'—'deficient' or 'excess' in *ki* ('energy'). Masunaga insisted that while *ki* was invisible, its quality was palpable, albeit not at the level of the fingertips. Rather, the therapist needed to recognize *kyo* or *jitsu* by bringing attention to their own *tanden*, a point in the lower abdomen utilized in meditation and the martial arts. In other words, by touching the patient's body, one could notice sensations within one's own body that would indicate the quality of the point one was pressing. Masunaga explicitly contrasted this con-subjective mode of attention with the discriminative practices of biomedicine, which he felt severed the patient from the therapist, the mind from the body. In stating this he was clearly writing against the distantiation of the objectivist stance. He claimed that by touching in the manner he proposed, therapists could enact a 'primitive sense,' one that did not sunder the patient's body from their emotions or minds, or the therapist from the patient. Feeling a kind of oneness with the patient, therapists could then discern the patient's 'echo of life' (*seimei no hibiki*), recognizing how emotions, habitual tendencies and thoughts were influencing the patient's body-mind complex from moment to moment. He called such therapy a kind of 'man-to-man Zen' (Masunaga 1977: 6).

Touch, as Merleau-Ponty (1962) and others have pointed out, is bi-directional. It involves us as subject (one who touches), but also as object (one who is touched). Touch's

double nature challenges the strict separation of subject and object so important to the notion of objectivity, while its *proximity*—unfolding as it does at our body’s surface—challenges the ideal of distantiation and detachment, and for this reason it has thus been a mistrusted sense in the scientific and Western philosophical traditions (Barcan 2011: 142). Touch can, of course, be instrumental and objectifying: we can grasp, manipulate and push upon objects. Yet touch can also be relational, in which we experience connecting and perhaps a blurring of boundaries between self and other. It is this second mode of touch that finds prominence in Zen shiatsu diagnosis, and which is suggestive of epistemological values quite divergent from those in biomedicine (and in neuromuscular shiatsu). And this in turn, lends Zen shiatsu a greater affinity with the logic of the gift: its style of touch is held not to manipulate, but rather to connect therapist and patient, to enable non-visible potencies to be transmitted between them.

Gift logic was detectable in Susan’s conduct of her shiatsu treatments, and in how she imagined her professional practice more broadly. Yet this prominence of gift logic also led her to resist some aspects the commodification of her shiatsu treatments, notably the market-driven temporality of the therapeutic hour. Susan and therapists like her sought for ways to open up the commodified transaction between therapist and patient to the mutuality of the gift. This was not always easy however, and Susan admitted to struggling to practice her ‘art’ as a ‘business.’

While Susan may have struggled to negotiate her position between the bounds of gift and commodity, Zen shiatsu in North America is nonetheless part of a competitive alternative healthcare industry. Certainly, I met a few therapists who were active participants in barter and even alternative currency movements, or else offered sliding fee scales and flexible treatment times; yet still most Zen shiatsu therapists work within the logic of exchanging their services for a fixed rate of exchange within the confines of the therapeutic hour. Some of them are quite successful, so presumably they must be finding ways to negotiate this seeming conflict. Two examples of this sort now follow.

Instrumental Gifts, Relational Commodities?

One therapist, whom I will call Rob, ran a popular and very busy practice, with his clinic often fully booked for months in advance. Rob managed the tension between gift

and commodity in a number of ways: by spatially segregating the gift and commodity components of his service; by reconfiguring how instrumental and relational interactions related to the logic of the commodity and the gift; and by invoking different temporalities for commodity and gift exchanges.

The first way Rob negotiated a path between gift and commodity was by imposing strict spatial boundaries between where the two modes of exchange occurred within his practice. The treatment room was the ritual space of relational exchange, therapeutic process and supportive dialogue. In his terms, it was ‘sacred.’ Once a treatment was finished however, he would leave the room and “change[s] hats ... becom[ing] a businessman,” whose job was to help clients see how treatments could improve their lives, and so sell them future sessions. Thus the monetary exchange and the selling of his service—the commodification of his practice—took place in an office that was spatially separated from the treatment room, which was the arena of the gift.

Yet Rob also articulated gift and commodity exchanges in a way that challenged their respective associations with relational and instrumental reason as mentioned above. Before becoming a shiatsu therapist, Rob worked for a number of years in the corporate world, in both public relations and human resources, but left to pursue a career that ‘spoke to his heart.’ He carried with him a strong sense of professionalism that was couched in a discourse of customer service. An instrumental logic was evident in this discourse, and Rob deployed it in a manner akin to triage: how could he best use his time to provide his patient the most satisfaction? He told me once that while he enjoyed the depth of insight and the meditative stillness that emerged in Zen shiatsu treatments, he felt that sometimes this was not of the most benefit to patients. For patients who were in acute discomfort, ‘structural’ (i.e. physical) treatments focused on relieving symptoms could be of greater value. Part of offering ‘true respect and support’ to patients meant knowing when to hold back on the relational, psychological aspect of therapy, and when to engage with the body as an anatomical object—thus for Rob, an instrumental and ‘objective’ mode of perceiving and relating to the body could instantiate gift logic, while an over-emphasis upon the relational aspect of therapy could be exploitive (by having patients pay for a service that was not what they needed). Here we see an inversion of the values expressed by Susan.

This finding is akin to what Miller (2001) found in his ethnography of shopping in

London, in which gifts could be seen as alienable from the giver, and commodities to invoke the sense of inalienability. For Rob, Zen shiatsu becomes ‘alienable’ in a sense; it becomes one of a number of modalities of service he can deploy. He shifts between Zen and neuromuscular ways of framing the patient’s body, depending on what he perceives is needed: his ‘triage’ logic, which evinces modes of calculative rationality, is marshalled in support of giving the best service he can, which lets him ‘put his heart’ into his work. Therapy premised upon a depersonalizing medical gaze can be a gift, while pursuing relational connection can at time shortchange a person by missing ‘what they really need.’ Rob’s example illustrates that the ethical meanings associated with ‘gifts’ and ‘commodities’ are open to negotiation.

The third way in which Rob deployed gift and commodity logic in novel ways was by invoking discreet temporalities for each mode of relation. He mentioned that working sincerely to help alleviate a patient’s complaint led to the fostering of trust and a strong client-therapist relationship over time. Thus he invoked a temporality in which the relational aspect of therapy was part of a longer-term engagement, one which could grow out of a more instrumental approach to the therapeutic hour. Russ describes a similar temporality among hospice workers in which “what begins as a contractual (commodity) relation is seen ideally to progress to a personal (gift) relation” (2005: 143). Enfolded within the long duration of a developing relationship, commodity logic—in the form of an instrumental approach to the body or to the ‘selling’ of future sessions—can help that relationship develop the characteristics of the gift.

Rob is versatile in how he negotiates the tension between gift and commodity in his shiatsu practice. By locating them within different spatial and temporal registers, as well as by reconfiguring them with respect to instrumental and dialogic relations, he demonstrates that the meanings of gift and commodity are elastic and changeable. This illustrates Russ’ point that gift and commodity may “refer less to the intrinsic qualities defining objects or services and more to shifting moral designations that are susceptible to ongoing negotiation and reclassification” (2005: 136). Rob is thus able to accommodate both gift and commodity logic within his shiatsu practice in a way that Susan was not. For Rob, the tension between gift and commodity is dynamic, and he draws upon one idiom or the other in a fluid moral practice that accommodates jumps in temporal scale and shifts in physical location. He thus maintains the tension between gift

and commodity, using it productively. In the next and final example, I consider a therapist who resolves the tension in a different manner, by making commodity relations subject to the logic of the gift in a thoroughgoing way.

The Heart of the Gift

My final example concerns Yuri, a therapist whose undertakes the practice of shiatsu as a component of his committed practice of a particular form of Japanese Buddhism. For Yuri, shiatsu is properly an expression of the non-dual state which is the aim of his spiritual exercises. He performs shiatsu as a kind of meditation in motion, cultivating an awareness of non-separation between himself and his patient in the midst of treatment. This is the core method that enables him to diagnose meridian imbalances in the patient and address them. This effort to cultivate this particular form of subjectivity has consequences for how he experiences the patient's body clinically, and for how he instantiates the logic of gift and commodity.

In this style of Zen shiatsu, practitioners understand their sense of separation from others to be an illusory appearance that is due to egoic consciousness. They try to overcome this separation by 'wishing the best' for others, doing so with such intensity that they feel some pain in their own body-minds (in the 'Heart'). When they do this, practitioners report that they become aware of *ki* as something that connects the patient and themselves; and that their wishing generates a 'positive ki' that interacts with the body-mind of the patient. Gazing at a patient with this Heart of wishing the best, practitioners start to notice where the patient's own *ki* is blocked or insufficient. Some say they catch momentary glimpses of the meridian pathways, which respond to the therapist's Heart by opening up. Yet there is a corollary to this finding: gazing at a patient without such a wishing Heart has the opposite effect, causing meridians to close down, and the patient's body to become less able to release stagnant or disharmonious energies. The ethical implications of this for practitioners such as Yuri are straightforward but daunting: interacting with another while cognizant of the connection between you, and wishing the best for them with great sincerity results in a positive *ki*. This is beneficial for both the patient and the therapist, and readies the patient for healing. Not to do this however, can have the opposite effect. For this reason, therapists like Yuri underwent a

lot of training in order to sustain and deepen their ‘wishing Heart.’

Yuri himself was a long-time practitioner and instructor who had taken these principles to heart. He explained to me that anytime we treat other people as objects—and he would include under this description the depersonalizing medical gaze, as well as receiving money with any kind of selfish motive—we project a ‘heavy ki,’ which promotes conflict in the other person’s unconscious, and strengthens their egoic perspective. This would draw them away from awareness of their own non-dual heart state. In his practice of Buddhism, Yuri had learned that the root of suffering was precisely peoples’ failure to recognize and identify with this state; any interaction which furthered their false identification would thus contribute to future suffering. Through the practice of ‘wishing the best’ for others, Yuri sought to help the patient’s own non-dual heart emerge, to heal not only their present illness, but their fundamental mid-identification with their ego.

This understanding had shaped his shiatsu practice in several ways. He practiced speaking to patients and giving them treatment with, as far as possible, not taking his attention off of his embodied wish for their well-being. He practiced meditation techniques in which he visualized himself receiving money from patients ‘as *ki*,’ as a concretization of their own wishing heart—in other words, as a gift. And he sought to enact this meditative practice in actuality when receiving payment at the end of his sessions. Further, the money he earned from treatments was also subject to a 10% tithe which went towards international relief projects. In other words, he practiced receiving payments as gifts that would become the basis for further acts of gift giving.

Yuri’s approach to temporality was also shaped by his understanding of shiatsu as a gift. For him, a treatment’s duration was not as important as its depth. He suggested that a few minutes of care from a therapist who could treat from the standpoint of the non-dual heart was better than an hour from a therapist who was projecting the heavy ki associated with seeing the patient as a separate material body. Of course, he needed to schedule patients into his clinic, and in doing so he was comfortable treating within the confines of the therapeutic hour, which is how he booked his clients. He did not feel the therapeutic hour to be a constraint the way Susan did; nor did he concur with Rob that foregrounding the relational side of therapy could leave important dimensions of the patient’s needs unattended to. For Yuri, patient complaints were neither ‘physical’ or

‘mental’ in origin—they were imbalances of ki, which he could only treat properly through the gift logic expressed through his ‘wishing Heart.’ Working with this logic enabled him to practice in a way that made his treatment valuable, whatever its duration.

In Yuri’s version of Zen shiatsu, he tries to extend gift logic to all areas of his shiatsu practice; and beyond that, to his conduct in daily life. His approach at once re-draws the distinction between gift and commodity in stark terms (in which commodity thinking is seen as damaging to people), while also proposing a means of undoing the dichotomy. In Yuri’s eyes, thinking of shiatsu as a classically-defined commodity—i.e. something alienable from the giver—is a misperception. His effort to cultivate a state of non-dual awareness undermines his sense of separation between himself and his patient—between subject and object. Imagined in this way, shiatsu is not alienable—to think of it or practice it in those terms is to make an ethical mistake by failing to care deeply enough for one’s patient. This does not mean that one cannot accept money for treatments, or work within the constraints of the therapeutic hour. Yuri does so successfully, and without feeling a sense of conflict or resistance, because he transmutes commodities into gifts. In this thoroughgoing logic of the gift, ki, the basic energy of life, is a gift that the therapist participates in passing along, and one that he in turn accepts from his patient.

Conclusion

This paper has explored how diversely situated shiatsu therapists relate to the therapeutic hour, as a way of drawing out the values and attitudes shaping therapeutic subjectivities within a late capitalist milieu. The gift-commodity distinction is clearly one that has ongoing salience to many of the therapists I observed; although the four individuals featured all deploy that dichotomy in different ways. Despite their differences, all utilize it to produce themselves as particular kinds of ethical actors, by lending variant moral weights to the relations signified by the terms ‘gift’ and ‘commodity.’

The first two therapists, Edward and Susan, demonstrate a broad association I noticed between stylistic affiliation and the tendency either to invoke or resist discourses of the commodity or the gift. I have argued that assumptions about clinical epistemology and ontology—i.e. whether the body is considered a material entity best described by anatomical science, or an energetic one better approached through the lens of meridian

theory—have demonstrable affinities with commodity and gift logic respectively. In particular, the depersonalizations within objective discourses in the biosciences shares a logic of perception with the alienation of objects that is the essence of Marx’s notion of the commodity. Neuromuscular shiatsu, which draws its clinical ontology from the biosciences, thus has an elective affinity with the logic of the commodity, which therapists such as Edward demonstrate through their deployment of practices consistent with ‘economic rationality.’ Meanwhile, when an epistemology is modeled not upon the distantiation of vision, but upon a relational understanding of touch—as is the case with Zen shiatsu—then practitioners will likely emphasize ‘connection’ with a patient over ‘manipulation’ of an anatomical body, and some like Susan may find themselves in conflict with the commodified dimensions of their professional practice. Edward and Susan thus both utilize commodity-and-gift discourse to articulate the virtues they aspire to in their professional practices, although each emphasizes a different pole of the dichotomy, leading them to espouse different values and measures of professional excellence.

Of course, this dichotomous portrait is simple and can readily be complicated. For starters, while I did notice an association between a therapist’s stylistic affiliation and their affinity with either gift or commodity logic, there were exceptions to be found. Neuromuscular shiatsu therapists, for example, can and do invoke relational logic. Yet in the latter part of the paper, I described two Zen shiatsu therapists who in different ways challenge a broad-brush association between clinical ontology and either gift or commodity. In the first case, Rob’s versatility enables him to manage the tension between gift and dichotomy in three dynamic ways: by spatially segregating the space of his clinic and enacting different performances in each space (‘therapist,’ ‘businessman’); by invoking different temporalities for commodity and gift relations, such that commodity relations, if done right, blossom into gift relations over time; and through a ‘triage’ logic that reconfigures the associations of the ‘instrumental’ with the commodity, and the ‘relational’ with the gift, such that ‘instrumental’ interactions can be potentially expressions of gift logic. In the second case, Yuri’s cultivation of meditational states within his shiatsu practice leads him to undermine the sense of separation between himself and his patient that would make a commodified interaction possible. He thus transmutes commodities into gift by apprehending both his shiatsu treatment and his

remuneration alike as expressions of ki, the energy of life.

Russ (2005: 136) has suggested that it is perhaps best to think of the gift/dichotomy binary as idioms that denote “a relation to the act of giving itself” and which thus involve “different practices and ways of encountering the self.” Attending to the ways in which shiatsu therapists accommodate, resist or reformulate gift and commodity logic, by investigating how they relate to the cultural imperative of the therapeutic hour, invites us to recognize some of the ways in which such encounters are unfolding within the cosmopolitan medical marketplaces of late capitalist societies.

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治療の時間 ——贈与と商品のあいだにある指圧治療者の主観

要旨

本稿の目的は、現在、代替医療を実践している主体が、市場での価値を考慮しながら、さまざまな方法で行っている、自身や自身の実践の価値の意味づけを探究することを通じて、長らく人類学で用いられている「贈与」と「商品」の区別について再考することである。

本稿では、トロント在住の数名の指圧療法士を対象とした人類学的な事例分析を行い、彼らがどのように「治療の時間」を意味づけているかを考察する。ここで用いる「治療の時間」とは、広範に観察される基準であり、治療実践がその経済的価値の基本的な設定である 60 分という時間的範囲に応じて構成されている。

最初の 2 つの事例分析では、筆者が見出したある動向、すなわち、治療者が臨床での独特な存在論モデル——「解剖学的論理」と「エネルギー的論理」——に傾倒する様相を説明する。この動向は、治療者が治療の時間の一時性に順応する傾向や抵抗する傾向と関連しているが、このような傾向の要因は、部分的には、2 種類の主要な指圧法において生じる治療者の主観の相違に求められると考えられる。また、このような相違は、治療者の臨床経験を多かれ少なかれ商品の論理の影響を受けやすいものにする生物科学を、治療者自身がどのように客観視しているかということとも関係がある。

次に考察する 2 つの事例は、前の 2 事例よりも複雑な内容をもつが、これらの分析によって、治療者の治療イメージが贈与の論理と商品の論理のどちらに従うかを決定する要因が、臨床での認識の傾向だけではないことを説明する。

多くの治療者において認識の傾向が決定要因となるが、二分法による用語を効果的に配置させることによって、多面的な才能を明示している治療者もいるのである。

結論では、贈与と商品は、現代の国際的な医療市場のなかで、ひきつづき治療実践者の主観の形成に影響を与える用語でありつづけるであろうことを主張する。

キーワード：商品フェティシズム、贈与論、一時性、主観、通常倫理、指圧療法