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A State of Crisis: Macrobiotic Theory and the Production of Fukushima

A thesis submitted in partial satisfaction of the requirements for the degree Master of Arts

in

Anthropology

by

Dylan J. Hallingstad O'Brien

Committee in charge:

Professor Joseph D. Hankins, Chair
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Professor Saiba Varma

2020

The thesis of Dylan J. Hallingstad O'Brien is approved, and it is acceptable in quality and form for publication on microfilm and electronically:

Chair

University of California San Diego

2020

DEDICATION

For my grandmothers, Joan and Norma – for whom it made sense that my passion for cooking somehow led to such heady concerns.

NOTE ON JAPANESE NAMES

Per convention, Japanese names are given in this thesis as family name first, given name second.

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My father, Patrick Michael O'Brien, has also provided sustained conversation and extensive comments on prior drafts of this thesis. There has been an indescribable, surprising pleasure in seeking an MA concurrent with my father; to, despite newfound and prolonged distance, discover anew how our interests in promoting collaboration and sustainability coalesce, and to reacquaint with each other's voice through the distinct contours of our writing.

ABSTRACT OF THE THESIS

A State of Crisis: Macrobiotic Theory and the Production of Fukushima

by

Dylan J. Hallingstad O'Brien

Master of Arts in Anthropology

University of California San Diego, 2020

Professor Joseph D. Hankins, Chair

In the face of the disaster and devastation wrought by both the tsunami and nuclear reactor meltdown of March 11, 2011, everything from organizing to theorizing appears unable to go on as usual, encapsulated by the recurrence of the descriptor '*shinsai-go*.' But for those living according to the macrobiotic health lifestyle philosophy, the crisis is fomented by this concept. Drawing upon my ethnographic fieldwork with macrobiotic practitioners, I present that a macrobiotic narration of March 11, 2011, contrasts with a dominant one. Macrobiotic adherents cast the normality with which Fukushima would break as conditioning Fukushima-as-crisis – and the unwellness that results as endemic. The normality that is presumed by an idea of Fukushima as sudden crisis thus obfuscates, from a macrobiotic viewpoint, a larger, longer crisis.

In this paper, I will demonstrate that wellness determines the timing and spacing of crisis in both dominant and macrobiotic narrations – but that the timing and spacing of a crisis changes with different definitions of wellness. Specifically, those living macrobiotically practice a pointed critique of dominant society’s wellness as about the capacity to be productive. I argue herein that the timing and spacing for a macrobiotically imagined crisis is the nation-state, precisely because the means by which the nation-state is *continually produced* through bodies are figured as causal of unwellness. I contend that a macrobiotic narration of the state as produced through ideas and practices of productivity – ones which are making people unwell *from a macrobiotic perspective* – informs a set of practices that seek (macrobiotically imagined) wellness as a refusal to be productive under a dominant rubric.

Introduction

“Is this an interview about radiation?”

When I interviewed the Kanazawas, I found myself taken aback by my own blunder. I had asked Kanazawa Hiroko how Fukushima’s residents were reacting to possibilities of developing illness from radiation exposure following the events of March 11, 2011. In asking the question, I had assumed that for those politically organizing around health, radiation would be a focal point of attention; for Hiroko, it isn’t. This is not to say she is anything *but* concerned about organizing around health.

Hiroko relayed to me that *if* people begin getting cancer from radiation, it would not be thinkable apart from the cancers that killed her brother and sister decades ago. Hiroko *knows* that her siblings and others have – and are developing – cancer due to the strain that work, food cheaply made and aggressively marketed for profit, etc., exert on bodies. The proper frame of analysis for Hiroko is spatially, the nation, and temporally, long before March 11, 2011 – and long after it.

From a macrobiotic perspective such as Hiroko’s, a specific understanding of unwellness sees the events of March 11, 2011 fold into a larger crisis. Such a perspective is directly opposed to a general framing of March 11, 2011 as the beginning of a crisis. This general framing is accomplished through the myriad invocations of *shinsai-go* (lit. after the earthquake) that pragmatically assert a crisis began on March 11, 2011. Unwellness here most nearly means the absence of good health, happiness, and a sense of the interconnectivity of things. Those living macrobiotically articulate a politics of a social, ecological holism where human bodies are but one set of agents. Their comments and practices pit this idea of wellness against an instrumental logic of ‘wellness’ associated with the nation-state and capitalism. Macrobiotic practice in

Fukushima and elsewhere occurs in the wake of the writings and teachings of Sakurazawa Yukikazu¹, and the movement he spawned². Macrobiotic practice, in Fukushima as well as other places and times, stresses locality, seasonality, and the interconnected nature of all things. These guiding orientations have led practitioners to understand the aftereffects of the earthquake, tsunami, and nuclear reactor meltdown of March 11, 2011 in specific ways. The mobilizations germane to these understandings are the subject of this paper.

In this paper I present that in macrobiotic practice, the spacing and timing for the macrobiotically theorized crisis is determined by a macrobiotic rubric of wellness at odds with a dominant rubric of wellness. This sets up my central argument, which is that for macrobiotic people like Hiroko, the disaster of March 11, 2011 folds into a larger crisis of unwellness because the means of producing the nation-state and capitalism are macrobiotically theorized as causal of unwellness. Restated: Fukushima is normal because while of a different scale, it is produced by the same agencies and forces that have, are, and will produce more acute or ‘personal’ forms of unwellness such as what Hiroko’s family suffered from. I attend herein to how those living macrobiotically theorize the domain of causality producing unwellness and the disaster of March 11, 2011 emerging from a shared domain. The possible future effects of exposure to radiation from Fukushima are linked by those like Hiroko to cancers of the past and present because Fukushima is understood as arising out of a ‘normal’ state of affairs: that of producing the nation-state and capitalism.

¹ Sakurazawa Yukikazu used the name ‘George Ohsawa’ in both English and French while alive. I use his birth name as this is what is used by most of my interlocutors in Japan.

² Herein I follow the convention of everyday practice and formal expositions in books and lectures alike in treating ‘macrobiotics’ as a movement originating with Sakurazawa Yukikazu’s writings and organizing. ‘Macrobiotic’ is used as an adjective to describe an array of things, which may come *before* the advent of macrobiotics as a movement by Sakurazawa. By way of example, Sakurazawa repeatedly referred to both Jesus Christ (Sakurazawa, 2012 [1952]) and Gandhi (Sakurazawa, 1958; Ohsawa, 1986) as having lived macrobiotically, while neither had access to an idea of what is ‘macrobiotic.’ In short, let it be signaled at the outset that whatever ‘macrobiotic’ is, it is not understood within macrobiotics, the movement originating with Sakurazawa in the early 20th century, to be the result of any person’s exposition.

Methodologically, the juxtaposition of two crises serves as an entry point into how different ideas of wellness inform different political mobilizations, of which the narratives I discuss are but one aspect. The competing narratives thus are a privileged entry point and not a bounded object of study herein: I am interested in what is determining these narratives (two different rubrics of wellness) and not the narratives themselves. In this paper, more than as a viscerally experienced phenomenon, I am attending to Fukushima as a theoretical issue for macrobiotic political practice. Indeed, some of the voices I will bring into this paper did not need to evacuate, and do not situate themselves as having been impacted directly by the events of March 11, 2011. What is shared between them, however, is a concern that the dominant understanding of Fukushima as abnormal is dangerous. My point herein is not to linger at the level of the juxtaposed narrations and examine their functioning, but rather, ask how these narrations come about.

This sets up several ancillary points that I want to flag, in order to clarify how the argument will progress. If one plane of political engagement is the competing durations and spacings of crisis, this bespeaks a more fundamental contestation between two regimes of wellness. Informing my main argument is a methodological move to see that *in macrobiotic practice*, two different ideas of a crisis are posited as arising out different regimes of wellness. That is to say that those theorizing from a macrobiotic point of view take different ideas of wellness to determine whether or not the crisis begins on March 11, 2011. In their theoretical practice, I argue, the dominant crisis is seen as emerging from a view of wellness that is about capacities for production. Thus, the sudden inability of Fukushima to produce – and the possibility of Fukushima bodies becoming unproductive due to radiation exposure – see a crisis emerge on March 11, 2011. On the other hand, the macrobiotic narration sees Fukushima emerge

from the ‘normal’ state of affairs – those normal mechanisms that produce the nation-state and capitalism. Fukushima thus becomes a platform for rearticulating a macrobiotic politics. From an academic vantage point, the competing narrations and how they are formed *in macrobiotic practice* becomes a helpful road into macrobiotic theory.

The Aberrant Crisis?: *Shinsai-go* and its Discontents

On March 11, 2011, an earthquake (the *Higashi Nihon Daishinsai*, or Great East Japan Earthquake) of 9.0-9.1 magnitude occurred in the ocean of the eastern coast of Japan. The earthquake triggered tsunami waves that caused the inadequately secured Fukushima Daichi-3 nuclear reactor to melt down.

The nuclear meltdown caused the leakage of an array of radioactive materials into the atmosphere. These radioactive materials then entered into the soil and surrounding bodies of water in Fukushima. Iodine-131 was the most immediate issue, as its short half-life renders it highly radioactive. Exposure to Iodine-131 carries a high-risk of thyroid cancer for humans. The risks of this can be offset, however, if one ingests non-radioactive stable iodine first. Nuclear watchdog groups pointed out the importance of stable iodine, although there has subsequently emerged doubt that the government had stable iodine waiting at all relief centers. The more long-term issue has become Cesium-137, which has a half-life of over 30 years, compared to Iodine-131’s half-life of eight days. Cesium-137 entered into the soil and water, necessitating extensive projects of remediation in order for land to be safe. The government continues to implement projects to remove radioactive material by scrapping radioactive topsoil and depositing it into gigantic plastic bags, then stored in depopulated areas of Fukushima.

In the aftermath, the government response and that of the energy company responsible for failing to have installed adequate measures due to their cost, Tokyo Electric Power Company (TEPCO), were widely critiqued. The immediate aftermath saw the government use a little-known provision of the Food Sanitation Law (*Shokuhin Eisei-hō*) that allows for the setting of ‘provisional standards’ (*zantei kisei-chi*) for food safety in the case of disasters (Kimura 2013: 85-87). These provisional safety standards for acceptable radiation exposure via food increased legally allowable amounts by an order of magnitude. What is legal and its equivalence with ‘safe’ were interestingly (re-)asserted as equivalent through the crisis. These amounts have since been changed in response to public outcry. However, they have become symbolic of how many see the Japanese government and TEPCO as concerned above all else with projecting a sense of human control of the aftermath.

What happened on March 11, 2011 – the devastation to human and animal life, local environments, homes and businesses, and the nuclear reactor – has come to be viewed as a crisis. *Shinsai-go*, or literally ‘after the earthquake,’ has become the chronotope³ for myriad projects, (re)evaluations, and locations taking place after March 11, 2011. By using chronotope here, I mean the co-determining, inextricable link between space and time germane to a specific narrative. *Shinsai-go* signals that, at least for some, March 11, 2011 is the inception point of crisis. But with *shinsai-go*, for example, we see the utility of chronotope as a concept: where the earthquake, tsunami, and nuclear accident affected human life is inseparable from a when – when the earthquake happened.

³ I herein use the concept of ‘chronotope,’ per Bakhtin (1981 & 1986) to denote the inextricable, interpolating nature of temporality and spatiality in narration. I turn to this concept for its usefulness in flagging that we do not have access to experiences of spatiality outside of temporality – whether in narrating space or physically accessing it. As well, this concept helps to draw attention to how constructions of space and time beget each other. For Bakhtin’s postulation, see Bakhtin 1981: 84-85 & 1986: 46-50. Regarding the implications of embodiment for experiencing space, see also: Lyotard, 1991; Peirce, 1991.

Yet for others – from some leftists to those living macrobiotically – the idea that there is a crisis that began *after* the quake is a bit problematic. One can think of how Jean-Luc Nancy (2015; see also Kosmatopoulos 2014) writes of the disaster in Fukushima: there no longer are ‘natural disasters.’ Nancy’s meaning is simple: human interventions into the world’s environments have modified them, and subsequently humans have been modified (Nancy 2013). But even more crucial is that what made Fukushima such a disaster is human technology, such as the nuclear reactor and its inadequate safety. The crisis cannot be thought apart from how humans set the stage for devastation – this is found in post-Fukushima activism that focuses on the inadequate safety mechanisms, rather than the tsunami, as the key factor in the meltdown. Those critical of the Japanese government and large corporations such as TEPCO have vehemently challenged *shinsai-go*. Their argument is that *shinsai-go* promotes a thinking of Fukushima as a break with a normal trajectory of Japan. However, those critical of centuries-old peripheralization, underdevelopment, and exploitation of the Tōhoku region encompassing Fukushima have argued against a break, and figured the disaster as occurring due to historical antecedents (see Kawanishi 2011; Takahashi 2012). As Kainuma Hiroshi (2011) details, the power from Fukushima-Daichi 3 was not utilized in Fukushima, but was sent to Tokyo. Activists thus argue that the safety of Tōhoku took a backseat to Tokyo’s productivity from the inception of Fukushima Daichi. Much akin to Hopson’s (2013 & 2018) discussion of Tōhoku as an ‘internal colony,’ Japanese authors have suggested both that Tōhoku has horrifically borne the cost of uneven modernization, and that this accident was conditioned to occur by processes figured by *longue durée*, not chance.

The Crises

Why bring up the history of Tōhoku? It is instructive to examine why Fukushima Daichi-3 existed in the first place, as well as what conditioned it to be built where it was. After all, the normality of something like a nuclear power plant in a rural, peripheral area is important to the macrobiotic narration. The peripheralization of Tōhoku in no small way caused the disaster to take place there: while the earthquake plays a significant role, nature itself did not build a nuclear power plant in Fukushima prefecture. While this may seem overly simplistic, it is an important qualification: crises have their conditions always already in social mobilizations of the material.

This all points to how crises don't simply happen; they are not objective events, apart from their measurement by humans. As Hall (1978) notes, the assertion that there is a crisis is *accomplished* by asserting the linkages of discrete nodes and phenomena; crisis becomes a process of social commensuration (Gilmore 2007; Muir 2015) by functioning like an Austinian performative: declaring crisis brings it forth so much as utilizes it (Austin 1975). These authors see crises being related to as objects bounded by specific spacing and timing. In contrast to this implicit view immanent in ordinary life, scholarly work on crisis chronicles how declaring a crisis functions to create a space of commensuration where certain nodes appear open for intervention. At the same time, crisis has a strong normalizing effect on what escapes being subject to its spacing and timing.

The spacing and timing of crisis provides a set of elements that can then be gathered as representative of the crisis (Hall 1978). For instance, if one declares an outbreak of food poisoning the week of June 6th, 2018, one has a specific timeframe and set of things (namely food) to query. Likewise, for Fukushima to become a crisis there is the adoption of a timing (March 11, 2011 as origin) and a spacing (places physically impacted by the tsunami,

earthquake, power outages, and/or radioactive fallout). Crisis also has a strong moralizing effect: it implies something is wrong, and thus, becomes a commensurative space where people are invited to act. In discussing and acting upon the crisis, different actors socially produce it while finding themselves modifying and extending it. Crisis here becomes a commensurative space because people come together and understand themselves in, and impacted by, the crisis. In the work of connecting the elements that compose a crisis, through everything from banal conversations to government-coordinated interventions, crisis is performative and commensurative as the crisis acts to connect people in new ways through what a moral response obligates.

While the crisis of March 11, 2011 is naturalized through attributing the cause to nature, reality is far more complex. Indeed, there is a taken for granted causality given by the assumption of a timing: since the crisis begins with the earthquake, the causal agent is nature. But the aftereffects of March 11, 2011 are not so clearly nature's fault alone. Already I have noted that inadequate safety mechanisms were present at Fukushima Daichi-3. But, aspects of property destruction, death, and injury due to the absence of safety mechanisms that are available but not affordable can also be seen as causing horrible consequences. This is where a parallel to Austin's performative is most helpful: what is primarily accomplished is not simply the birth of a crisis, but the assertion of a specific causality and a platform for relationships between one another and institutions alike.

However, repeatedly saying there is a crisis does not alone make it so. Words alone are not enough, and even the words require certain conditions like authority and status to be afforded a truth-index. Turning to a dominant narration, we find that a crisis is made up myriad nodes: of imagery of destroyed houses, numbers of lives and yen lost (they strangely are never far apart),

concerts to raise money, and mandatory evacuations. Crisis becomes a platform in the sense of Robertson's (2018) usage: a means by which to act upon the world and a set of discourses for negotiating the conditions of this action.

What does crisis accomplish, though? The criticism of *shinsai-go* is instructive: declaring that the earthquake is the opening of the crisis naturalizes the crisis as beginning on March 11, 2011, and obviates human agency. *Shinsai-go* presents a vision where March 11, 2011 is a break with the normal. What caused this break is similarly rendered outside normality. If crises are performative inasmuch as they cordon off a bounded space and time as exceptional, the side effects of this are making what crisis acts on (the prior state) *normal*.

This is a key assertion of anthropological work on crisis: crisis has a strong *normalizing* effect (Roitman 2013). That is, when one declares a crisis, there is simultaneously articulated a normal with which 'crisis' would be a break. Furthermore, as Baudrillard (1994) asserts, by declaring certain outcomes of a set of processes a crisis, an aberration to be intervened in, one obfuscates how the conditions for the crisis are none other than that which will be normalized by dealing only with outcomes (Masco 2017). Likewise, Baudrillard and Kosmatopoulos (2014) have noted that what gets to count as a crisis has a lot to do with dominant morals: what counts as crisis is thus not so much about the character of what happens, but more about what is taken as morally good and necessary outside of the crisis. The fact that imagery of maimed bodies and mass deaths constitutes a crisis is not embedded in those qualia themselves, but comes about through a moral sense of how these things are bad, and further, not apart from an image a moral community has of themselves (Keane 2014; Lambek 2015b). Crisis, for Baudrillard, establishes normality, doubly, via morals: what is outside of crisis's exceptionality is implicitly normalized, and also, enacting crisis normalizes moral judgments. This has the effect, Baudrillard notes, of

effacing what conditions crisis; the morals that mark crisis as exceptional are not named, but put into action. This accomplishes crisis through mobilizing dominant morals, thus further cementing normality in a somewhat tautological vein.

If crisis serves to normalize its conditions of possibilities and strengthen dominant institutions, it also has another potential: the declaration of crisis posits a historically singular space with actionable nodes for transformation (Koselleck 1988; Roitman, 2013). Crisis as such is a productive platform feeds both macrobiotic and dominant projects; it is thus helpful to consider the spatiotemporality of the crises to think what is being intervened in. For, as anthropologists and those living macrobiotically both assert: crisis can merely reinforce, and fail to lose its potential for change, based on its deployment (Masco 2017; Muir 2015). Indeed, as Agamben (2005) and Masco (2017) note, crisis has become an integral feature of what normal governance is. If the spacing and timing of the crisis isn't tied to the occurrence of natural disasters, what does determine it?⁴

Two Regimes of Wellness

Kanazawa Kenji noted the directionality of the nuclear energy to me when I interviewed the Kanazawas. “You know that none of the power [made at Fukushima-Daichi 3] was used here [in Fukushima], right? They sent it all to Tokyo.” The implication was clear: Fukushima had been subordinated to something else. As Kenji and I made meatless *gyoza*-style dumplings

⁴ My meaning here is that those living and theorizing macrobiotically – regardless of their beliefs of the specific outcomes of the earthquake, tsunami, and nuclear reactor meltdown of March 11, 2011 (for there are divergences about the possibility of radiation) – assert not merely that the crisis *as they see it* is not caused by nor limited to the effects of March 11, 2011, but that what is determining how a dominant chronotope comes about *is not the events of March 11, 2011*. That is, while a dominant narrative tells a story of crisis arising out of the events of March 11, 2011, those living macrobiotically assert that a dominant narrative sees these events as a crisis *for other reasons*. This will be explicated below.

together, he was critical of the government and big business, the latter having put profit above adequate safety measures.

“*If* people do get cancer here, it will be from the same things as everyone else.”

Hiroko asserted this to me that same day, after having already made clear that she does not think radiation is a pressing issue (her husband, Kenji, as well, suggested that contaminants in the city water supply was of more concern to them). In the opening quote of this essay, Hiroko displays a clear frustration with me: why was I asking about radiation? For her, the myopic focus (and misplaced one, at that) on radiation detracts from understanding that people developing illnesses like her brother and sister did – cancer – is not a matter of natural disasters, but a crisis manifest out of *human* actions.

But what human actions see the horror of March 11, 2011 and purportedly individual instances of illness emerge from the same wellspring? For those living and theorizing macrobiotically, a vision of wellness they see as antithetical to their own has a key part to play in generating (macrobiotically defined) unwellness.

First, it helps to define what ‘unwellness’ is taken as constituting⁵. By ‘unwell,’ I mean an embodied amalgam of processes composed of poor biomedical health, poor mental health⁶, and their implications for a person’s relationships. In defining unwellness as such, I draw on my longer engagement of this living macrobiotically and how they explicitly delineate the goal of living macrobiotically as not simply being healthy according to biomedicine’s metrics, nor simply feeling good in a psychosomatic sense, but the interconnection and co-constitution thereof in relation to forces outside the body (e.g. environment and society). In using the word unwellness, I am explicitly drawing on Derrida’s (1995) articulation of wellness as an ethical

⁵ It is helpful to understand that this perspective is derived from my ethnographic work, macrobiotic texts, and explicit definitions of things like ‘the good life,’ ‘being healthy,’ etc., in my interviews.

⁶ By this I mean senses of depression, self-hatred, etc. that may or may not be consciously recognized and evaluated.

practice bridging ideas and quotidian acts like eating, and Foucault's later work on ethics (1988, 1990, 1997; also Faubion, 2011), in relation to anthropological work on practices and communities that suture health, psychosomatic experience, and social environments together through practice. Derrida and Foucault are here helpful as their formations of 'eating well' and ethics, respectively, discuss reflexive, processual work that forms in awareness of contingencies, developing so much as utilizing specific nodes to enact a vision of the self. Here, biomedical health, conscious forms of attention, and imaginations of what lies outside the body become sutured together through a contextually emergent subjectivity. Moreover, this helps to think of wellness as something spatiotemporal; being well or unwell occurs through bodies, thus, in specific spaces and times

A helpful guide in tracking the macrobiotic perspective on wellness is Tsuchiko-san, the chef and owner of two small macrobiotic café/stores in the northern prefecture of Akita. Tsuchiko-san stressed to me that from what she sees as a dominant viewpoint, "it's immoral to be unwell." She elaborates that from a macrobiotic perspective like hers, if someone is unwell, it means they need help – not judgment. She speaks of this in specific relation to the ongoing issues of depression in the northern region of Tōhoku: if someone in the community is unwell, they cannot be expected to do normal things, and the impetus is on the community to help them.

Her take on morality and wellness is helpful in broaching what specifies the crisis as those living macrobiotically see it. In line with prior anthropological work on both ethics and morality, I here take morality's operationalized meaning, per anthropological literature, as a set of habits for judging right and wrong that is largely prereflexive (Cassaniti and Hickman 2014; Zigon 2007 & 2013). Moral judgment is here thought of as proceeding through specific acts in discrete space-times, but not reflexively accounting for context (see Fassin 2012). In contrast, I

understand ethics as immanent in the sense of Lambek (2010; 2015b), which is to say, the ethical is immanent insofar as social action and ideas are almost always mediated, or judged – often reflexively (Keane 2014; Laidlaw 2017; Lempert 2013)⁷. For Tsuchiko-san, there are pressures to live in a certain way – to be well – that steer people into ways of living that she sees as constituting unwellness. In her analysis, young people are told that accumulating certain material goods will bring happiness, and provide access to things such as medical care. Those choosing to live outside of dominant paradigms – of working intensively, for example – are seen as lazy. She holds this is applied to those living with depression in Tōhoku: the specificities of why people cannot work are not as important as what they are doing (*not working = bad*).

Tsuchiko-san's analysis of the morality of wellness is instructive for grasping that wellness and moral judgments about it have a certain relationship with the nation-state and political economy's maintenance. Being well according to a dominant paradigm, she and others living macrobiotically suggest, has an awful lot to do with what would dovetail with the perpetuation of a 'normal' state of affairs that the nation-state and capital are invested in (that is, that crisis would redouble the dominant system). There is a macrobiotic assertion that for a dominant paradigm, what is morally bad and what is "unproductive" or "lazy" is not a mere coincidence; the crisis as it is understood by the nation-state and capitalist institutions comes about because of how wellness is measured. The rubric of wellness for those living macrobiotically and a dominant paradigm diverges significantly, however. What is of paramount interest here is how these juxtaposed rubrics of wellness bespeak different chronotopes of crisis; *what* unwellness is imagined as appears to be inextricable from *how* it is imagined to be distributed.

⁷ Per Faubion (2011: 8), though, it is helpful to note that in general quotidian life ethics and morality are often conflated. Thus, distinguishing between the two is here an analytical move, not a suggestion that these distinctions are readily found in everyday discourse. See also: Das 2015.

If the crisis for those living macrobiotically emerges out of how people would live well according to a different rubric (and become unwell according to the macrobiotic rubric in the process), it helps to engage what being well in a dominant rubric is. As anthropologists and social theorists have noted, being well under hegemonic capitalist paradigms of governance is primarily a question of capabilities (Foucault 2007: 232; Puar 2009: 163-164). That is, bodies are thought in terms of what they are able to produce, rather than a subjective experience of oneself and aspirations for the future. When wellness is a question of capabilities (can this body do this activity?), fault becomes assigned to bodies if they are unable to do something, and bodies can be measured as unwell without any reference to the environment they are situated in. As disability studies scholars, in particular, have shown, determinations of unwellness based on bodies' 'lacking' certain capabilities indexes a set of capabilities valued at the intersections of culture and political economy (Chen 2012: 29-30; Davis 1997: 5-6; Russell and Malhotra 2002: 212; Siebers 2001: 741-742). For a dominant chronotope, a crisis of unwellness comes about when bodies cannot contribute to social reproduction in normative ways. Here, wellness is determined by the nation-state and political economy's sustainability, not the bodies of those producing these social formations.

When wellness is understood as a set of capabilities, a crisis of unwellness for a dominant narrative arises when there is endemic debility – inability to produce according to normative standards. As others have noted on the rhetoric of natural disasters to obviate human agency in the aftermath of events such as earthquakes, nuclear meltdowns, or climate change, a focus on the outcome for human bodies renders only the outcome of crisis as site of intervention, *not its conditions of possibility*. When crisis is concerned with unwellness rather than what conditions it as possible, a distinct spatiotemporalization is effected: crisis is sudden, a break. This is not

without precedent in anthropological analysis: Elizabeth Povinelli (2006) and Jean and John Comaroff (2002) have already highlighted that amidst dominant capitalist nation-states' fears of an *abrupt*, sudden crisis brought about by the aberrant (a figure that is associated with the migrant or others of liminal citizenship), there lie already simmering health epidemics that can constitute long-term crises (Berlant 2007). In this vein, Berlant (ibid.) discusses the concept of 'slow death.' For Berlant, slow death is the negative health outcomes fostered by capitalist society's obsession with growth. Slow death, as the experiential reality of capitalism's oppressed, is juxtaposed in Berlant's work to how capitalist productivity fears sudden epidemics that could disrupt productivity. The harms produced by structural inequalities are neglected, Berlant suggests.

I believe Hiroko has much the same juxtaposition of crises in mind when becoming dissatisfied with my inquiries into radiation. In my having focused on the after-effects of March 11, 2011, she implies I am missing the contingencies of this toxic event. By assuming March 11, 2011 as break, my exceptionalizing of its outcomes left the before as normal. For Hiroko, this is problematic because it does not engage how Fukushima occurred.

We find here that a dominant chronotope, from the macrobiotic viewpoint, normalizes those conditions that would cause (the macrobiotically-envisioned) crisis. This is highly significant if we turn back to Tsuchiko-san and her discussion of morality: the ways that people are directed to live 'well' according to dominant paradigms is causative of unwellness.

Macrobiotic chef and restaurant owner, Takahisa, is helpful in understanding how a dominant idea of wellness is taken to be fomenting (the macrobiotically defined) crisis. He was formerly a French chef at a fancy resort with the theme of *bi to kenkō* (beauty and health) in southern Japan, on the island of Shikoku. However, after he became interested in living

macrobiotically around a decade ago, he found the sort of wellness – the fusion of beauty and health sold by the resort to upper-middle class clients – not at all conducive with what he took as a macrobiotic idea of wellness. Specifically, he said to me that most of his clients were focused on recuperating not for their own sake, but for that of work. Moreover, beauty seemed amorphous: where they being beautiful out of sheer desire, or because they *had* to be? Feeling trapped, as though he was helping others to be well not for the sake of happiness and thriving, but for something unaddressed, he quit and moved back to his home prefecture, Iwate, in the north.

Takahisa's pointing to people as increasingly pressured to live in certain ways that mobilize these people through ideas of health and wellness (rather than the government or corporations directly controlling people), speaks to the general issue of biopolitics. Foucault (2007) famously argued that rather than basing power on the power of force and violence, governments increasingly shift in the 1800s onwards towards funneling citizens into living lives conducive to reproducing dominant social and political economic formations (ibid.: 240-242; Esposito, 2008). Connectedly, Foucault and subsequent elaborators of biopolitics have argued that the means of measurement introduced to track populations and their health in ways useful to government and capitalist enterprise come in turn to shape these people; bodies become related to in terms of metrics and abstract statistical figures (Foucault 2007: 242-243; Puar 2009: 164). Biopolitics, as a paradigm of governance, hitches bodies' wellness and contours to social reproduction and capitalist growth through rubrics that normalize and moralize specific capacities.

But as those writing after Foucault have noted, it is not enough to say that people are now incited to live in certain ways through the confluence of education, new metrics, and systems of

morality; rather, biopolitical ways of living blur into ways of dying (Bubant 2017; Chen 2012: 6-7; Haraway 2016: 55-57; Helmreich 2016: 49). When what matters is potentiality to perform a capability, rather than what such a performance may entail, how certain ways of living impact bodies is neglected. Moreover, as Takahisa, Tsuchiko, and Kenji all demonstrate, certain ways of living may be unsustainable in the long run. Here, biopolitics, as Puar (2009) notes, has a distinct spatiotemporality to it: biopolitical governance treats bodies in terms of capacities not inherent to bodies, and so biopolitical governance does not look at how performing these capacities can lead to someday being unable to perform them (exhaustion and depression, for example). Forms of being unwell are spaced and timed by incitements to and measurements of living well according to a dominant paradigm; such a paradigm normalizes itself through taking the issue of unwellness to be that of bodies alone. In such a way, how lives are lived becomes completely bound up with how bodies become biomedically ill, unhappy, etc.; as Takahisa's narrative shows, living well can blur quite easily into its opposite.

And, to Tsuchiko-san's point, biopolitical projects gain social significance and lasting power in part through their intersection with and elaboration of morality. Moralization, as Povinelli (2006) and other ethnographers have shown, is a powerful engine to naturalize specific forms of embodiment: the good body becomes tautologically the natural body (Robertson, 2018). The morally good becomes the natural insofar as what is evaluated as good is posited *a priori* as normative: good = normal = natural. In fact, as ethnography has shown, what is normal are simply valued capacities germane to specific bodies.

In these ways, unwell bodies are denied a sense of representing the normal. And, when normal is moralized, this comes to justify the exclusion of unwell bodies not merely from forms of representation, but material forms of inclusion such as jobs, distribution of resources, and

even living spaces. Key is that normality and productivity are morally charged, co-determining strands; ways of establishing a dominant form of capitalism and the state become naturalized through being taken as the normative operation of the body, and lives otherwise become excluded through intertwined rubrics of abnormality and immorality. Simplistically, when someone cannot produce in a normal way, that's *bad* – unwellness is *bad*, and is not representative of a normal state of affairs (which are *good*). We see here that a certain set of capacities for producing is naturalized as the normal body, and this attains a positive moral valence: the wages of this mean that bodies unable to meet certain demands of productivity are cast outside of normality. As others have already noted, this has the powerful impact of making the problem of unwellness be individually constituted at a biological level and not social, as well as ensuring a constantly rejuvenated, contingent confluence between normality, wellness, and morality – renewed with each excluded body.

In the next section, I turn to my ethnographic work in Fukushima to highlight how a crisis of unwellness, for those living macrobiotically, comes out of mainstream society's divergent idea of wellness that is informed by productivity. I hold that the different meanings of wellness determine what the crisis represented in March 11, 2011 is – and foment different ideas of what working after it means. I want to show that if a dominant chronotope finds a crisis to be in the direct effects of March 11, 2011, insofar as it threatens the productivity of Fukushima and its denizens, the macrobiotic narration has a different chronotope precisely because a dominant narrative would focus on productive capacity as wellness; this is how March 11, 2011, becomes representative of what those living macrobiotically take as crisis, *not* a clearly agreed upon and bounded set of effects.

Well, Unwell, Crisis

So far, I have focused how in macrobiotic practice, different regimes of wellness determine the chronotopes of two different crises. In this section, I turn to how these two regimes of wellness are theorized in macrobiotic practice. Attending to several macrobiotic theorists, I will show here that March 11, 2011 is produced as the opening of a crisis, doubly: first, that what occurred in terms of deaths, economic destruction, injuries, and toxicity comes about from enacting a dominant idea of wellness defined in terms of productive capacities. Second, the spacing and timing of crisis is determined by how wellness is defined. Thus, the macrobiotic definition of wellness does the labor to recognize different bodies as unwell than a dominant narration. Likewise, what counts as unwell for a dominant idea of crisis – according to macrobiotic theory, not possessing productive capacities – recognizes certain distributions of unwellness. These productive capacities are theorized in macrobiotic practice as obligate to the confluent aims of the nation-state and capitalism. In looking to these two ways of producing March 11, 2011 as crisis, I find it helpful to revisit Austin's performative in relation to theories of crisis: according to macrobiotic theory, enacting a dominant imaginary of wellness harms bodies – both social and ecological. The other side of enacting this crisis however, is the crisis as a commensurative platform. This is to say, crisis how crisis 'happens' is indissociable from how it is discussed.

Yazawa Hitagi has quite recently begun her restaurant in Fukushima City, and figures it as a departure from her work in Tokyo. Tokyo – both in terms of her job and what her job was about – concerned productivity and work; Fukushima, she suggests, is positioned outside productivity these days. Hitagi specifically was wary of how the fears about Fukushima and radiation seemed to obviate something else; what being unwell meant in a dominant imaginary.

For her, the reaction to Fukushima as of late from outside was not too surprising at all; nutrition as a mathematical logic of varied nutrients tallied on balance sheets and viewed as instrumental to productivity, subordinated to the needs of the workplace, had characterized her work in Tokyo before moving back to Fukushima in 2014. Hitagi had worked at a supplement store in Tokyo, initially excited to help people be well, but by the time she left for Fukushima, was quite disillusioned with the entire enterprise.

The reason for her disillusionment was both who she was helping as much as *what* she was helping them do, she noted. Most of her clients who she would have consultation sessions with about choosing supplements were so stacked with work that they simply could not find the time to cook or eat three proper meals a day even, Hitagi explained. Gradually, she grew worried that her recommendations of various supplements were not really helping them live better lives, but instead, that she was helping them live their lives for work. Further, only those with a certain level of income could actually afford the line of supplements her store recommended.

Interviewing her, the pain of this still appeared fresh; lingering on this, she suggested that perhaps wellness had a whole lot to do with income. In her explanation of her current drive to provide low-cost healthy food using local produce, it was clear how much the inaccessibility of wellness still upsets her.

The body and nutrition alike had, in the duties of her prior job, become tools to be put to use – and the ends they were being used for were quite at odds with what Hitagi thought a good life (*ii jinsei*) would be. Having grown up in Aizu in Fukushima, with family still there, Hitagi and her husband moved back, and she began working in food service. Now, two years after moving to Fukushima City to start her current restaurant, she explained to me that the work she does is quite different from selling supplements in Tokyo. For one, Fukushima's food continues

to be viewed as unsafe, and thus, there are limited opportunities for growth in the sector; this noted, people still need to eat, and those working in the food service industry have turned to each other to build networks of support, she stated. In particular, the loss of people who never returned following the triple disaster has hit the shopping district she is in hard, and so different restaurants organize ventures together. At the end of the day, she noted, what has happened in Fukushima has entailed changing business models quite significantly. Key amongst these changes, she stated, was shifting to a view of how people can support each other and best serve their customers as fellow community members.

The relationship those outside of Fukushima now have to its products has reconfigured work inside Fukushima, it becomes evident that ‘Fukushima’ – as event, and as place – appear codeterminative in a certain imaginary. Hitagi’s ongoing interventions in her community to support farmers and provide low-cost healthy food, much akin to the Kanazawas’, attempt to chart out a path forward for a Fukushima that may or may not become ill – like others, the actual degree to which there may have been or continues to be radiation took a backseat to negotiating the ascendant forms of cancer all around Japan.

Within Hitagi’s narration of everything, however, there is an explicit noting of nutrition as determinative of a certain gloss of wellness being structured by the demands of the workplace; unsafe variables, such as Fukushima, pose a direct risk to profit through a possibility of unwell workers. Yet, the idea of Fukushima as unwell and thus abnormal vis-à-vis the rest of Japan, figures in her narration much as the Kanazawas’ as a rather salient issue: a dominant figuring of what has happened in Fukushima (the nuclear meltdown) and what may happen (increased cancer) obfuscates that the determinants of the former, so much as the potentiality of the latter, as endemic to what makes a certain society possible.

Within the narrations of both Hitagi and the Kanazawas, the demands of a specific form of wellness conducive to productivity are reciprocal with regards to producing unwellness. The fact that a ‘normal’ Japanese body and ‘well’ Japanese body appear coincident is no surprise, as this bleed bespeaks fundamental tenets of modern governance; not merely that there is a biopolitical imperative to cultivate certain bodies, but that the imaginary of the nation as a body has long promoted – via familial and organismic analogies – a cartography of utility-based functions. To be unwell, to not be able to normatively perform in relation to the whole, is to be thought apart from the whole as exception. Again, normativity appears suspiciously indistinguishable from wellness.

What Hitagi and the Kanazawas suggest, however, is that what has sowed the seeds for Fukushima to be unwell is the pursuit of profit and contouring of wellness to be conducive thereto in the first place; for Hitagi, this means that people begin to think of nutrition as about continuing to perform, despite the fact that the jobs they seek to continue working are creating the problems in the first place. Wellness, then, is unveiled as perhaps not even a privileged relation to capitalist modernity but instead as prerequisite for participation in the first place; the burden is on the excluded (Povinelli 2001). Yet as Hitagi notes about the cost of supplements and their increasing inaccessibility, the question of who gets to be well, who gets to be productive, is one unthinkable apart from Japan. For her, the boom in supplements is one spoken of as a trend demarcated by the nation, due to the nature of work, diet, and time in Japan.

The two different chronotopes of crisis, then, are informed by two distinct rubrics of wellness. What is envisioned as constructing unwellness (and what unwellness is imagined as) sets up a different relationship between space and time, and what the object of crisis is. In a dominant governmental-capitalist-mass media figuring, unwellness means inability to produce

due to non-normative biomedical health; this analysis of what ‘unwellness’ means to a state-capital assemblage is able to be derived both from my ethnographic work and insight of prior scholarship, it should be noted. The causal agent in this dominant narrative is the earthquake and tsunami. Further, in evaluating unwellness as a set of qualia bounded in individual bodies, unwellness becomes a metric for judging individuals based upon capabilities. If the earthquake and tsunami are the originating cause, then the crisis’s impacts are spatially distributed through this occurrence on March 11, 2011. While there may be myriad indirect effects, things emerge out of this event.

Here, in the dominant narrative, the timing (March 11, 2011) co-determines the spacing of the crisis: only certain people were directly impacted by the earthquake and tsunami, and exposure to radiation. It should be noted: those living macrobiotically who operate with a different chronotope agree that *not everyone in Japan’s health and wellness were impacted by the events of March 11, 2011.*

But one ends up, as Hiroko, Kenji, and Hitagi show, with a different crisis if *performing ‘normatively’* is cast as causal of unwellness, and if unwellness is defined through practice as the blockage of aspirations, poor biomedical health, and negatively valued psychosomatic feelings⁸. That is, those living macrobiotically allege a dominant wellness is constructed by a set of normative capacities hitched to (capitalist) productivity. Their argument, as shown above, is that making the body *a resource* for normative productivity is causative of (macrobiotically defined) unwellness. That is, counter to a dominant narrative, they hold that capacity for

⁸ It is important here to stress that all these elements – denied aspirations, poor biomedical health, and negative psychosomatic feeling need not be present in someone who is ‘well’ by conventional standards. Rather, the significant thing is that a dominant paradigm of wellness *could* permit someone to be unfulfilled, biomedically ill, and feeling a slew of negative feelings and assessed as ‘well’ due to their possessing, and performance, of certain capacities. Likewise, it is significant that for those living macrobiotically, being ‘well’ according to a dominant paradigm is causative of unwellness as they imagine it – this is addressed in the next section.

productivity is not a valid metric for wellness. Instead, they argue that when one thinks only of ability to produce, it can be easy to end up with a broken (*kowareta*) self; things like happiness and community fall by the wayside.

Here, time and space interact quite differently. If what is causing unwellness is a certain attachment to productivity fostered by the interactions of the post-war state and capitalist enterprise, one ends up with a larger timeframe. Further, it becomes spaced out across the entire nation. Space and time interact such that the ways the nation-state comes into being determines where and when unwellness will manifest.

If this is the chronotope of macrobiotic crisis, though, how does Fukushima fit in? The nuclear meltdown becomes narrated as an instance of capital gains being privileged over what those living macrobiotically define as wellness, in a scalar manner. First, we have, as Kenji notes, the decision to build a nuclear reactor in an area often underprivileged in national development and to not place adequate safeguards in order to save cost. Then, the reactor melts down and exposes people to radiation, just as the earthquake and tsunami killed many people as a result of insufficient resources devoted to safety. This is then but one effect of a society committed to production, to (financial) growth; it becomes an effect of a different scale than someone collapsing at work from ignoring their body, but produced by the same incitements. March 11, 2011 becomes not exceptional, but a large-scale manifestation of a dominant trend in society.

This begs the question though: how do those living macrobiotically see unwellness as produced, and where/when are they intervening? If a dominant narrative sees the causal agent of the crisis as the earthquake and tsunami, then what do those living macrobiotically take as the *cause* of the endemic unwellness they believe a dominant rubric obfuscates? So far, I have

articulated the two chronotopes of crisis as established by competing rubrics of wellness. But while I have suggested that the spacing and timing proceeds apace of bodies' inability to normatively produce, I have not yet fully articulated how the macrobiotic crisis is produced. Restated: if the earthquake and tsunami render some bodies unable to normatively produce and thus are the cause of a dominant vision of unwellness, what causes macrobiotically defined unwellness? I have suggested so far the shapes of what unwellness germane to both rubrics, and argued that this determines the chronotopes of two different crises. How do those theorizing macrobiotically see macrobiotically defined unwellness emerge? Here, we must distinguish between a rubric of unwellness that supplies the chronotope of crisis its spacing and timing, and the means of producing this unwellness that become targeted for intervention. I turn in the next section to how macrobiotic practice does not merely supply a rubric of (un)wellness, but just as a dominant chronotope points the finger at nature, macrobiotic practice also assigns culpability for manifest unwellness.

Relating to 'Japan' as Crisis

Thus far, I have discussed how there are two different chronotopes of crisis at play in the macrobiotic contestation of March 11, 2011 as a break, or a natural disaster apart from the day before. I have also highlighted how the timing and spacing of the crisis have to do with what wellness and its opposite mean. If within a dominant narrative the causal agent of unwellness is relatively straightforward (the earthquake and tsunami), the causal agent of unwellness in a macrobiotic narration seems far more amorphous. If unwellness emerges, in the macrobiotic narration, through following a different rubric of wellness – that which is levied by industry, capital, and the state – where do these seemingly abstract, supra-individual forces touch the ground, so to speak? How do those living macrobiotically find specific nodes of intervention?

I want to now turn to how unwellness is produced because this determines in both chronotopes the bounds of crisis. Turning back to Austin's performative one last time, both crises come about in a performative matter due to two interrelated moves. One, discrete elements are asserted as connected. Two, what is grouped under the heading of a singular crisis is taken as referent in its enunciation, making it a socially commensurative space. The declaration of crisis does not simply lend denotative meaning, but it accomplishes the suturing together of various elements. So far, we have also attended to how based on what unwellness is measured as, certain agents are held responsible insofar as crisis is de facto a break from the normal: what caused the break becomes a question essential to intervention. In a dominant sketch of the crisis, the earthquake and tsunami made certain bodies unwell, and thus these bodies represent outliers, and nature caused them to depart from normality (which is coincidentally, productivity). Simply, if unwellness is caused by the events of March 11, 2011, than this is the opening of crisis. However, macrobiotic practice asserts that the injuries that resulted from March 11, 2011 – and may continue to – are analogous to a more endemic form of unwellness. But even more specifically, there is the assertion that *what is making people unwell across Japan, before and after March 11, 2011, is what caused the degree of catastrophe of that day*. In asking what caused the degree of devastation that day through its supplementing a natural disaster, we must also ask: what has and is causing macrobiotically defined unwellness?

It is immediately unhelpful to proceed as though those living macrobiotically believe a any singular thing is causal of *all* proliferating unwellness. This much has already been demonstrated in attending to how they reject the earthquake and tsunami as isolated causal agents. Instead, here it is helpful to think of the crisis not as evenly spread or acting upon people in a teleological sense, but rather, to think the crisis of unwellness – and what is causing it – as

yielded by diverse relationships thereto. Restated: insofar as the crisis has an awful lot to do with bodies, it is not apart from them, but proceeds through and of them.

To provide a language for articulating what animates macrobiotic practices around the crisis, I find Deleuze's (2007; see also Deleuze 1990: 154-161; Oksanen 2013) work on drug-use quite helpful. Deleuze writes that rather than pretend drugs have embedded within them the power to cause a predetermined outcome, the analyst is best served by tending to the diverse relationships people have to a drug via its use. His meaning here is that drugs cannot impact people apart from use, and so, to understand why people are using drugs and what this is causative of, one has to find a way to suture together individual contexts of use, and ferret out commonalities (Pignarre and Stengers 2011: 119-121). Drugs, or a crisis, make possible certain form of action and produce effects on the world, but they also cannot produce these effects outside of use, or in the case of a crisis, individual experience. In this case, the crisis is a platform like drugs: the crisis is produced through its localization through and of bodies, whilst also providing these bodies - through a set of discourses on (dominantly-conceived) and resources for, wellness and productivity - a rubric to interact with. Simplified: the crisis comes about precisely because it engenders multitudinous relationships to it through the very means of its production.

When we think of crisis in such a way, we touch upon another helpful aspect of Deleuze's remarks on drugs: causality as a *domain*. Deleuze argues that in querying a drug-use - or something which promotes and is produced by myriad, incommensurable relationships⁹ - causality is not able to be determined as a straight line, or even have all its points accounted for. Rather, the conditions of producing something such as the use of a certain drug, or a crisis of

⁹ Per Lambek (2015a), by incommensurable I mean two things put into relation and unable to be judged by a single rule.

unwellness, become intertwined with use through individuals' embodied practices. This creates a domain of causality in which every moment of use, or manifestation of unwellness, is overdetermined insofar as each relationship to the crisis simultaneously births and modifies the conditions of possibilities thereof.

This is all to say that a) the 'crisis' is not some agential force out there, nor b) does arguing that dominant ideas of wellness and productivity are causative of (macrobiotic) unwellness necessarily signal a belief that this occurs through a top-down imposition, of the discourses themselves or institutions as directly, in a clear line, causative. Instead, what I have leaned on Deleuze for is to suggest that implicit in macrobiotic practice and conversation is that unwellness's medium of circulation and agential force is that of bodies. That is, the (macrobiotic) crisis is produced through how individuals relate to discourses and material resources of (dominant) wellness and productivity. In this way, there is a domain of causality for the crisis, not a single cause: one thing alone is not making people unwell. Deleuze's account presses analysis to see how something like crisis is brought into being through a variety of actions, given by the personal relationships that people have to social forces. This means, as Deleuze shows, that analysis must seek out how local and diachronic contingencies, practices of the body, discourses, and other elements all form an assemblage where unwellness can emerge.

How does unwellness emerge, then? When Kanazawa Hiroko narrates her siblings dying from cancer, it is not as though she thinks they were somehow *intentionally* getting sick; but she does crucially figure what they were intentionally doing as making them sick (e.g. taking on the markers of masculine homosociality in her brother's case – drinking, smoking, not cooking and eating a bevy of prepared foods). This reflects others I have talked to: when former renowned French chef, Hijikata-san, and I talked in rural Fukuoka, he stressed to me that how he had been

living his life as a competitive chef in Tokyo produced his unwellness. The actions Hijikata took, the lifestyle he lived, had generated this in relation to ideas of competition and success. Hiroko's husband is also helpful here. Specifically, that Kenji thought he could not be macrobiotic until after he retired signals that 'being well' under one evaluatory regime is to be mired in a domain that is seen as causing an array of forms of embodied unwellness, running the gambit from depression to cancer. Restated: agency and intent are operative in a macrobiotic explanation. But for those voices in this paper, the intent to consent to mandatory overtime, to consent to eating mass-produced food – the geography of what an assemblage of the nation-state and capitalism enable (narrated by the chronotope of 'Japan') provide a specific domain of causality.

If we step back, however, voices I have enlisted throughout this thesis – Hiroko, Kenji, Hitagi, and even Takahisa of Morioka – have suggested that being a part of (Japanese) society is to be mired in the crisis. Indeed, I have suggested here that the chronotope of macrobiotic crisis is the spacing and timing of the nation. If the crisis is spaced and timed, interpolatingly, by the nation-state, then what I want to push towards is that macrobiotic practice rather straightforwardly configures the means by which the state and its confluence with capitalism – let us say a state-capital assemblage – is produced is a domain causative of unwellness.

What I want to suggest, then, is that the means by which the state-capital assemblage is produced becomes related to by macrobiotic practice as the assemblage wherein and through unwellness emerges. The means of bringing forth a specific form of society where capitalism and a certain form of the nation-state orient quotidian life is generating unwellness.

One can think of either Tsuchiko-san's theorization of depression in Tōhoku, or Kenji's argument that one cannot be a typical office worker and be macrobiotic. In both cases, the demands placed by work on workers, (macrobiotically conceived) unwellness emerges. More

specifically, by being told to live in certain ways, and following these as either normal or even generative of wellness (subordination of desires to money, in Tsuchiko-san's condemnations, for instance), one can become unwell. Here, the forms of life made possible by dominant ideas of productivity and wellness are intricately bound up with the forms of death and illness they enable.

This is all to say that insofar as bodies are the conditions of possibility for producing society in macrobiotic theorization, there is a tension between bodies' embodiment of abstract capacities and absorption of varied forms of labor's effects as it brings about both the crisis and state-capital assemblage: from things as literal as exposure to radiation in cleanup efforts in Fukushima, to loneliness and isolation brought on by repeated transfers within a corporation. Living one's life according to implicit and explicit directives that mobilize ideas of health, happiness, etc., can produce these things according to certain measurements, but in turn, can produce unwellness when measured via a different (macrobiotic) rubric. Insofar as phenomena like *karoshi* (death by overwork), increasing wealth disparities, and increasing childhood poverty in Japan all suggest, this tension embodying and enacting capacity, and what this produces, are not balanced. Further, if it is a productive tension, it seems productive of certain forms of biomedical and psychosomatic ill health.

In tacking between scales of emergence for my own perspective (theoretical discourses on biopolitics) and macrobiotic ones (ethnography), I find the sense of a biopolitics enlisting and acting through and of bodies to produce a crisis analogous to the timing and spacing of 'Japan' is significant, as this crisis indexes a radically different genealogy of liberal modernity. That is, rather than the nation and its developmental trajectory born out of a consciousness arising through circulation and the congealing of a group amidst stratification (e.g. Habermas 1994), the

putting to death of people through the lives they are enabled to live founds the nation's productivity on multiple overlaid levels of a scalar crisis.

This is ultimately, however, arising out of and enriching a more general body in social theory on circulation and mediation. Indeed, the conditions of possibilities for communities emerging appears most clearly in recent literature as processes reliant on mediation's binding, embodied effects (e.g. Ahmed, 2004; Mazzarella, 2009). But, as I have discussed in the section above, these projects enlisting populations draw them in and act on/through them, so much as necessarily remain gradated and incomplete (Ong 2007). Sovereignty is no exception (Barclay 2012; Simson 2016). As work on circulation and the formation of publics exemplifies, the establishment of society, the nation, and capitalism is necessarily ongoing and proceeds through 'material anchors' (Povinelli 2006). The mediation of such social forms through bodies is prerequisite so much as ground zero. To simplify: the very unfinished nature and involvement of certain nodes of life and death in processes congealing the nation and its productivity open up zones of 'immanent possibility' (Povinelli 2011).

In this light, practices of eating brown rice and *umeboshi* (pickled plum), of balancing sodium and potassium a bit different than before, of *being well* – become far from apolitical, but a site of work devoted to the productivity of 'unproductive' labor, a refusal of work (at least under a dominant rubric). Bodies in macrobiotic practices of wellness become an unproductive site, precisely in order to fail to reproduce a certain society; taking the productivity of a dominant set of discourses as generative of unwellness, to refuse this work and cultivate the body as unproductive assigns new work to macrobiotic-aspiring individuals. Here, there is an obvious corollary with the tactics of refusing work that Tronti (1980) and Weeks (2011) have discussed; sometimes, unproductivity is the future generated by other means (Baudrillard 1975: 163-167 &

1993: 16-18). As I have shown, how one narrates the crisis that Fukushima represents makes all the difference in planning for such a future – failure to act or work under one rubric here signals both the generative nature of a divergent narration, and the work it obligates.

Conclusion

In this paper, I have presented how those living macrobiotic have found Fukushima to be a theoretical and political issue. I began with the juxtaposition of two crises: one taking March 11, 2011 as the start, and the macrobiotic one, March, 11, 2011 as recurrence of the same on a large scale. I then argued that in macrobiotic practice, different rubrics of wellness construct juxtaposed chronotopes of crisis. Continuing, I demonstrated that for macrobiotic practice, a dominant idea of wellness reproduces the nation-state and government – the lack of capacities to reproduce both or either spells unwellness, or, a break with the normal. A dominant reaction to Fukushima as crisis is troubling for macrobiotic practice, insofar as taking the aftermath of March 11, 2011 as exceptional in turn normalizes March 11, 2011's antecedents. Moreover, as I have shown through ethnographic evidence, what is seen as causing March 11, 2011 is an ongoing (macrobiotically defined) crisis. When March 11, 2011 becomes an opening of the crisis and not a window into it, what macrobiotic practice has long been agitating against becomes taken for granted. For those theorizing macrobiotically, the means by which the conditions for death and injury (on the scale it occurred) to happen on the scale they did is the production of precisely those social structures taken as 'normal.'

This raises several significant issues to consider. First, per other critical anthropological work on crisis, crises appear here as forms of constructing social relationality and platforms for commensuration that can buttress dominant institutions through crisis's normalizing effects. At the same time, calling into question the very means by which crises as formed – such as the

macrobiotic critique of the nation-state and capital – can provide a powerful means of *practicing critique and analysis through embodied processes*. Second, the analysis and experience of those such as Hiroko, Hitagi, Kenji, and Takahisa push even further towards a consideration of what Puar (2009) terms the ‘bio-necropolitical collaboration,’ or, the idea that the ways in which people are incited to live by the confluence of nation-state and capitalist objectives is killing people. That is, there is a thorough blur between what forms of lives are made possible and how people are exposed to death. Third, the macrobiotic critique – that is, that the nation-state and capitalism require bodies to come about (thus the spatiotemporalization of the crisis = the nation-state = the cartography of its genesis through embodied ‘capacities’) – offers a means to consider productivity, unproductivity, and refusal. Tronti (1980) and Simpson’s (2016) different usages of ‘refusal’ are interesting to put together here: that one may perhaps find the refusal of productivity a productive refusal of the nation-state. The macrobiotic critique then raises the issue: if the production of the nation-state and capital is ongoing, necessarily incomplete by its character, what possibilities are opened up? For those living macrobiotically, their practices are explicitly understood as troubling the reproduction of society as is; unproductivity may yet be a productive avenue.

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