

Storytelling as Political Practice : Habitus and Social Change in the Minamata Disease Movement

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Storytelling as Political Practice: Habitus and Social Change in the Minamata Disease Movement

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1. Introduction

When I first visited Minamata, a city in southwest Kyushu in 2004, my intention was to learn more about the history of the pollution disaster that had happened there more than a half century ago.¹⁾ Talking with Mr. Kunio Endo, the Managing Director of “Soshisha, Minamata Disease Support Center” (hereafter Soshisha), I learned that the disputes over the Minamata disease incident had not been completely resolved; that discrimination and prejudice against Minamata disease victims within Minamata, and against Minamata citizens outside of Minamata, still existed; and therefore that struggles and social movements were still occurring in Minamata. This came as quite a shock to me because, having only textbook knowledge on the subject that dated back to my elementary school days, I had assumed that the Minamata disease incident was a past event, concluded long ago. Mr. Endo added that, while they still continued to offer various forms of support to victims, local advocacy groups nowadays focused their activities on handing down the lessons of this disaster to the wider public in order to prevent incidents similar to Minamata disease from ever happening again.

The main medium of such activities is *minamata machi annai* (Minamata guided tours), in which, for a fee, a guide from the advocacy group takes visitors to important sites relating to the incident, and tells them stories about the history of the Minamata disease incident. The sites visited depend upon the visitors’ requests, but often include: the chemical company responsible for the disease, fishing hamlets that produced many victims, reclaimed land created on top of the contaminated sea floor, museums and memorials, facilities for supporting victims of congenital Minamata disease, local environment-related companies, and green tourism sites. The visitors range from not only experts, such as scholars, governmental officers, and human rights activists, but also university students, school children, NGO workers, and ecologically conscious citizens from all over the country. Soshisha defines this tour not as a tourist business but a form of political action, although some advocacy groups criticize those conducting the tour for making profits out of or commodifying the Minamata disease incident. In fact, the tour does benefit the advocates’ organization financially, yet this is just one aspect of many that need consideration here. In what follows, I shall argue that the tour-guiding is an emergent form of political action.

How, then, can a guided tour be considered as political action? Does storytelling really contribute to the production of social change? How can we account for the power of storytelling in social movements? The German-American political theorist Hannah Arendt wrote:

Compared with the reality which comes from being seen and heard, even the greatest forces of intimate life—the passions of the heart, the thoughts of the mind, the delights of the senses—lead an uncertain, shadowy kind of existence unless and until they are transformed, deprivatized and deindividualized, as it were, into a shape to fit them for public appearance. The most current of such transformations occurs in storytelling . . . Each time we talk about things that can be experienced only in privacy or intimacy, we bring them out into a sphere where they will assume a kind of reality which, their intensity notwithstanding, they never could have had before. (1958: 50)

In the case of Minamata, we could argue toward the political potential of storytelling on two levels. The first level is that of public discourse, which has been widely discussed within anthropology and sociology (Davis 2002; Jackson 2002; Polletta 2006; Polletta et al. 2011). Bringing personal experiences out into the public realm helps grant agency and visibility to those who have been silenced. The guided tour is contentious in the sense that it brings stories of victims that have been hitherto neglected or suppressed into the public domain in order to denounce the injustice of history. The second level, which has not been often treated until now but which is more important here, is that of the interpersonal world.²⁾ By the interpersonal world, I mean the mechanisms in which the relationships among participants, as well as their relationships with other people and the world in general, are constituted or reconstituted through storytelling. I argue that the power of storytelling comes about through the dialectic interactions between the telling of episodes or interpretations and the audience's reactions or manner of involvement under certain social, cultural, and physical conditions.

In a situation where a storyteller interacts with an audience, we see the production of a sort of knowledge between them that concerns not only cognitive schemes of classification but also ethos, affect, and value. Drawing on Pierre Bourdieu's conceptual framework, we can analyze this process as a change in the "habitus": "the system of acquired dispositions that generate and structure practice" (Bourdieu 1977: 72). The concept of habitus helps to explain how material conditions are reproduced by and reproduce accustomed ways of seeing and doing things or practices, especially consumption habits in advanced modern society, and why we then have great difficulty in effecting social change, even though we are fully aware of the danger which our lifestyles continue to cause to people and the world.³⁾ According to Bourdieu, when there is a quasi-perfect correspondence between the social structure and the agent's habitus, the agent feels the existence and mechanism of the world as self-evident, while in contexts of intercultural contact, or political and economic crises, the correspondence is broken, and the critique which has brought the undiscussed into discussion forces the agent to question its self-evidential nature (Bourdieu 1977: 164–169). I will argue that the guided tour provides a crisis that serves to break through

the agent's taking of things for granted, creating the conditions in which the agent becomes able to form a distance from some aspects of his or her own habitus, and interpret, discuss, and reflect on it more consciously, consequently making change to the habitus possible.

In this article, I examine storytelling in the Minamata guided tour organized by Soshisha, focusing on how the tour guides' stories about the Minamata disease incident contribute to their social movement as vehicle for pursuing goals of an ecologically conscious and just society. The power of the storytelling in this context primarily resides in its production of images, insights, and explanations about the complexities of relationships between people and nature that it offers up for reflection and action, not the factual knowledge about the Minamata disease incident that it imparts (cf. Barth 2002: 8). Rather than presenting the objective "truth" about the incident, the guide will, in the course of a tour, tell personal stories in a creative way about how he or she, by learning the victims' distinctive ways of seeing the world and their experiences, was made to feel "moral shock" (Jasper 1997) or "defamilialization" (Marcus and Fischer 1986) and call into question his or her own materially affluent everyday life, subsequently choosing to pursue an alternative lifestyle. Visitors are thereby provoked into apprehending the account of the incident in a meaningful way, and connecting it with their own personal biography. This then stimulates them to reflect and transform their habitus or relationships with other humans and the natural world. In other words, a problematic social situation in the other's story that is incompatible with the listening self's habitual way of understanding generates a chance for doubting his or her own worldview or ethical consciousness that he or she has hitherto felt as self-evident. In order to provide some context, I will begin by briefly introducing Soshisha and the history of their storytelling. I will then turn to features of stories told by Soshisha in their guided tour and how such stories are created collectively. Finally, I shall speculate on the possibility of the Minamata disease incident, mediated through Soshisha's storytelling, becoming the catalyst for social change.

2. Soshisha and Minamata Guided Tours

The Minamata disease incident was a terrible catastrophe that happened in the course of Japan's rapid modernization.⁴⁾ Minamata disease was a kind of food poisoning, caused by eating large quantities of fish and shellfish contaminated by mercury contained in the effluent from a particular chemical company. The astonishing fact is that, although the first patient was officially diagnosed at a public health center in 1956, the chemical company continued to release the contaminated effluent into the sea until 1968. It was just after the cessation of the company's acetaldehyde production, which was responsible for the outbreak of the disease, that the government released an official declaration holding the company responsible for Minamata disease. During this period of over ten years, the tragedy grew far more widespread than it needed to have done, and the number of victims is now estimated by advocacy groups to amount to some 200,000.

There are many reasons why the spread of Minamata disease was so devastating. The company covered up the facts. The central and local governments, with the help of scientific professionals and the media, suppressed the victims' outcries, either openly or covertly, in

order to maintain the growth of the chemical industry. Early victims were mostly poor fisherpersons and their families living near the coast. They were pressured into keeping silent by peer fisherpersons who feared that speaking out would mean they would no longer be able to sell their catch. Moreover, Minamata was a city where that particular chemical company was dominant, and influential men in the city discriminated against the early victims, who were descendants of immigrants from barren islands, so that their voices were suppressed even further. There were a few early victims who demanded compensation, but they were mostly ignored and isolated from society. The majority of victims were forced to suffer undeserved hardships, keeping to themselves to avoid the scornful gazes of their neighbors.

Soshisha was formed in 1974 to offer support to victims in their daily lives. It takes its name from the Japanese word *sōshi*, meaning “mutual consideration.” It was built in the hills of the area in which the most severely affected victims were concentrated, looking down upon the polluted Shiranui Sea. According to their mission statement, the goal of Soshisha was to become a base upon which Minamata disease victims could build *mōhitotsu no konoyo* (an alternative world). This phrase was originally coined by Michiko Ishimure, a novelist famous for her *Paradise in the Sea of Sorrow*, a novel largely based on facts about the human and environmental tragedy caused by the Minamata disease incident. It is quite difficult to explain concretely what was meant by this alternative world, but it could be parsed for these purposes as a world where Minamata disease will never occur again.



Figure 1 Soshisha, Minamata Disease Support Center

Until the 1980s, most of Soshisha's energies were directed toward demanding relief measures for victims and supporting victims materially and spiritually. Then, in 1988, Soshisha established within its site the Minamata Disease Museum to present the history of the Minamata disease incident. From the 1990s on, the main focus of its activity shifted to transmitting the truth and significance of the Minamata disease incident to the world, based on the recognition that the incident, as the historically inevitable result of the pursuit of convenience and wealth, continues to raise fundamental questions about our way of life.

Staff members of Soshisha are known as *shiensha* (supporters), and have moved from Tokyo, Osaka, or other places to support victims in Minamata.⁵⁾ When I first conducted fieldwork there in 2005, the Soshisha staff comprised one part-time and seven full-time members. The number of full-time staff has fluctuated throughout the organization's history, ranging from four to thirty. Many of those I spoke to first had visited Minamata in their twenties or thirties with the purpose of learning about the Minamata disease incident or helping victims for a while, and had remained there ever since. When I asked local people about the image of Soshisha, one of their first answers was that the people who worked there were "those who speak *hyōjungo* [standard Japanese]," although about half of them spoke the Kansai dialect. The simple meaning of this answer is that the people working there are *yosomono* (non-natives), while its deeper meaning would be that, in speaking the form of Japanese perceived as "standard," they are capable of arguing with the government or the media on equal terms. By the standard of a Japanese country town, most of those working for Soshisha have had distinguished academic careers and possess advanced analytic and negotiating skills, and powers of self-expression. Having had experience in student movements, environmental movements, or NGO activities before coming to Minamata, they are generally good at planning collective action, organizing groups, using information technology, and manipulating the mass media. The expression "those who speak *hyōjungo*" means symbolically that they possess those resources and dispositions required to participate in public discourse.⁶⁾

Soshisha is not a discrete unit consisting only of staff. Its boundaries are rather ambiguous. Most of its staff are affiliated to some degree with other groups concerned with issues such as the anti-nuclear movement, waste reduction, organic agriculture, community development, and others within and outside Minamata. There is also a group of unaffiliated individuals engaged in other activities who frequently participate in Soshisha activities. Those people include "graduates from Soshisha" (ex-Soshisha staff), Minamata disease victims, and members of other advocacy groups loosely related to Soshisha. Moreover, there are about a thousand "supporting members" of Soshisha living all over the country, who are chiefly scholars, school teachers, journalists, (ex-)activists, students, and environmentally-conscious citizens. The work of Soshisha is supported to a large extent by membership fees and donations from their supporters. It is predominantly the supporting members of Soshisha who purchase books, low-pesticide citrus fruits and apples, organic tea, and other original goods from the organization. Moreover, these members often benefit Soshisha by bringing friends, colleagues, or fellow activists to Soshisha for Minamata guided tours or other events. Finally, the existence of supporting members from all over the country, not a few of whom are socially influential persons, has been one of the most effective

weapons in pressuring the government to concede to victims' demands. These supporters inside and outside Minamata are indispensable for the activities and existence of Soshisha as it is today.

Since its establishment, Soshisha has continued to collect victims' personal stories. It seems there were two purposes for beginning to do this. One was *benkyō* (study) or *gakushū* (learning), which meant learning from victims' experiences and ways of living. At that time, what they learned remained personal, delivered in part to a wider audience through articles published in Soshisha's newsletters, *Minamata* and *Gonzui*. The other was that of creating *kikitori* (recordings), which were aimed at proving that victims deserved compensation in public discourse. More concretely, Soshisha tended to collect scientific or legal evidence of damage or loss to prepare for the use in legal trial or political appeals. Therefore, victims were expected to give accounts that supplied the right scientific or legal material, rather than relating what they wished to about their experiences or memories. Before the 1990s, Soshisha's study and recordings had little intention of documenting and conveying the material that they learned from victims.

The process of reconciliation between victims, governments, and the chemical company that caused the pollution began in the early 1990s, gradually creating a favorable environment for open discussions of the incident in Minamata. There were several factors related to this, such as changes in Japan's industrial structure, the raising of environmental consciousness, changes in the political environment, impasses in advocacy group negotiations, and the aging of the victims. There were also three policies that greatly contributed to the creation of that environment. From 1990 to 1998, the *Kankyō Sōzō Minamata Suishin Jigyō* (Project to Promote the Creation of an Environment [for Reconciliation] in Minamata) sponsored various events that provided opportunities for open discussion among citizens, including city and prefectural officials, local leaders, victims, and advocacy groups. In 1994, Masazumi Yoshii became the city mayor, and started the *moyainaoshi* (literally "reconnecting two boats," signifying "reconciliation" in the Minamata dialect) campaign, which included the first formal apology by the mayor to the victims of Minamata disease, and programs to construct welfare facilities and promote economic development in the region. In 1996, the Cabinet, led by the Socialist Party, approved an agreement on the settlement of Minamata disease, in which victims withdrew their appeal for recognition of the disease, while the state and the chemical company agreed to compensate them and make a formal apology to local residents.

The progress made in the reconciliation increased the number of visitors to Minamata and also to Soshisha, which triggered the start of the Minamata guided tours. Since its establishment, Soshisha had been conducting a free tour of the sites related to the Minamata incident, as requested by visitors, especially those external supporters of Soshisha activities. As the reconciliation process proceeded, the number of visitors who had no connection with Soshisha and simply wanted to learn about the Minamata disease incident increased rapidly. Some of them left donations in thanks for the tour, ranging from a few thousand to twenty thousand yen. In 1993, the Basic Environmental Law was brought in. As environmentalism began to attract public attention in Japan, the Minamata movements, which had always comprised a number of different issues and attracted those with a variety of aims, many of

them related to issues of governmental policy, human rights, and social discrimination, became recast almost exclusively as part of an environmental campaign. Consequently the demand for the guided tours increased further, especially from schoolteachers preparing lessons on pollution. The tour guiding, which sometimes involved time-consuming preparation and troublesome prearrangements, made increasingly serious demands upon the staff's time, and eventually they decided, after much hesitation and long intensive discussion, to impose a charge for the tour guiding. They anticipated that the charge would suppress demand. Unexpectedly, however, the volume of visitors coming just for the guided tour increased still further, and started to request stories of victims' personal experiences that were seldom addressed directly by the mass media. Through a process of trial and error in meeting visitors' requests, the guided tour gradually became recognized by the Soshisha staff as a means of disseminating what they had learned from the victims in Minamata. Thus, Soshisha became, rather accidentally, a facilitator—or perhaps a doorway through which visitors could walk around Minamata town to listen to the testimony of the victims, to come into direct contact with nature, and to experience local lifestyles, ultimately recognizing the entire region as a field museum.

3. Stories Told by Soshisha

In Minamata, victims telling their stories at the Minamata Disease Museum or the Minamata



Figure 2 Minamata Disease Museum

Disease Municipal Museum are called *kataribe* (storytellers). They recount the sorrow, anger, or pain caused by their experiences of Minamata disease. But the Soshisha staff themselves are not victims, having no direct experiences or memories of the disease. Given this, then, what can they talk about? Are they even entitled to tell visitors about Minamata disease? Mr. Endo says, “There are two types of storytellers. We should not categorize them together as one type. There is the storyteller who tells facts based on his or her own physical and mental experiences, and then there is the storyteller, like myself, who tells interpretations of victims’ stories” (Endo 2007). I agree with Mr. Endo that there are two different types of storytellers. Supporters give voice to stories that the victims themselves are reluctant, unconcerned, or unable to tell.⁷⁾ What, then, are these interpretations Mr. Endo speaks of like? What sort of knowledge do supporters intend to transfer, and how is it transferred?

It is possible to imagine certain features of the stories or interpretations that Soshisha staff relate during the tours from looking at the advertisement on their website. “There is no manual for directing our guided tour. We guide you deep into Minamata, based on the knowledge, experience, and sense of individuals. The Soshisha way of providing a guided tour is to talk about topics related to the genesis of Minamata disease and Minamata town, the latest news in Minamata, and what we have experienced and discovered through the process of supporting the victims.” The criteria for telling stories and the principles governing their internal order are at the guide’s own discretion. Their stories are often improvisational, and the guide tends to change stories depending upon how the audience responds, or the requests they make. Nevertheless, we can discern two closely linked features in their stories, which clearly separate them from the victims’. On the one hand, Soshisha staff relate victims’ experiences and ways of life that they found meaningful or thought-provoking in their personal relationships with the victims. Such stories are called *kurashi no naka no minamata byō* (Minamata disease in the real world). On the other hand, although the protagonists in most of their stories are victims, the stories themselves are the guides’ own. Those stories include the tellers’ experiences or impressions, as well as their reflections on them. This is the reason why Soshisha staff often describe their stories as *waga minamata byō* (my Minamata disease).

3.1 Minamata disease in the real world

By “Minamata disease in the real world,” Soshisha means “viewing the Minamata disease incident from the perspective of the culture in the world where people live in their real life, not from the perspective of politics, society, industry, or medicine” (Endo 2002a). It is the story of how victims struggle to live as the incident encroaches tangibly on various aspects of everyday life. This perspective is important because “it allows us to decentralize the Minamata disease as told by the experts in technical terms” (Endo 2002b), and subsequently to reconsider the importance of nature and our relationships with nature and our community (Endo 2002a).

A Soshisha staff member explained to me the process by which she came to understand “Minamata disease in the real world.”

I feel that the images of the victims as they are presented within the movement or shown in

documentary films are far removed from the reality of those victims that we know in everyday life. . . . Since I joined Soshisha, I have been to listen to victims telling their stories in their real living environments, not just in the talks that they give at the museum. The first person I visited was Mrs. C. . . . She is really poor. She helps a neighbor of hers pulling up fishing nets for catching largehead hairtails. In return for this work, she receives a share of the fish, which she dries, and uses to feed her family. Her daughter suffers from congenital Minamata disease, and Mrs. C worries about her constantly. The daughter can take care of herself to a limited extent. Mrs. C has often had difficulty in making the payments for her daughter's pension. When this happens, she earns money by helping to pick oranges from a neighbor's trees, eating the wild butterburs that she finds, and spending as little money as she can. Listening to these kinds of stories, hearing about her life by the sea since she moved down from the mountains to get married, and then about her strained relationship with her husband, I started to get a feel for what her life was like . . . Through hearing about these various aspects of her life, I became able to understand her Minamata disease. This ability to link a certain person's Minamata disease with that person's way of life was an important step for me . . . I can't explain it that well, but I guess you could say I understood it not with my head but with my heart.

Soshisha understand the victims' suffering in terms of events that concern families, friends, and communities, situated within complex socio-economic contexts and long-term processes.



Figure 3 Minamata guided tour

The understanding of “Minamata disease in the real world” is founded upon Soshisha’s relationship with the victims, known as *tsukiai* (companionship). Mr. N, who was in charge of the sales of satsumas at Soshisha, explained to me, “For example, our relationship with the producers of satsumas (who are also victims) is not only in the interests of business. They have helped me a lot in my everyday life. Such relationships have formed the foundations for my way of thinking in various spheres.” Soshisha staff often contrast this *tsukiai* with their past relationship with victims, which is called *shien* (support). “*Shien* means to support victims both materially and morally with overriding priority given to what will benefit the victims” (Soshisha 2004b). On the other hand, *tsukiai* produces “solidarity among those who struggle for self-realization as human beings” on the condition that they respect each other’s autonomy and freedom to the maximum possible degree (Soshisha 2004a: 399–400).

Tsukiai helps in the understanding of victims’ speech and action as situated in particular conditions or living worlds. Ms. S said:

I think the images we have of victims—as patients, always crying or suffering, or else exalted martyrs—are distorted. I have felt that this is wrong for a long time. It’s not good to stereotype victims. Depending on the angle we approach the life history of a victim from, we see a whole variety of different things . . . Once, Ms. H, who volunteers at Soshisha, said something good. Mr. A [a victim] suffers from Minamata disease, but he is not a Minamata sufferer. When I interview a victim, I bear this in my mind. I want to hear other things about patients than just their good aspects, to see them as something other than saint-like figures. Something other than *kanja-san* (patients).

The images of *kanja-san* in publications and films and on TV tend to be either of those who suffered from the disease’s severest symptoms, such as insanity and paralysis, or else, of those who presently uphold their dignity as human beings, transcending their victimhood, despite suffering from the acute pain caused by Minamata disease. Without directly addressing the victims’ lives, both types of idealization subvert the critical awareness of the distance between representation and living realities that is necessary in order to avoid the fetishization of victims (cf. Khasnabish 2013: 76). Viewing victims one-sidedly as an object of pity or concern, or conversely, consecrating them, leads to the negation of their political existence by depriving them of the right to express themselves.

The space of *tsukiai* seems to correspond roughly to the “space of appearance” defined by Arendt. She wrote:

In acting and speaking, men show who they are, reveal actively their unique personal identities and thus make their appearance in the human world . . . This disclosure of “who” in contradistinction to “what” somebody is—his qualities, gifts, talents, and shortcomings, which he may display or hide—is implicit in everything somebody says and does. . . . This revelatory quality of speech and action comes to the fore where people are with others and neither for nor against them—that is, in sheer human togetherness. (Arendt 1958: 179–180)

What a person says and does hints at who he or she is. Being with him or her enables us to understand these hints. The space of *tsukiai* can be considered as this space of being with people, that is, “the space where I appear to others as others appear to me” (Arendt 1958: 198).

3.2 My Minamata disease

When Soshisha staff talk about “Minamata disease in the real world,” they never simply list off real-life facts or events in an objective manner. Rather, there is a strong tendency to overlay their emotional responses to them in their stories. Therefore, even when the stories are about victims, the hidden protagonists are often the Soshisha staff, who talk about their subjective experiences in being with the victims, with anger, grief, lament, unease, shame, confusion, frustration, or desire.⁸⁾ Mr. N told me about the stories he tells as part of his tour-guiding.

It is important for us to explain the lure of Minamata or Minamata disease as it is experienced by each of us. We should express ourselves through the telling of such stories. People don't need to visit Soshisha in order to learn the objective facts about Minamata disease. If that's all that Soshisha's guided tours did, they would be of little significance. It's our duty to explain our own ideas of Minamata disease and images of Minamata with no fear of making mistakes. In this sense, I always make a conscious effort in my tour to express the first things about Minamata that really affected me.

Each staff member has certain stories he or she particularly likes to tell, which he or she identifies with quite personally and which thus have special meaning to him or her. This is often because he or she discovered some points of resonance with his or her own history, such as discrimination or bullying, within the victims' experiences. In a sense, the reason why Soshisha staff express victims' anger or grief as if it was their own is therefore not only that they have paid careful attention to the victims or spent much time with them, but also that such emotions well up within them.

In addition, Soshisha staff talk about how the understanding of Minamata disease in the real world is related to their intimate self-reflection. It is the process by which, stimulated by their associations with victims, they discovered the link between the Minamata disease incident and themselves and how they reflected on their habitual way of life. This process might include how they started questioning the way of life that takes wealth and convenience as its goals; how they noticed the possibility that they might themselves have been a part of discrimination or prejudice if they had been put in a certain position; how they were encouraged by seeing victims helping each other to fight against injustice and struggle to clear a path for their own future with their own efforts; and how victims' lives give us evidence for opposing the dominant view on nature in modern society and hints towards a way of establishing a new relationship with the natural environment as well as other human beings. Feeling sympathy with the other means regarding his or her problem as one's own, sharing his or her experience, and integrating it into one's own experience. In fact, the stories told about victims by Soshisha staff are simultaneously their own stories. These

stories are “my Minamata disease” for the Soshisha staff. “Counsel woven into the fabric of real life is wisdom” (Benjamin 1969: 184). Those at Soshisha present themselves as people who have acquired wisdom through these experiences. Here, the Minamata disease incident becomes interpreted in the light of the staff members’ present lives, and possible futures.

We could consider these stories as a record of the process through which the teller’s habitus was transformed. When the social structure and agent’s habitus are in harmony with each other, the agent feels the natural world or the social system as self-evident (Bourdieu 1977: 164). However, on occasions when the agent faces the existence of the other that lies beyond the scope of his or her imagination, or an environment in which his or her habitual way of understanding does not operate well, the habitus cannot produce effective practices, causing mental suffering or moral confusion. One may have a strong emotional experience of this kind when one recognizes that the great damage or injustice against victims was brought about by a society of which one is a member, when one discovers the strong link between one’s comfortable urban life and the sufferings of people in Minamata, and when one comes across victims who live full and active lives despite their desperate situation. In such situations the reliability of the everyday life or worldview that is taken for granted is lost, so that the self’s habitus and practice also start to be questioned. Bourdieu argues that the habitus can change through social analysis, that is, the awakening of consciousness, and a kind of self-work that enables the individual to deal with his or her dispositions (Bourdieu and Wacquant 1992: 133 n.86). Each Soshisha member of staff demonstrates in his or her tours the processes through which he or she became able to consider aspects of his or her own habitus more critically through experiencing emotional shocks, and thus decided to pursue an alternative lifestyle rooted in an ecological and just society. This induces the audience to identify with the Soshisha staff, compelling them to realize that the fundamental causes of the Minamata disease incident, such as materialism, prejudice, and the avoiding trouble at any cost principle, exist inside themselves.

This analysis corresponds to the common recognition within Soshisha that the organization provides a reference point for people to reflect on their own lifestyle. Mr. N said, “I think, basically, tour guiding is the provision of materials. We just provide materials. How visitors then use these is completely up to them. Of course, my stories don’t have a conclusion. Sometimes, I reveal my personal conclusion, yet each listener must still evaluate it for himself.” Soshisha staff never offer easy explanations for what they recount. Storytelling opens up the possibility of an open-ended debate about the meaning of the story being told, and the Soshisha staff expect each listener to interpret the story in his or her own way, without being directed. It entices, arouses, and intrigues partly because the story is incomplete. A storytelling requires an act of re-creation on the part of the listener in accordance with his or her own dispositions and circumstances. Here are quotations from two articles in Soshisha’s newsletters:

The important thing is not to give visitors the information on Minamata disease from the victims’ point of view. We provide visitors with victims’ experiences in the community and the natural environment, and within various movements, with explanations of the worlds they

live in and our interpretations of them, so that they can discover their own Minamata disease. Our position is that of an intermediary. (Endo 2002b: 4)

If visitors' comments on a Minamata guided tour are just "Wow, the victims are so great," or "Oh, the poor things," I think that the tour has failed. If a listener fills his or her head with knowledge about the incident, but fails to attach his or her own meaning to it by asking why it occurred as it did, how the victims differ from him or herself, or what he or her can do for them, ultimately nothing has been conveyed after all. (Takashima 2005: 13)

Soshisha staff tell stories not to gain sympathy for those stories, but rather to provide the catalyst by which a listener can question his or her own naive worldview or ethical consciousness and assess his or her relationships with people or natural environments in light of the stories. They are sources of knowledge from which listeners acquire something themselves. When the stories appear to listeners as presenting vital issues that are relevant to their life, and become their own stories, then Soshisha would accept that the guided tour has achieved its objective. What Soshisha tries to do is ultimately to make the Minamata disease incident relevant for our life in the present.⁹⁾

3.3 A collective learning process

Soshisha staff live alongside victims, learn from them, reflect on their own habitus, and then reconstruct their own lives. This series of practices, of which they speak in the guided tour, cannot be easily taught, and there is no formal instruction in the practice of storytelling at Soshisha. Looking back on her guiding in the past, Ms. B said, "In my first year at Soshisha, I made desperate efforts to prepare myself for the tour by repeatedly reading *Jū no chishiki* (Ten Pieces of Knowledge—a book about Minamata disease) and *Ede miru minamata byō* (Minamata Disease Picture Book), and committing the map of Minamata to memory. I memorized everything I would recount in each situation. I did everything as if I had learned it from textbooks, so that I could guide only those who came without any previous knowledge." The process in which a newcomer gradually learns storytelling in the guided tour can be considered as a kind of apprenticeship, since it takes place through daily activities and interactions among staff. Their learning is embedded in social practices (Lave and Wenger 1991). Here, we should not view this process as one in which a newcomer adapts him/herself to an established community within Soshisha since, through the exchange of and competition between views, each individual there, including the veterans, is in the process of learning, contributing to the collective learning process as a whole.

The key mechanism of this learning process is the "morning meeting" held at Soshisha from 8 a.m. every morning. Mr. N, in his second year at Soshisha, recounted:

At first, I thought that the morning meeting was symbolic of Soshisha's excellent way of organizing activities. We report our activities to each other in the morning meeting and discuss them, and these discussions are put to practical use in our daily work. I used to tell people that I learned how to tourguide through the morning meetings. . . . Mr. T's stories and Mr. K's stories in the meeting were a good point of reference for my guiding. Previously, I was

only confident of telling my favorite stories during the tour, but by the time I started guiding, I had more stories that I could tell even then than I had, surprisingly. I believe that I accumulated a stock of stories in the morning meetings.

In the meeting, each member of staff reports on the previous day's activities and the schedule for the day ahead, which promotes information sharing and mutual checking of the progress people are making with their work. In addition, staff members exchange stories about emotional experiences, puzzling problems, and unexpected findings in their daily activities. In response to these stories, colleagues offer casual remarks, impressions, and relevant stories of their own. From this radically egalitarian atmosphere, frank discussions, unreserved criticisms, and sometimes even fierce conflict and shouting matches often ensue, which help the members to achieve a higher degree of self-reflexivity.

What this implies is that the Soshisha staff are discussing, either directly or indirectly, whether the teller had an appropriate understanding of or emotional response to the situation in the story. Although the need for conformity is never emphasized, and there is no attempt made to unify staff members' opinions, these discussions do appear to end up defining the appropriate emotional responses or means of understanding various situations, even if this process is an unintentional one. For newcomers, telling stories in the morning meeting can serve as a rehearsal for their guiding, while accounts told by senior staff provide models or materials for their reflections. Stories of how they make sense of victims' circumstances, how they feel about victims' ways of life, and how their understandings and feelings shape their current worldviews or identities become "packages of situated knowledge" (Lave and Wenger 1991) for Soshisha. These packages have enabled staff to tell stories in the Soshisha way. In a sense, they seek stories to tell as part of their everyday practice, while the telling of stories in turn reproduces or reorganizes these practices. Therefore, stories told at Soshisha gradually shift according to the results of their day-to-day learning processes.

4. Storytelling and Social Change

This article has so far concerned itself with what the supporters in Minamata try to transmit through the practices of storytelling, and how. Now, we must turn to consider the possibility of their bringing about a "social revolution." Do the stories told carry a sense of reality for the visitors? Do they prompt a feeling in the visitors that something is amiss, and thereby initiate a process of self-reflection? I would say that in many cases they do, although the intensity of that experience varies considerably among visitors. As Bourdieu points out, whether or not stories are accepted as real largely depends upon the conditions on which their recognition and approval depends although we tend to overlook this by focusing exclusively on their content (Bourdieu 1991: 113). The reality of the Minamata disease incident as it is embodied in the storytelling is an interactional creation between the staff and visitors. Therefore, recognizing the storytelling as a social event in which the meanings of stories are created, evoked spontaneously in the interaction, we should consider who tells them, in what setting, and to whom.

The power of storytelling and the listener's response to a story depends upon the

credibility of the teller.¹⁰ It is strengthened by the identity of an individual revealed in the acting and telling (Arendt 1958).¹¹ Leaving the cities from where most of them came behind them, Soshisha staff members live in Minamata to support others quite far removed from themselves, and carry out experiments in an alternative lifestyle based on what they have learned through their support activities. This is not only conveyed to visitors through their stories, but also perceptible from their out-of-date but well-kept facilities and equipment, ecologically friendly lifestyle practices, and artless, generous, and thoughtful attitudes.¹² The fact that the stories they tell are based on these experiences greatly intensifies and enriches their emotional power. In other words, in telling stories, Soshisha staff not only reveal the passion for their project but also “show ‘who’ they are, reveal actively their unique personal identities and thus make their appearance in the human world” (Arendt 1958: 50).

The effect brought about by storytelling also depends on the environment in which it is performed. The sense of reality created through the agency of the place, which embodies the history and the values of the Minamata movements, and the fact of its being the actual location of the incidents being spoken of, as reflected in its atmosphere, provides a context in which the stories told seem urgent, dramatic, and important. In this sense, “place” consists not only of certain historical buildings and sites, but also artefacts, landscape, topography, climate, sunshine, smell, temporal rhythms, and local people. One visitor wrote the following comment in the Soshisha’s visitor notebook: “When I was confronted with the actual things, the various scenes of the incident, one after another, my body grew heavy and sluggish (*karada ga omoku natta*), as if I was being physically overcome by the unspeakable things that were being conveyed through them. I think that this feeling was caused by the importance of what has been transmitted from the past to the present, or the weight of what actually took place in Minamata.” Their feelings about the place and the emotions provoked by the landscape surely help visitors to envisage the stories told by Soshisha staff (White 2004: 299; Williams 2007: 102). Such places may be perceived as locations where visitors can see and hear the voices of those that died of Minamata disease (cf. Sturken 1997). What renders the storytelling compelling is not only the meanings it conveys, but also the way the meaning emerges as part of an interaction with the total environment.

The perceived “reality” of the stories told at Soshisha is also aided by the fact that the visitors’ dispositions tend to roughly conform with the general tendencies seen in Soshisha practices.¹³ The Minamata disease incident has many meanings with multiple interpretations. Attracted by some of them, which they may or may not be conscious of, many visitors, with the exception of school children, make a choice to come to Soshisha based on their own current concerns, situation, and agenda. During the tour, visitors frequently show emotional responses and make comments on Soshisha’s stories. By observing these responses and also asking questions, Soshisha staff quickly come to understand the visitors’ expectations, interests, and anxieties, and link them to some aspects of the Minamata disease incident by providing relevant stories and making thought-provoking comments. They interweave its stories with the issues that the visitors are likely to encounter in different contexts as part of their everyday life. Thus, Soshisha’s storytelling is mostly effective because it appeals to what the audience expect and attach value to.¹⁴

We should consider Soshisha not as a self-contained, unitary whole but as a site of complex networks of knowledge production. It is one of the communities which people visit in order to discuss and learn about the way in which to engage in the reflexive construction of cultural life. Even within the Minamata movements, there are others similar to Soshisha within, as well as outside, Minamata. In this sense, as the number of similar sites of discussion and learning, whether storytelling-based or otherwise, increases, and these sites begin to connect with each other, we can believe that the likelihood of an alternative world being established gradually increases. Even if stories told by Soshisha impart a great shock to a listener, he or she is unlikely to make a complete revision of his or her habitus through just one experience. Changes in one's worldview or ethical consciousness do not arrive suddenly, but transpire cumulatively as an extension of past changes. Continued listening to stories helps people to further clarify, reinforce, or reflect on their habitus, and to be reassured that it is possible to construct an alternative world. Having one's habitus affected by storytelling would make one more likely to participate in a similar practice again. It is not rare for participants on the guided tour to become repeated visitors to Minamata, Soshisha supporting members, donors to Soshisha, frequent viewers of the Soshisha website, regular buyers of Soshisha products, or even activists in a local movement that is somehow related to Soshisha activities. Such people would continue to see themselves as activists or supporters.

Of course, self-transformation of this kind is not directly connected with institutional changes. However, if one continues to maintain an emotional commitment or to recreate the transformed habitus through repeated participation in relevant events, one is much more likely to respond to an appeal for support from the movements if and when a crisis arises. In fact, we saw a crisis of just this kind when a protest movement emerged in reaction to the construction plan of an industrial waste treatment plant in Minamata between 2004 and 2009. Through this crisis, the Minamata disease incident was given a new historical meaning retrospectively.

Notes

- 1) Fieldwork for this study was conducted over a period of six months between 2005 and 2006. Supplementary fieldwork was conducted for two months in 2013, with financial support from JSPS KAKENHI (Grant Number 25370958). I would like to thank the Soshisha staff members who offered their help during my fieldwork, in particular Kunio Endo, Managing Director of Soshisha, who gave me much help and advice. Although this article is a result of my discussions with Soshisha staff, it does not necessarily reflect their views.
- 2) We could also conceive of other levels, such as those of constructing self- and collective identity, empowering, and effecting disciplinary authority (see Polletta et al. 2011).
- 3) Several sociologists have drawn on Bourdieu's theory in the study of social movements in a variety of ways (for example, Crossley 1999; 2002; 2003; Eder 1993; Haluza-DeLay 2008; Polletta 2006).
- 4) The catastrophe is often referred to as an "incident" to emphasize that the Minamata disease was not a natural disaster but a crime committed by humans.

- 5) In Minamata, *shiensha* is the term for those who support victims of the disease in one of various ways. The term is used by the *shiensha* to describe themselves only hesitantly, for a lack of any better word. The reason for their hesitation is that the word connotes the radicals who once devoted themselves entirely to serving the victims, and fought courageously in victims' court battles. I will come back to this point in the next section.
- 6) In this sense, as Bourdieu (1984) demonstrated, Soshisha staff members can be considered as the educated middle classes, or more specifically, the new petite bourgeoisie (those who provide "social repair" services), who are more disposed towards and have better resources for engagement in the public sphere. It is obvious that their knowledge production in the movement is enabled by these dispositions and cultural resources. The predicament Soshisha staff members face, which possibly also works in their favor, is their being unable to identify completely with either the victims (mostly fisherpersons) or the oppressors (capitalists and their allies).
- 7) I speculate that gaps between supporters' stories and victims' originate fundamentally in the discrepancies in capacities for reflexivity, or the ability to adopt a critical stance toward everyday life in terms of the Minamata disease incident.
- 8) I include shame here because Soshisha staff identify not only with victims but also with the perpetrators.
- 9) In this sense, it is not that when the audience argue or disagree with the storyteller that Soshisha have failed in their objective, but rather when the audience pay no serious attention to the story, question its reality, or lament the misfortune of the victims as if it were nothing to do with them.
- 10) The artistry of the storyteller greatly enhances the ability to impact the listener. In fact, veteran staff members can move their audiences more deeply, perhaps consequently having a greater effect on their thoughts and behavior. I shall not address this topic here.
- 11) Arendt adds the precondition that this happens only where the space of appearance comes into being, namely, where people are in sheer human togetherness (Arendt 1958: 179–180). I think that this precondition exists in Soshisha's storytelling.
- 12) For some visitors, Soshisha's stories are more easily considered untrustworthy, dogmatic, or fabricated because they are told by activists displaying these characteristics.
- 13) It can be said that, like Soshisha staff, many visitors share what Bourdieu calls the *petit bourgeois habitus* (Bourdieu 1984). In fact, with the exception of school children, repeated visitors are mostly social workers, teachers, lecturers, journalists, and NGO workers. Eder points out that the relationship with nature has always had a central significance in the *petit-bourgeois* lifestyle (Eder 1993: 134).
- 14) As a senior Soshisha staff member explained to me, "Soshisha is supported by the *yume* (dreams) that each supporting member cherishes about Soshisha." Since the 1970s, Soshisha has been one of the key social movements in Japan, at least symbolically. Many supporting members, especially those of the '68 generation, are now not so active in social movements themselves, but still believe in the work of Soshisha without entirely sharing the organization's ultimate goals. By concerning themselves with Soshisha, they continue to engage in issues surrounding Minamata disease, or feel themselves participating in Minamata movements. In a sense they commit their concerns to Soshisha. Whether Soshisha can continue to exist, therefore, largely depends upon the extent to which the supporters' images of Soshisha correspond to the real activities of Soshisha. Soshisha exists not only for victims but also for its supporters.

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