Communal Practices and Social Cultivation in Asylums:
—National Sanatoriums for Hansen's Disease in Japan—

Masayo Arizono

Introduction

This article clarifies the various aspects of previously isolated inmates cohabitating in Japanese national Hansen's disease sanatoriums from the 1950s through the 1970s. Many of these inmates engaged in joint activities to improve their quality of life. This article focuses not on the systematically organized social movements or recreational activities provided by authorities, but targets spontaneously formed inmate groups and their associated activities.

1 Previous research

Case studies have already described how inmates in forced concentration camps, psychiatric hospitals, and other isolation containment facilities have incrementally improved their lives. For example, Goffman (1961) described what he called "secondary adjustments" made by residents within psychiatric hospitals to satisfy their living-space needs, which included unauthorized methods used for "unofficial" purposes. These cases exemplify how such human efforts can result in improved living satisfaction in a variety of circumstances.

Goffman ranks these strategies as those used by confined persons to "adapt" to institutional life. He thus interprets the ultimate function of these strategies as maintaining order no matter whether such attempts intend to go "behind" or "around" the system (Goffman, 1961). However, it seems evident that such actions are designed to result in improved living circumstances, and thus occasionally help inmates escape from or avoid (even if temporarily) authority, institutional pressures, and systemic restraints.

For example, Radford (1945) and Kogon (1945=1950) had empirical information regarding secretly performed group activities. They reported that such activities were effective in disempowering institutional supervision and reducing the burdens of enforced labor. In "watertight" systems such as those of Nazi concentration camps, such joint-inmate actions effectively resulted in certain improvements. These findings suggest the potential capability of group action in improving living conditions in weakening isolationist and surveillance systems. Such changes may result in positive applications for

inmates.

This study also focused on the type of power inherent to group activities. The arguments presented by scholars such as Radford and Kogon emphasize the developmental processes associated with inmate activities following them over time. However, such findings do not necessarily clarify the significance and meaning of these practices for the inmates themselves. This study thus sought to elucidate the various aspects of practices performed to "live through" constrained circumstances. This includes an investigation of actual cases to reveal the specific meanings and results of such actions.

2　Japanese policies on Hansen's disease

Before describing the results of this investigation, I would like to outline the circumstances faced by persons suffering from Hansen's disease.

1907: "Matters Concerning Leprosy." This entailed containment within institutions for patients who had become "vagabonds" (i.e., homeless).

1931: "Matters Concerning Leprosy" revised to the "Leprosy Prevention Act." This entailed the universal containment of Hansen's disease patients in sanatoriums.

1953: A campaign was established to oppose the "Leprosy Prevention Act."

1996: The "Leprosy Prevention Act" was repealed.

The 1931 "Leprosy Prevention Act" established that all persons with Hansen's disease were obligated to enter and reside at a designated Hansen's disease sanatorium. Patients did not have the right to refuse residency and were forcibly contained. Patients were not allowed to leave these sanitoriums even after being cured of Hansen's disease. Once contained, resident inmates were required to remain in their location until death.

Sanatorium inmates were compelled to work in facility operations. These jobs frequently involved heavy labor, including ditch-digging, public works, cooking and cleaning after meals, caring for severely ill and physically disabled persons, and cremating corpses. Inmates were not allowed to leave their sanatoriums, which were encircled by tall, thick walls to prevent escape (similar to prisons). Inmates were severely restrained from acting or behaving freely while incarcerated. This policy of complete isolation continued until 1996.

3　Investigation Overview

Next, I will discuss the cases examined during my personal investigations. In the 12-year period from 2004 to 2015, I frequently visited national Hansen's disease sanatoriums throughout Japan. I performed ongoing interview-based surveys (e.g., using the life history method) among resident "inmates" of these sanatoriums. I also collected and analyzed written documentation. Survey subjects were both males and females aged 50 and up during their time of residence.

The surveys focused on the 1950s-1970s.

Survey questions were designed to determine aspects of life at the sanitoriums during that period. The Main Survey contents involved an investigation of unofficial (i.e., non-organized), spontaneous groups formed at national Hansen's disease sanatoriums and the various actions thus undertaken.

The interviews revealed information about inmate responses to the living constraints posed by isolationist policies. Such responses were not limited to individual survival strategies or the political activities of organized social movements. There were also unorganized living practices conducted among inmate groups. These were significant in that they helped inmates live through extreme conditions. Next, I will discuss the relevant details.

4 Various Aspects of Communal Practices

To improve their living circumstances in any manner, sanatorium inmates devised and implemented a variety of tasks aimed at supplementing insufficient physical amenities and services within their sanatoriums.

As described above, residents were obliged to work in these sanatoriums to maintain facility operations. Wages were around one-tenth of those normally received in Japan. Inmates thus strived to earn cash income from other sources. For example, food animals raised within the facilities were sold to outside businesses. Sake (i.e., rice wine) was also produced and sold, and vinyl-plastic greenhouses were constructed and sold to nearby farming villages. These jobs were performed without assistance or interference from the institution. Rather, they were autonomously performed and self-managed by the inmates themselves.

Many sanatorium inmates suffered from the sequelae characteristic of Hansen's disease. This is associated with limb deformities, amputations, and visual impairments. Many patients did not have much physical strength. How, then, were they able to work? Here, I refer to relevant interview data from resident inmates, as follows:

> "First, we would get ahold of some sake, negotiating with local businesses to provide even small discounts. After we sold the sake, we would visit all of the resident's rooms to collect empty bottles, which we then sold to rubbish collectors. That was pretty good income."

> "We were all sick, with no physical strength, and with the illnesses that go with Hansen's disease. Some people were missing arms or legs. So, when we worked, everyone would do whatever they could, working as slowly as necessary. Those with arms and legs and physical strength would do such things as pick up orders or make deliveries, and so on. Persons missing arms or legs, or those who didn't have strength, would 'tend shop,' doing calculations and whatnot. According to everyone's physical states, we would all do what we could, helping each other by substituting or taking breaks, etcetera."

Residents thus separated work duties according to individual physical condition. In this way, residents could obtain their own cash income. At the same time, they were able to autonomously create and conduct activities at venues within their sanatoriums through work that involved mutual understanding and balance based on physical limitations and the willingness to compromise with and assist each other.

5 The Social Significance of Communal Practices

What significance did these group-based lifestyle practices have for sanatorium inmates? Here, I refer to relevant interview data, as follows:

> "We were all so young then. Locked up is a so-called 'sanatorium,' we were still not going to just 'behave well.' We thought we should do something, anything, or we'd only end up dying lonely. No one wanted to just be locked in and wait for death. No way! We wanted ties with the world outside the sanatorium. We wanted to try something ourselves, to get over our isolation and despair. Being flexible and working together, that was fun. We wanted to do something to cheer up everyone who was living in the sanatorium."

If they had not been suffering from Hansen's disease, inmates who spent their youthful years in sanatoriums would have been able to enjoy both family and community life. They would have been able to look forward to future promise. However, these possibilities were taken away. Communal life practices conducted by sanatorium inmates had significant meaning in that they could help heal this pain. Such activities could also provide transient excitement, hope, and desire.

Another important aspect was that these group practices enabled the development of social relationships with people living outside the sanatorium. That is, they provided a medium of interaction between life inside and outside the facilities (i.e., between people with and without the disease).

Conclusion

The communal life practices maintained by sanatorium residents developed as attempts to establish venues for earning basic income. However, the fruits of these practices went beyond the dimensions of earning fair pay and maintaining daily budgets. Inmates were also able to realize variety in their lives, granting patients a sense of purpose and fulfillment. The significance of their practices was as follows:

(1) A means of employment to secure autonomous zones in asylums

(2) The establishment of contact zones in which inmates could meet people on the other side of the wall, thereby broadening and extending their lives

(3) A way to share hopes and desires with other people, promoting emotional healing

This significant becomes even more

distinct when one considers the unique spaces in which Hansen's disease sanatoriums and residents were placed. Patients were deprived of their qualifications as members of general society, careers, and, in some cases, their names, which were erased from government family registers. Their daily lives were rife with pressures that rendered them powerless and stripped them of autonomy. Their personal goods were confiscated and they were placed under strict surveillance and control. They had no input regarding daily schedules.

In this sense, the sanatoriums were truly asylums as discussed by Goffman (1961). As an example of "bare life" or "homo sacer" (Agamben, 1995=1998), inmates were powerless under numerous overlapping mechanisms that expanded in every direction. Forced to live their lives under these drastic circumstances, sanatorium inmates engaged in practices and processes involving trial and error to resist the pressures designed to render them powerless. These inmates sought to secure their autonomy. Eventually, these practices would bring drastic life improvements.

These examples of communal practice detail the possibilities in which human efforts can result in the changes necessary for leading satisfactory lives despite harsh circumstances. These cases thus reveal the existential issues common to all human beings.

References

Agamben, Giorgio, 1995, *Homo sacer: Il potere sovrano e la nuda vita,* G. Einaudi. (=1998, translated by Heller-Roazen, Daniel, Homo Sacer: Sovereign Power and Bare Life, Stanford University Press.)

Arizono, Masayo (有薗真代), 2017, *Hansen-byō Ryoyo-jō wo Ikiru: Kakuri-heki wo Toride ni* (ハンセン病療養所を生きる―隔離壁を砦に*Surviving in National Sanatoriums for Hansen's Disease: from Asylums to Autonomous Fort*), Sekai-shiso-sha (世界思想社).

Bourdieu, Pierre, 1993 "La Misère du monde". (=1999, translated by Parkhurst Ferguson, Priscilla, et al., "The Misery of the World", *The Weight of the World: Social Suffering in Contemporary Society, Polity.*)

Bruner, Edward M., 1986, "Experience and Its Expressions," Turner, Victor W. and Bruner, Edward M., eds., *The Anthropology of Experience,* University of Illinois Press, pp.3-30.

Kogon, Eugen, 1946, *Der SS-Staat: Das system der deutschen Konzentrationslager,* Europäische Verlaganstalt. (=1950, translated by Norden, Heinz, *The Theory and Practice of Hell: the German Concentration Camps and the System behind them,* Berkley.)

Goffman, Erving, 1961, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates,* Anchor.

Henssler, Ortwin, 1954, *Formen des Asylrechts und ihre Verbreitung bei den Germanen,* Klostermann.

Radford, R. A., 1945, "The Economic Organisation of a P. O. W. Camp," *Economica,* 11: pp.189-201.

Acknowledgements

This article is based on my books (below) and reports at ISA in Yokohama and the Terasaki Center for Japanese Studies at UCLA.

I would like to give special thanks to Professor Katsuya Hirano (Department of History, UCLA) and Professor Keith L. Camacho (Asian American Studies Department, UCLA).

(1) Arizono, Masayo, 2017, *Hansen-byō Ryoyo-jō wo Ikiru: Kakuri-heki wo Toride ni* (ハンセン病療養所を生きる―隔離壁を砦に *Surviving in National Sanatoriums for Hansen's Disease: from Asylums to Autonomous Fort*), Sekai-shiso-sha.

(2) Arizono, Masayo, *"Practices for Fertilization of Life in the National Sanatorium for Hansen's Disease,"* RC55 Session "Pain and Social Suffering Around the World", XVIII World Congress of Sociology, International Sociological Association, Yokohama, Japan, June 2014.

(3) Arizono, Masayo, *"Communal Life Practices in a National Sanatorium for Hansen's Disease,"* RC36 Session "Alienation Theory and Research ", XVIII World Congress of Sociology, International Sociological Association, Yokohama, Japan, June 2014.

(4) Arizono, Masayo, *"Formation of the Social Movements in the National Sanatorium for Hansen's Disease in Japan,"* The 4th Trans-Pacific Workshop, Terasaki Center for Japanese Studies, University of California Los Angeles, CA, USA, June 2017.

I would like to thank Editage (www.editage.jp) for English language editing.