

# The Body with Anonymous Organs

Transformation of the Body and the Social in Organ Transplantation

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## **Technological Intervention in the Body**

It has long been pointed out that scientific practices create many measures through which the body is governed (Lindenbaum & Lock 1993; Lock, Young & Cambrosio 2000). Above all, when medical practices intervene in the human body, its image may transform drastically, and accordingly, so may the condition of body experiences. Technological intervention enables us to recognize the body as an assemblage and to use its parts in new contexts that are totally different from previous body conditions. These parts are removed from the notion of the ‘natural body’ and then transformed into lively materials that require new conceptions (Sunder Rajan 2012).

When thinking about such interventions and the partial conception of the human body, organ transplantation typically comes to mind. For example, kidney transplantation involves the process of removing the organ and replacing it in another body. At that time, the kidney comes to be recognized as something other for the recipients. Although the body may be experienced as both subject and object in general conditions, it starts to become an experientially explicit object under medical control after organ transplantation. Then, new relationships emerge

inside and outside the recipient's body. Recipients have peculiar experiences, such as the sense that someone else's body is inside theirs. This is not only fanciful speculation but is immunological and reflects social reality: without immunosuppressants, the recipient's body will attack the new kidney and try to damage or destroy it as a foreign invader. To understand these bodily conditions with new technologies, the relationships between self, others, body parts, technology and society must be rethought.

This is not the case only for organ transplantation but also for other medical practices that intervene directly in the body and focus interest on any particular part of it. Taking reproductive technologies as an example, medical diagnoses for early stages of pregnancy function as dispositifs which help to generate a pregnant woman's experience of 'having a baby in the womb' before she might recognize that condition by herself (Duden 1991). In other words, technological intermediaries provide the condition for going through pregnancy. Once the unborn child is experienced through a medical intermediate, body experience starts to be discussed not as a personal matter but as a public concern. That is why the abortion controversy erupts between women's rights and the rights of the fetus (Boltanski 2004). Without the modern pregnancy test, it would be impossible to talk about the rights of the fetus so early on because one cannot recognize the existence of fetus without scientific representations. But at the same time, it seems absurd to think of the social relationships involved in the representation of a fetus before it really exists in an actual social context. The fetus is actualized by medicalization and socialized by technological practices, transforming social relationships surrounding the existence of the fetus.<sup>1</sup>

What is common to these practices of technological intervention is a process whereby the body is defined not as a whole but in a quite limited and transformative—immature and undifferentiated—way according to its purpose.<sup>2</sup> Accordingly, most of the criticism of the new medical technologies pays considerable attention to their modes of intervention and how they transform the natural body, which supposes it to be given as *a priori* and draws strict distinctions between what is inside and what is outside the body. New medical technologies that treat the body in mechanical and partial ways raise a lot of ethical problems, such as the disappearance of the body or the vanishing of humanity.<sup>3</sup> The body given in this context supposes that each body works as an

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<sup>1</sup> For phenomenological implications of the fetus, see Verbeek (2011).

<sup>2</sup> See, for example, Landecker (2007) and Skloot (2010) on the research applications of the cell; Rose (2007) on using genetic information in preventive medicine; Rapp (2000) on having or not having a child through new reproductive technology.

<sup>3</sup> Kass & President's Council on Bioethics (2003), Habermas (2003) and Fukuyama (2003) are some of the representatives who warn about the risks of new technologies to humanity.

organism and corresponds to its personality or humanness. Body parts come into question in this way when discussing human dignity.

However, when the human body is used in a new way in a partial condition, it also acquires new connectivities to other bodies, institutions, and individuals. It creates new connections beyond previous conditions, and this process of reassembling the body can be involved in the reorganization of social relationships.

Relationships inside and outside the body are becoming increasingly complicated, so it is important to face the fact that technological interventions in the body raise, not only moral questions, but also questions of a new social order that can never be properly comprehended as long as it is based on mechanical or natural metaphors of the body. If artificial manipulation of the body is involved with the transformation of social relationships, we have to focus more on micropractices concerning partial bodies. By doing this, the body can appear as multiple and understood as a basis of new social order (Mol 2002). Just as we recognize and study cultural othering, medical practices can make it possible for us to see the body as an other.

By focusing on the practice of organ transplantation, this article considers how the partialized body enables new social relationships and, conversely, how these emerging relationships help to engender new experiences of the body, all of which emphasizes the multiplicity of the human body and of sociality.

In the next section, two discrete situations describe the anonymous relationship between donor families and recipients. In Japan, the donor family and the recipient are prohibited from meeting with each other after organ transplantation from brain-dead donors. Consequently, the organ cannot be recognized from both sides: the recipient can only get very limited information about his or her donor and the donor families can never know who received the donated organ. I define this relationship as anonymous and examine the experience with the anonymous organ from both perspectives, and the way in which both parties try to communicate with each other after organ transplantation. Because the donated organ leaves few social traces, the anonymous organ is expressed by means of multiple personal definitions—I, you and they—depending on its various contexts, and the practices of expression have an internal connection with both the form of social relationship they generate and the body image itself. I will discuss the aspects of these relationships and, finally, suggest the internal and material link between the body and the social.

## The Anonymous Body Part and Its Image

Organ transplantation in the case of brain death has been an influential and important case for considering the recalibration of the relationship between the body and society. Many ethnographic researches on this topic have examined the historical and cultural meanings of changing concepts of life and death (e.g. Hogle 1999; Lock 2001; Moazam 2006; Sharp 2006). Here I will describe the anonymous relationships and examine the ways in which people rebuild both their bodies and social relationships.

Organ donation from a brain-dead donor is executed under anonymous conditions. Donor families and recipients are prohibited from meeting with each other, because direct communication between the two is considered to entail the danger of the development of unexpected relationships, such as the possibility of financial transactions or power dynamics of dominance and submission (Fox & Swazey 1992). So it is crucial that these parties do not have personal contact with each other.

In practice, there are cases when both sides meet at the same place. But in these instances it is only the meeting of the recipient and the donor family of another recipient. That is, recipients do not meet their own donor families but meet with a person categorized as ‘donor family’ in the transplantation system.<sup>4</sup>

Anonymity in this context means that the body image corresponding to organ transactions is not shared by both sides. Donor families and recipients have their own body experiences through a perspective of their own life worlds. There are no common experiences supposed in terms of the donated organ. The relationship is totally asymmetrical: the way recipients think of the organ is not the same as that of the donor families. Even if they talk about their counterparts, whether donor or recipients, it remains imaginary.

But at the same time, when they meet with each other at the same place, the anonymous organ enables social relationships based on the analogy of gift-giving, even if they are not real counterparts. Although both donor families and recipients have a different perspective on the body after organ transplantation, the relationship realizes as a gift relationship of the anonymous organ. Thus, it is important to consider how they develop a reciprocal relationship mediated by the anonymous organ and, in reverse, how the relationship transforms their body image.

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<sup>4</sup> In the case of organ transplant from a brain death, in Japan it is totally prohibited for the recipient to meet his or her own donor family. By contrast, some transplantation coordinators in Boston told me that it is possible and sometimes better for both donor family and recipient to meet with each other (Yamazaki 2015).

To examine this point, I will consider two scenes of organ transplantation where donor families and recipients meet with each other.<sup>5</sup> There are at least two places in the Japanese medical context where donor families and recipients can meet officially. One is ‘Bridge of Life Day’ (*Inochi Kizuna no Hi*), celebrated in honor of organ donors, which has since 2002 been hosted by a Japanese Donor Family Club. The central players in this event are the dead donors, but the festivities are run jointly by donor families and recipients. And the second case is called the Japan Transplant Recipients Sports event (*Zenkoku Isyokusya Sports Taikai*), where the central players are the recipients who have recovered from their ailments through organ transplantation. As they participate in this event, recipients enjoy their new body condition: they are expressing their appreciation through sports. Although the goals are different, these two events are the biggest opportunities for donor families and recipients to meet with each other in public.

### **Bridge of Life Day (*Inochi Kizuna no Hi*)**

Every May 17 is Bridge of Life Day (*Inochi Kizuna no Hi*), celebrated in honor of organ donors. The main purpose of its events are to celebrate the act of donation and to serve as a reminder of the importance of life and ties with others (*kizuna*). This event was initiated by families of donors and is now organized in cooperation with the Japan Transplant Recipient Organization, a nonprofit organization.

The ceremony is open to the public, but most of the participants seem to be recipients, medical practitioners, and donor families—not citizens in general. It is impossible to distinguish recipients from donor families by appearance. There were around 150 participants in 2005, when the event was held in Tokyo. There were some groups at the ceremony venue that seemed to be divided into donor families and the recipients. One of the organizers of this ceremony told me that the set of participants had tended to be almost the same for the previous few years. The event is advertised only on a website, by mail, by means of postcards, and handbills.

At the ceremony, one could see the donor family quilt, which was made by the donor families to celebrate the act of donation (Fig. 1). Some pictures of the donors were displayed on the quilt; the theme was life. In addition, the names, ages, and the dates of death are recorded on the quilt. But, of course, even based on this information on the quilt, it is almost impossible to establish who the real donor is. One donor family told me that this quilt was only made as one way to overcome their grief.

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<sup>5</sup> Part of the following ethnographic description in this paper has been presented in my previous working paper (Yamazaki 2014).

At the beginning of the event, one donor family greeted all the participants. Then some medical personnel and a representative from the Health, Labor, and Welfare Ministry said a few words. Some recipients talked about their long struggle with disease and the improvement in their quality of life after transplantation. They all extended their gratitude for their donors. At the conclusion of the festivities, many pictures of donors were projected on the screen, and all of the participants prayed for the donors for some ten minutes. One recipient's father told me that he participated in this event every year to remember the donor and to take responsibility in his own way for the donation.



Figure 1. Donor family quilt. Photo by author (2007).

The ceremonial event in honor of donors and donor families was founded by the head of the Japan Donor Family Club,<sup>6</sup> whose daughter donated her organ after brain death when she studied in the United States. The quilt making was also the idea of the head of the club and was actually inspired by a national ceremony in the United States.<sup>7</sup>

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<sup>6</sup> This was the situation in 2004. More recently, the games are co-organized by the Japan Donor Family Club and the Japan Transplant Recipients Organization, which have over two thousand members.

<sup>7</sup> A National Donor Recognition Ceremony and Workshop is held every year in the United States and it is sponsored by the U.S. Department of Health and Human Services, the Health Resources and Services Administration, and the Division of Transplantation.

In the United States, the events are organized by the government, and the scale of the event is incomparably larger than in Japan. The position of the donor family in the Japanese event is very sensitive, because the event seems to be run by the donor family for the donor. In other words, it appears that, to the extent that donor families are the main sponsors of the event, then it puts the emphasis on their contribution, the act of donation. In fact, this is the situation that Japanese donor families have faced until now.<sup>8</sup> For recipients, this event has a very important meaning because it reminds them of the anonymous donor in a rather concrete way.

### **Japan Transplant Games**

On the other hand, the Japan Transplant Games, staged by the Japan Transplant Recipient Organization, aim to express appreciation for donors and their families, through which they hope to promulgate an understanding of organ transplantation. The sports event for donation recipients started in Britain in 1978; the Japan Transplant Recipient Organization started its commemorations in 1991.<sup>9</sup> Almost all of the participants in this event are recipients and their families. The number of participants changes every year, but there are always over 300, and approximately 150 are registered as players, including families and volunteer staff. Recipients play competitive events such as swimming, badminton, and the 100-meter dash. Although these are competitions, the most important thing for all the recipients is to complete the games according to their physical capacity.

Since the purpose of this event is to show the recipients' appreciation, a number of families of organ donors attend each year. They do not participate in the sports but encourage the recipients and communicate with some of them. This event gives donor families a chance to meet and communicate with each other. During the period from 2003 to 2007, when I participated as an observer or as a member of staff, a few donor families attended at the organizers' request.

Compared to the Bridge of Life Day, there is less communication between donor families and recipients and they spend the whole day within their respective groups. There are two occasions where donor families and recipients can meet and communicate during this event: the opening and closing ceremonies. One of the donor families usually speaks some words of encouragement at the opening

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<sup>8</sup> The difficulties that Japanese donor families face after organ donation are described in my publication (Yamazaki 2015).

<sup>9</sup> The games are held every year. In addition, some of the recipients participate in the World Transplant Games, which has been held every other year since 1978 in Britain (Portsmouth) and recently, in Thailand (Bangkok, 2007), Australia (Gold Coast, 2009), Sweden (Göteborg, 2011), and South Africa (Durban, 2013).

ceremony. Correspondingly, representatives for the recipients express their deepest gratitude and usually state that the best way to honor donor families is to live an abstemious life. At the closing ceremony, a representative from a donor family again greets the crowd, and bouquets of flowers are offered to all of the donor families. Finally, at the end of the event, all the participants—including donor families—hold hands and form a circle, imagining ‘integrating all the individuals as one’. One of the organizers told me that this is his favorite part of this event (Fig. 2).



Figure 2. ‘Integrating all the individuals as one’. Photo by author (2007).

After finishing the schedule of events, a convivial gathering (*Konshinkai*) happens, but no donor families participate in this after-session. One donor family told me that he did not feel like drinking at such parties because he always felt nervous when seeing recipients drinking. He also told me that he did not know how to feel about the communication with recipients because he was not sure whether it was good or bad to intervene in the recipient’s life after donation. He understood that he should not have a say in a recipient’s lifestyle; however, he could not but care about their health.

## Communication between Donor Families and Recipients

Where donor families and recipients meet, one can see interesting relationships between the two, through the intermediary of anonymous organs. For those on either side of the transplant relationship, it is extremely unlikely that whoever stands in front of them is their real transplantation counterpart. Thus, even though they talk of personal matters, they usually use generic terms like ‘you donors’ or ‘all you recipients’ during conversation. Most organ recipients at the event extend their appreciation to the families of donors, even though these families have no actual relation to the donors. It goes without saying that their donors are among the people most special to all recipients, and these events are some of the few opportunities for recipients to approach donor families. One recipient told me that the most important way of showing his appreciation to his donor is living a healthy life and taking care of the donated organ. He also told me that living an abstemious life is the recipient’s obligation.<sup>10</sup> Likewise, almost all of the families told me that it is very rewarding to view the sporting event and see the recipients playing so well. I also personally witnessed a situation where participants held each other and shed tears.

However, when the communication touches on the subject of concrete human relationships and personal experiences, the relations between words and referents become complicated and confusing. Depending on context, the transplanted organ can be referred to in the first-person (I, my body), the second-person (you, your body), the third-person (they, their body), or even with generic terms. That is, they are delighted about their restoration to health of their ‘own’ bodies and feel grateful about their ‘donated bodies’ as well. They can recognize any donor families in front of them as, in a sense, their own donors and talk as if they were helped by the donor families regardless of the real donor–recipient relationship.

It could be said that the recipient’s recognition of the anonymous organ does not have a stable correspondence with any particular person, as is the case before the transplantation. Rather, recipients understand the transplanted organ through an extended concept of the person, which includes anonymous donors, donors in general, and the recipients themselves. One woman who received a transplant in Australia told me that although her transplanted liver could not have been donated by any Japanese donor, she felt a strong tie with the families attending the sporting event. The donor families present are special people for the recipients even if they have no direct body connection. The relationships between

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<sup>10</sup> The recipients’ perceived obligation to live healthy lives is also seen in the United States, but it is interpreted as a fallacy (Siminoff & Chillag 1999: 38).

donor families and recipients can be accepted not only as an exchange of the body but also as a social exchange mediated by the anonymous organs. And in this specialized sense, the social is the key to understanding the practice of organ transplantation because new connectivities in the world can emerge through the traveling of human body parts.

The place where recipients and donor families meet appears to be peaceful and is impressive. They seem to communicate with each other, and one could also say that these two places—Bridge of Life Day and the Transplant Games—reduce the distance between donor families and recipients. In fact, these events gather related people in one place. However, those individuals continue to think of organ transplantation separately, in their own ways. The feelings people have in their minds are varied. It is possible to say that communication has been established here, but it is not based on a shared concept of the organ. They appear to talk about the same body part, but it inevitably emerges as multiple in their practices.

These relationships are based on personal imagination, but the important thing is that they derive from their real social experiences. Although the relationships are anonymous in the context of organ transplantation, the anonymous organs enact the social relation not only as imaginary but also on the basis of physical interaction. Between donor families and recipients, the anonymous gift relationship is translated into the gift relationship in general, which means that recipients can feel a particular obligation to be healthy, and they can harbor a sense of gratitude for those who in some figurative or general way can be thought of as donors. It could be said that the triple obligation of the gift—to give, to receive and to give back (cf. Mauss 2007)—can be seen here as an homage to donor families, a feeling of debt on the part of the recipients, and personal relationships emerging through body exchange. But the gift is, in fact, anonymous, and the relationships surrounding person and body are experienced even with the ‘general donor’—where there is no literal transplantation interaction. The sociality is based on a practical way of recognizing and experiencing bodies rather than on ownership of the body parts.

Seen in this light, a body can have multiple personalities, and then personality is a concept that is defined according to the practices and experiences after organ transplantation. Therefore, it is supposed that the organ and the body itself have an undifferentiated state before they are actualized as individual matter—a ‘pre-personalized state’ of the body. This state of the body as multiplicity, and materiality as well, can never be reduced to a specific social category. The gift relationship is experienced at this moment when the actors experience their bodies in their own ways, whether imaginary or material. The state of the body is not given in advance but emerges through the practices after

transplantation. It seems that the partialized bodies have to be taken as an agency that conditions experience, produces human relationships, and actualizes sociality at the same time.

### **Sociality That Emerges through the Anonymous Body**

Narratives about the person and the body concerning organ transplantation are characteristically explained in practical terms at these events. For example, when a recipient runs up to a donor family and shares words of appreciation, it is the donor family in front of the recipient who receives the message. But that donor family is not the real donor family. The phrase ‘all you donor families’ used by recipients does not indicate a specific donor family. That is, the representation of the donor in this case is constructed by using a general social category like ‘the donor family’, keeping the relationships anonymous. The body and the social emergent in the act of organ donation can be described in this double mode of relationships based on bodily experiences.

This duality of recognition means that the problem of the person remains problematic for recipients if they share their feelings with donor families at the events, because their exact organs can never be accounted for through the relationship with the anonymous organ. The question remains in the recipient’s mind: where did the organ come from, and who is the donor? Thus, the narratives of the person accompanied by organ transplantation appear in different ways in different places. For example, when a recipient says a well-known phrase like ‘one cannot live alone’, that implies not only living with other people but also living with another person’s organ. The otherness in this case is different from the donor families whom recipients meet at the events. The recipient feels their otherness as an inner other.

This specific relationship with the other poses questions related to the transformation of body experience, the gift relationship, and sociality. If we take as an example the constitution of the patients’ association, we see that the principle of gathering people in one place is derived from the medical institutions and patient’s body condition, such as knowledge of the body, experiences of suffering, donation, and transplantation. Sociality is based on the way people understand and experience their bodies.

When the patients’ group is examined in detail, different senses of belonging in the participants emerge according to the types of received organs, the transplant locations (domestic or abroad), and the donor conditions (brain-dead or living). Referring to another recipient, one heart transplant recipient told me, ‘but he is different from me because he has a kidney transplant from a living donor’. It

seems that the social differences reproduce according to the body experiences, which also provides a sense of community. It is impossible to suppose this sociality prior to transplantation: a technologically mediated way of sociality emerges here.

Such a sociality based on body experiences recalls the Foucauldian conception of biosociality (Rabinow 1992). This concept is meant to capture the new way of building collective identities in the age of biotechnology that has been in place since the late twentieth century.<sup>11</sup> Collective identities can be formed as a consequence of being subject to biomedical power, and Foucault's concept also offers a new anthropological approach to life itself (Rose 2007). In fact, biosociality is an alternative concept to describe life that had been divided according to sociological function, such as economy, kinship, religion, and politics (Tanabe 2010). Seen in this light, being subject to biomedicine is closely related to subjectivity (Biehl, Good & Kleinman 2007). And the human body is reconsidered not as an object to observe but rather as the condition for the formation of every social phenomenon that was previously analyzed from its specific perspective—economic, political, or religious, for example.

Turning back to the situation where recipients and donor families come face to face with each other, there seems to be an internal bond—not so much regarding biological knowledge or experiences of suffering, but more concerning imaginary and real feelings for organs. As far as this imagination works in actuality, the anonymous body relationships between donor families and recipients can be seen as real social relationships. It is for this reason that various narratives concerning organ donation, which both recipients and donor families often describe as a strange experience,<sup>12</sup> are not superstition or fantasy but crucial to consider as part of the sociality that emerges with the medical practice of organ transplantation.

This also means that the body and person appearing through organ transplantation should not be taken as given; rather, they can be partial and connective. The technology of organ transplantation and its direct invasiveness to the body transform the experiences by making a new connection with other bodies and open up for discussion new aspects of body and personality. Then a new body and a new sociality emerge, accompanying the new feeling of otherness and self

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<sup>11</sup> Ethnographic research concerning biosociality is developed, for example, in Epstein (1996) Petryna (2013) and Rabeharisoa & Callon (1999).

<sup>12</sup> Ethnographic descriptions of the experiences of recipients are seen, for example, in Jackson (2002), Lock (2001), Waissman (2001) and Yamazaki (2014). Typical narratives include a recipient who has started to drink alcohol for the first time after liver transplantation or who has acquired a liking for chocolate after heart transplantation. And these are all explained 'because of the replacement of organs'.

toward the body. The organ itself is multiple: it can be considered as a self, an other, or as something anonymous and abstract.

There is no place for such experiences if we think of organ transplantation in the light of the individualistic ways of understanding body and person that widely pervade the modern medical system. Without these apparently irrational experiences, there remains only a generalized exchange model of organs. And that model can never explain the way both donor families and recipients gather at the events and the reason why such events continue to be organized. When a recipient says, 'I have an obligation to stay in good health', it means that the organ exchange is more than a replacement of parts: rather, it creates new body senses, a sense of morality, human relationships, and sociality.

This new social sensitivity leads us to rethink the conventional expression of the body and to redefine the human body as a hybrid (cf. Latour 1993, 2004). By focusing on the effect of reassembling and transforming body experiences, apparently trivial practices of organ transplantation can be located in medical practice that is alternative to the authoritative narratives of cure and recovery.

The sociality on which we shed light here is not the institutional in itself. In reality there is little possibility of sharing the understandings of multiple bodies and individual persons generally within modern medicine. In fact, such extraordinary experiences are narrated almost always in the course of their conversation, not as a public discourse but as a private one. But suffice it to say that this is not because of the abnormality of the experiences but because of our lack of empathy and ability to imagine them as social phenomena. The bodily experience of organ replacement leads us to an alternative way of thinking about sociality.

## **Life in the Technological Environment**

The person appearing through the giving and receiving of an organ is different from the general conception of a person. And it is also different from the classical understanding of the gift relationship in that the subject of the gift comes on to the stage twice: first, institutionally, in that organ donation should be a gift (not a commodity),<sup>13</sup> and, second, as a potential way of actualizing through practices and enabling a new sociality. One is the social fiction that enables the gift economy of organs;<sup>14</sup> the other is a fiction that involves a construction of reality and sociality.

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<sup>13</sup> Organ trafficking has been illegal since 1997 when the first organ transplantation law was established in Japan.

<sup>14</sup> Polanyi (1944) takes the concept of 'fiction' as the social condition that enables a specific form of market economy.

And as we discussed above, this reality and sociality totally depend on the bodily experiences of the donor families and recipients.

In this way, the replacement of the body and the reassembling of the social are not just analogous but have internal and material connections. Therefore, the biosociality of organ transplantation is not defined just as a function in society but is rather a radical transformation of the body and the social. If one takes biosociality as just a function in society and describes it as such, it then becomes easily reduced to an alternative institution and is recognized as a political subject. But the sociality and the collectivities are not themselves institutional matters: they are the result of the various practices and experiences behind them. Without seeing these practices, emergent sociality comes to be considered as an object and consequently supposes an institutionalized body once again. It ends in overlooking the transformation of the body and the various experiences of donor families and recipients.

Between technological interventions like organ transplantation and this emerging sociality, there is a fundamental question of the possibility for body transformation and the way it happens. The body is no longer a subject that is replaced by technologies, nor is it an obvious object that can externalize, extend, and transform. Rather, it is the condition of society and an unavoidable basis for discussion, given our life in the technological environment.

Various body experiences and social orderings that appear through technological intervention are not exceptional and trivial matters, but they increasingly become realistic in broader contexts in association with medical development. The body is still a basis for recognizing a world, and it is all the more important to think of the multiplicity of the body in relation to the dynamism of its fragmentation and recombination. Technological intervention is not a linear process: it does not partialize, replace, and reconstruct the body. The process of partializing the body unavoidably involves the creation of new connectivities. That is, it carries whole radical processes of reassembling the social order, including bodily experiences.

Thus, it is important to focus on the characteristic narrative of person and body parts by donor families and recipients. They are not the exception to the norm but moments of becoming, not only in the philosophical sense but also in practical terms. *Vis-à-vis* donated organs, narratives of the person are often seen in recipients' conversations, but the personhood of the organ is usually introduced only as rare personal experiences and often becomes lost in oblivion. And the donor families' wishes and remembrance—such that parts of the donor's body (donated organs) continue to live after transplantation in the recipients' body—have not been taken seriously.

As seen in this paper, the agency of the organ works as a power to gather people and create places to talk about specific ethics for health. It means that such various and minor narratives and experiences are rather key to understanding the intrinsic meaning of organ transplantation. These experiences are, in fact, realities that emerge in conjunction with their surroundings.

It also means that the metaphorical image of the body as machine—body parts, commodification, replacement, and so on—has to be reexamined in the context of these body practices. A body is no longer natural in the context of technological intervention: a body becomes something different in parallel with technological intervention. With such a technologically mediated body, life itself becomes something different as well.

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