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Exhibition, Document, Bodies:
The (Re)presentation of the Minamata Disease

by

Miyo Inoue

A dissertation submitted in partial satisfaction of the requirements for the degree of

Doctor of Philosophy

in

Japanese Language

and the Designated Emphasis

in

Film Studies

in the

Graduate Division

of the

University of California, Berkeley

Committee in charge:

Professor Daniel O'Neill, Chair

Professor Alan Tansman

Professor Michael Raine

Professor Mark Sandberg

Spring 2018

Abstract

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Designated Emphasis in Film Studies

University of California, Berkeley

Professor Daniel O'Neill, Chair

This dissertation explores the artistic representations of Minamata disease and their spatial presentation from the critical framework of *tenji* (exhibition). The examination of Minamata disease's complicated history through the *tenji* framework discloses the relations between this disease as an ongoing incident and the change brought on to Minamata as an actual city, and also as a symbolic image of pollution and corruption. Moreover, the manner and contents of *tenji* can be construed as a keen reflection of the larger social and national conditions. With the expanded interpretation of the term "exhibition" beyond mere spatial presentation and instead as an act of arranging exhibits under curators/exhibitors' specific intentions, I widen my observation to what are often categorized under production, such as artworks. Therefore, my analyses include not only the works being exhibited themselves, but also how these works, and the artists themselves, are being exhibited in various spaces and contexts. While the works themselves remain unchanged, what does change are the contexts and conditions in which they are used or exhibited, or even the very presence of the works themselves in the space of exhibition.

The dissertation is comprised of three chapters. Chapter 1 examines how the issue of visual ethics plays out in various forms of exhibition through the close analyses of the ways in which two young female patients are being (re)presented. They both played symbolic roles in the history of Minamata disease, and the resulting works compel artists to face the difficulty of reflecting these patients' voices onto representations. Chapter 2 focuses on *iei* (funeral photograph) in order to observe the relationship among death, photograph and this disease. The exploration of the portrayals of two Minamata disease patients both as the dead and undead and also the *iei* mural created by Tsuchimoto Noriaki reveals how the meaning of each *iei*, thus each death, is created through its social relationships. Chapter 3 compares two physical spaces of exhibition for Minamata disease and their environmental and historical contexts. This observation foregrounds various Minamata disease narratives being created through the act of (re)presenting this disease, and re-confirms that no one attempt to exhibit it will be meaningful without the recognition of this essential complexity. And the conclusion suggests Minamata's role as part of larger struggle against discrimination and the authority, rather than as a singular historical event.

Table of Contents

Acknowledgments	iii
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Introduction

Minamata disease as exhibition, Minamata disease in exhibition.....	1
Once upon a time.....	1
What is Minamata disease?	2
The <i>tenji</i> framework—how Minamata disease has been (re)presented	5
Summary of the discussions for each chapter	8

Chapter 1

The documentation of the body as a record of “life as patients”	10
Introduction: W. Eugene Smith and Tomoko	10
Bodies as the documentation of the disease	11
a. Bodily manifestation of the disease.....	12
b. Leakage and violated bodies.....	12
c. Devoid of voices and self-expression.....	14
The ethics of representation: the cases of Matsunaga Kumiko and Kamimura Tomoko	17
a. Matsunaga Kumiko and Kuwabara Shisei.....	17
b. Matsunaga Kumiko and Tsuchimoto Noriaki.....	25
c. Kamimura Tomoko and W. Eugene Smith.....	33
d. Kamimura Tomoko, Kuwabara Shisei and Tsuchimoto Noriaki.....	44
In place of conclusion: the afterlife of “Tomoko and Mother in the Bath”	50

Chapter 2

Commemoration and mobilization: the reproduction of and representation in <i>iei</i>.....	55
Introduction: the <i>iei</i> of Sakamoto Kiyoko.....	55
<i>Iei</i> : death and after-death.....	57
Photography, death and time	62
Minamata disease and <i>iei</i> : commemoration and beyond	65
a. Kama Tsurumatsu and Tsuchimoto Noriaki	66
b. Kama Tsurumatsu and Kuwabara Shisei.....	69
c. Kama Tsurumatsu and Ishimure Michiko	72
d. Sakamoto Kiyoko and Tsuchimoto Noriaki	76
e. Sakamoto Kiyoko and Ishimure Michiko.....	77
f. Minamata disease seen through <i>iei</i>	79
The <i>Iei</i> mural “Kioku to inori”	82
In place of conclusion: embedded-ness.....	87

Chapter 3

Displaying Minamata: how new aesthetics and political meanings get generated 89

Introduction: two physical spaces of exhibition	89
Museums, exhibitions, and exhibiting the memory of a disaster	90
Comparison #1: the premises—Minamata Disease Museum and Minamata Disease Municipal Museum	93
a. Minamata Disease Museum/Minamatabyō rekishi kōshōkan	94
b. Minamata Disease Municipal Museum/Minamatahiritsu Minamatabyō shiryōkan.....	102
Comparison #2: the environment.....	109
a. Eco Park Minamata and the landfill	110
b. Fukuro, the “ground zero” of Minamata disease	116
Wrapping up the comparison.....	118
In place of conclusion: Minamata Exhibition and the Circulating Exhibition.....	119

Conclusion

Minamata and beyond: voices against discrimination woven together 122

The original Japanese texts..... 125

Bibliography..... 136

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As an additional note, throughout the dissertation, Japanese names are indicated in the Japanese manner, namely in the last-name-first order.

Introduction

Minamata disease *as* exhibition, Minamata disease *in* exhibition

First the tip of their limbs gets numbed and they cannot grab things, they cannot walk, and when trying to walk, they tumble, and they cannot speak. If they try to speak, their speeches get chopped into bits, elongated, and sound coddled. Their tongues get numbed, their sense of taste disappears, and they become unable to swallow. They become blind. They cannot hear. Their limbs shiver, and some experience generalized convulsion so severe that not even a couple of adult male cannot restrain their bodies. Finally they become unable to eat or excrete by themselves.

—Ishimure Michiko, *Kugai jōdo dai 1 bu*¹

Once upon a time...

Once upon a time, there was a strange disease called Minamata disease in southern Japan. The sea, and fish and shellfish that lived there, got contaminated by mercury-packed waste water discharged from a factory; people who consumed such seafood got ill, and many passed away. But now, more than half a century after, the sea is clean, fish and shellfish are healthy, and the disease is gone.

This is one version of the Minamata disease narrative.

Once upon a time, there was a strange disease called Minamata disease in southern Japan. Chisso factory discharged mercury-packed waste water into local fishing grounds, contaminating the sea, fish and shellfish as a result. Not only that, people who consumed such seafood became ill, and many passed away. Neither medical cure nor political solution has been found, and even now, more than half a century after its first emergence, this disease is still ongoing. The sea is clean, for now; fish and shellfish are healthy, for now.

This is another version of the Minamata disease narrative.

Just as any historical event has multiple points of entry and allows diverse perspectives from which to interpret it, Minamata disease, or the Minamata disease incident as some prefer to call it, defies a single and simple definition. But what is Minamata disease to begin with? In short, it is a pollution-triggered disease that appeared in the late 1950s, during the early stage of Japan's postwar high economic growth. But this very short explanation omits too many important details to understand its significance in Japanese history. Therefore, I would like to begin by providing a brief overview of this disease, whose representation in the form of exhibition is the main focus of this project. I will observe the relation between the city of Minamata and Chisso, including the pre-existing structure of domination and discrimination that caused the wider spreading of this disease, and introduce some important historical highlights. I

¹ Michiko Ishimure, "Kugai jōdo dai 1 bu," in *Ishimure Michiko zenshū Shiranui*, vol. 2 (Tokyo: Fujiwara shoten, 2004), 69. My translation.

will then explore the *tenji* (exhibition) framework that I base my discussions on according to Kawaguchi Yukiya's definition of this term, and conclude this introduction with the summary of three chapters that follow.

What is Minamata disease?

Before presenting a brief overview of Minamata disease, I would like to clarify that this overview, just as any Minamata disease narrative, is not all-encompassing; instead, it is necessarily limited in the perspective, scope and information it aims to convey. The reason why I chose to begin this project with this particular version of the narrative is because it highlights the socio-political aspects of this disease, especially how patients, most of whom were fisherfolks that belonged to the lowest social strata, were effectively silenced and pushed aside into a position of powerlessness. And since my subjects are those whose voices were brought back, or de-silenced, through various forms of (re)presentation that I explore throughout this project, I find it apt to begin *my* narrative as follows.

Minamata disease is a pollution triggered disease which was first officially confirmed in 1956. Simply put, methyl mercury contained in the waste water discharged from a factory was consumed by fish and shellfish in Minamata Bay, which were then consumed by humans, and the consumption of mercury-contaminated fish and shellfish triggered damage to the central nervous system. Minamata, whose name unfortunately comes with a negative connotation due to this disease, is a small city in the Kumamoto prefecture, the southern part of Kyūshū, and located right at the border with the Kagoshima prefecture. It used to be a small village mainly populated with fisherfolks who benefited from their resource-rich local fishing grounds, Minamata Bay and Shiranui Sea. There existed the so-called “traditional” way of life in which people took what they needed, and only the amount they needed, from nature—that is, the symbiosis between humans and nature was still possible. This bucolic life began to change when the municipal government succeeded in inviting the company named Nihon kābaido shōkai (日本カーバイド商会; Japan Carbide Company), which became Nippon chisso hiryō kabushiki gaisha (日本窒素肥料株式会社; Japan Nitrogenous Fertilizer Company, abbreviated as Nitchitsu) in 1908, to build its chemical factory in Minamata in 1907. The history of Nitchitsu, which later officially changed its name to Chisso kabushiki geisha (チッソ株式会社; Chisso Corporation) in 1965, overlaps the history of Japan's modernization, industrialization and imperialism. In 1914, the Minamata factory began manufacturing ammonium sulfate made from carbide, and this also marked the beginning of the damage to the local fishing industry due to sludge caused by the waste discharged from the factory, the compensation for which did not start until 1926. Nitchitsu also expanded its business to Japan-occupied Korea in 1927, establishing Chōsen chisso hiryō kabushiki geisha (朝鮮窒素肥料株式会社; Korea Nitrogenous Fertilizer Company) and Chōsen suiryoku denki kabushiki geisha (朝鮮水力電気株式会社; Korea Hydroelectric Power Company) and building large-scale chemical complexes, dams and hydraulic plants in various locations on the Korean peninsula. In 1932, the Minamata factory started manufacturing acetaldehyde, and the use of mercury catalyst for its production later led to Minamata disease due to the discharge of untreated methyl mercury into the Minamata Bay via the Hyakken drainage. By 1943, fishing grounds in Minamata Bay were devastated by sludge from the factory, and Nitchitsu purchased the fishing right for such damaged fishing grounds. With the defeat in war in 1945, the company lost all its foreign assets and facilities, and the only thing that remained was the Minamata

factory nearly destroyed by an air raid. Its reconstruction and resuming of production picked up speed rapidly, and by 1947, its production volume for fertilizer already exceeded the prewar level. While the official confirmation of Minamata disease in 1956 brought chaos to the city at large, Nitchitsu continued its growth, and so did the Minamata factory well into the 1960s, with Japan's postwar high economic growth in the background. The production volume of acetaldehyde reached its peak in 1960, yet the Minamata factory stopped manufacture acetaldehyde in May 1968, twelve years after the breakout of Minamata disease and four months before the government confirmed on September 26th, 1968 that methyl mercury contained in the waste water discharged from the Minamata factory caused the disease.²

Chisso brought both prosperity and decline to Minamata, once a small village which got promoted to a city thanks to its status as the “castle town of Chisso.” It brought jobs and prospects for a new, modern way of life outside of the traditional career path as fisherfolks, farmers, or related professions directly dealing with the sea or earth. Those fortunate enough to gain employment at Chisso were called *kaisha-yuki* (会社行き; going to the company), sometimes even with envy. In fact, the advent of this new “class” had altered the existing social strata which had Chisso executives at the top, its workers and citizens (non-fisherfolks) in the middle, farmers, and fisherfolks at the bottom. This pre-existing structure of domination and discrimination where one's social standing was determined by his/her social proximity to Chisso only worsened since the majority of patients came from the lowest stratum, and the prevailing view of Chisso as the core of Minamata's economy led to the mantra that “Chisso ga tsuburereba Minamata mo tsubureru (Should Chisso perish, so will Minamata).” How, then, did Minamata disease come into being and develop into the world-famous (or infamous) phenomenon? As I mentioned earlier, the official confirmation of this disease was May 1st, 1956. Then five-year-old Tanaka Shizuko, the sister of Tanaka Jitsuko known as one of the major subjects for photographer W. Eugene Smith, suddenly fell ill, and her mother brought her into the Chisso factory hospital. Upon observing this young girl, hospital director Hosokawa Hajime sensed the abnormality and severity of her conditions and reported to the Minamata city public health department. Starting with the case of Tanaka Shizuko, patients regardless of age and sex showing symptoms similar to Shizuko appeared one after another. Common symptoms included sensory impairment of the extremities of all four limbs, lack of bodily control, constriction of the visual field, and hearing disorders triggered by the damage to the central nervous system. While the degree of severity varied among patients, those with the fulminant form of this disease (*gekishōgata*), often characterized by the violent and uncontrollable body movement, physical deformation and loss of speech, developed the symptoms very rapidly and often met quick physical deterioration and abrupt death. Although the official confirmation did not occur until 1956, the reports of some patients displaying unusual conditions had been made since the earlier stage of Chisso's presence in Minamata. Before the 1956 outbreak of Minamata disease in humans, however, the disease manifested itself on the bodies of cats. Since the early 1950s, people in fisherfolks' residences started witnessing cats suddenly going “crazy,” wriggling as if dancing, and often throwing themselves into the sea at the end. The cat dance, which was definitely seen as something peculiar, did not receive close investigation until it turned out to be

² Masazumi Harada, “Minamatabyō no rekishi,” in *Minamatabyō kōgi*, ed. Masazumi Harada (Tokyo: Nihon hyōronsha, 2004). Minamatashiritsu Minamatabyō shiryōkan, “Minamatabyō kankei nenpyō,” in *Minamatabyō—sono rekishi to kyōkun—2015* (Minamata, Kumamoto: Minamatashiritsu Minamatabyō shiryōkan, 2016), 65-75. “Minamatabyō kanren shōsai nenpyō,” Minamatabyō sentā Sōshisha, accessed February 3, 2018, http://www.soshisha.org/jp/about_md/chronological_table.

the prelude to what would later happen to human bodies. The 1956 Minamata disease outbreak, then, started the race for finding out what caused this disease. Due to its existing history of contaminating the local fishing grounds, Chisso and the waste it had been discharging to the Minamata Bay had always been seen as very likely cause, and the regional Kumamoto University medical school, which treated and researched Minamata disease patients, spearheaded the investigation of Chisso waste water off the Hyakken drainage. On the other hand, doctors and researchers—so-called *goyō gakusha* (御用学者; scholars patronized by the government and corporations)—from Tokyo-based large-scale universities came up with various counter-theories to the view of methyl mercury contained in the Chisso waste water as causing the disease. Here again, the structure of marginalization is evident, as the regional university was seen as inferior and lacking authority compared to the centrally-located ones.³

While the debate over what caused Minamata disease went on, patients' suffering only deepened, especially for the families of fisherfolks. The spreading of the disease and the prohibition of fishing within Minamata Bay rid them of their means of livelihood and also their daily meals, as they had lived on fish and shellfish caught in the bay. As the poverty deepened, so did the discrimination against and alienation of patients and their family members, particularly in connection with the misconception that the disease was contagious. Again, the discrimination and alienation was closely aligned with the existing hierarchy within the community where factory workers and non-fisherfolks citizens (*shimin*; 市民) were regarded as socially superior to fisherfolks (*gyomin*; 漁民), and the latter's longstanding custom of catching their own meals in Minamata Bay made them the most vulnerable to the disease. The social alienation lasted even after the 1968 government affirmation of methyl mercury in the Chisso Minamata factory waste water to be the cause of the disease. The structure of social hierarchy extends further to include Chisso as a moneymaking enterprise and the government as its protector in the era of postwar high economic growth. In other words, for the sake of Japan's recovery as a nation, the lives of Minamata disease patients were slighted as socially insignificant and replaceable. Moreover, Minamata disease was not a singular environmental disaster triggered. As a matter of fact, Japan's modernization and industrialization came with pollution incidents as early as the 1890s at the Ashio Copper Mine in Tochigi prefecture. The Ashio Copper Mine Incident, triggered by the copper mine development, had grave effect on the surrounding nature and living beings due to hazardous substances including smoke emission, mineral poison gas and water. Numerous such incidents followed in the 1900s, the most famous ones being the Four Big Pollution Diseases of Japan (*yondai kōgaibyō*; 四大公害病) that coincided with the period of postwar high economic growth—Minamata disease (*Minamatabyō*; 水俣病, 1956-present), Itai-itai disease (*Itai-itai byō*; イタイイタイ病, 1910s-1970s), Yokkaichi asthma (*Yokkaichi zensoku*; 四日市ぜんそく, 1960-1972) and Niigata Minamata disease (*dai 2 Minamatabyō*; 第二水俣病, 1965-present).⁴ During this period, just as the case with Minamata disease, the wealth and success of large corporation, which led to the recovery of Japan as a nation, took precedence over the living quality and lives of residents—again, replaceability of human lives and slighting of human cost over profits. Indeed, the concept of “pollution” did not quite exist at this point, and while the

³ Shisei Kuwabara, “Minamatabyō jiken to Kuwabara Shisei no ryakunenpyō,” *Minamata jiken: The MINAMATA Disaster* (Tokyo: Fujiwara shoten), 169-72. Minamata shiritsu Minamatabyō shiryōkan, “Minamatabyō kankei nenpyō.” Minamatabyō sentā Sōshisha, “Minamatabyō kanren shōsai nenpyō.”

⁴ Ken'ichi Miyamoto, “Shinobiyoru kōgai: sono seiji keizaigaku,” *Sekai* 204 (December 1962), 199-214. Namiko Kamioka, ed., *Kindai Nihon no kōgai: shiryō* (Tokyo: Shin jinbutsu ōraisha, 1971).

effect of industrial waste produced and/or discharged into the surrounding environment onto human bodies is common knowledge by now, the same did not apply at the dawn of the era of environmental pollution. Environmental economist Miyamoto Ken'ichi discusses in one of the earliest articles on pollution in December 1962 that “*kōgai* is the Japanese translation of public nuisance in English. Nuisance is translated as ‘disturbance of daily living,’ and defined as the act of practically infringing on others’ possession of assets or others’ health, comfort, convenience without direct physical infringement.”⁵ In other words, *kōgai* as pollution points to the devastation brought on first to the environment and subsequently to human bodies, whereas *kōgai* as public nuisance (as a legal term) refers to how it impacts others not only physically but also psychologically and economically, if indirectly. As public nuisance was considered as less important an issue compared to public or national wealth, economic growth took precedence over public welfare in the postwar era; people’s right to live was undervalued. The infamous *mimaikin keiyaku* (見舞金契約; contract for consolatory payment) in December 1959 between Chisso and *Minamatabyō kanja katei gojokai* (水俣病患者家庭互助会; mutual aid association for the families of Minamata disease patients) stated that Chisso shall make annual payment of 100,000 yen (approximately \$278 based on the yen exchange rate of the day) and 30,000 yen (approximately \$83) to adult patients and minor patients respectively, and the families of the deceased patients would receive the one-time payment of 300,000 yen (approximately \$833).⁶ The lives of nameless and powerless patients in the remote Minamata was treated like a beaten down price. Some fought against such social inequity by raising their voices and taking action; many kept silence and let themselves go with the flow of the times and the aftermath of Minamata disease as dictated by governments at multiple levels and in various court orders.

This very brief history, again, is just one of many possible versions of the Minamata disease narrative. And presenting one such unique narrative based on the message to be communicated is the objective of *tenji* (exhibition).

The *tenji* framework—how Minamata disease has been (re)presented

This project will explore the representations of Minamata disease as well as its spatial presentation from the critical framework of *tenji* (展示; exhibition). Despite the severity of the situation in Minamata, the representation of this disease was often overshadowed by Japan’s postwar rapid economic growth, and the resulting concealment of the disease was fostered, again, by the geographical marginalization of the region and the patients’ lower class standing. But such difficulties did not necessarily result in the complete absence of literary, cinematic and photographic expressions—the so-called artistic representations—of this disease. As I will

⁵ Miyamoto, 200. My translation. The original Japanese reads: “公害は英文法でいうパブリック・ニューサンス (Public nuisance)の邦訳である。ニューサンスとは、「生活妨害」と訳され、直接の物理的侵害をとまわずに他人の財産の享有または他人の健康、安楽、利便を実質的に侵害する行為とされている。”

⁶ *Mimaikin keiyaku* is the contract signed between Chisso and *Minamatabyō kanja katei gojokai* on December 30, 1959, in which Chisso promised the above-mentioned amounts to Minamata disease patients, either annually (for the living) or as one-time payment (for the deceased). Chisso regarded this as consolatory payment; in other words, they did not admit their responsibility for causing Minamata disease itself. Furthermore, in the contract they added the clause that even if it were to be determined in the future that this disease was caused by the waste water discharged from the Chisso factory, the patients’ families would not demand additional compensations. This clause was judged to be “offensive to public order and morals” and repealed at the verdict handed down in March 1973 for the first Minamata disease lawsuit.

discuss further in Chapter 1, Kuwabara Shisei (桑原史成; 1936-present) entered Minamata in 1960 as the first photographer to capture the images of physical deformation suffered by the patients and published them in the mainstream journal *Asahi camera*.⁷ Ishimure Michiko's (石牟礼道子; 1927-2018) reportage/novel *Kugai jōdo* (苦海浄土; 1969) enabled the widespread awareness of the disease and its ongoing nature, triggering an activist movement for the support of patients. Partly influenced by her work, Tsuchimoto Noriaki (土本典昭; 1928-2008) started his lifelong cinematic engagement with Minamata in the late 1960s. While these three artists were involved in the Minamata disease struggle using different media of their choice as tools of communication, W. Eugene Smith (1918-1978) shocked the world with the publication of the photograph "Tomoko and Mother in the Bath" in the June 1972 issue of *Life Magazine*, as well as the release of the photo book *Minamata* (1975) as the culmination of his three-year stay in Minamata.

In this project, I will examine not only the artistic works by the above artists from the perspective of *tenji*, but also the spatial presentation of Minamata disease through two Minamata disease museums, related organizations, and memorials. The examination of this disease through the *tenji* framework will reveal the complicated history of Minamata disease as (re)presentation, the relations between this disease as an ongoing incident and the change happening to Minamata, and the manner and contents of *tenji* as a keen reflection of the larger social and national conditions. My focus on the process of exhibition—thus circulation and distribution—instead of production in this project is based on at least two aspects. First, beyond their artistic objectives, the artists who engaged with Minamata disease aimed their works to become political tools to make visible the reality of Minamata to wider audience. Second, looking into the life of these works after their completion (thus after they left the hands of their creators) will allow me to look into the process of how they get (re)interpreted, even manipulated, and build their social lives away from their creators. In order to achieve this, I find it crucial to extend my examination beyond two Minamata disease museums where these works are exhibited, into the larger social and political contexts in which each of these museums operates.

For the definition of *tenji*, I will follow art historian Kawaguchi Yukiya's explanation of this term in the book *Tenji no seijigaku* (Politics of Exhibition), which is, "an act of arranging *things* and events under certain intentions and showing (*miseru*; 見せる) them to a large indefinite number of people ... [in order to] visually (*shikakuteki ni*; 視覚的に) appeal the intentions of those who exhibit (*tenji suru*; 展示する) to those who see (*miru*; 見る) [what have been exhibited]."⁸ *Things* and events, which becomes exhibits through the process of selection and placement, shall be carefully arranged into the positions that would best represent the intensions they are meant to embody. The positioning does matter since the order of encountering with each of these exhibits could influence the way the audience interprets the intensions of exhibition. The terms related to the act of viewing appear three times—showing, visually, see—as if to reminds us that the relationships being established among exhibitors, exhibits and audience are not direct/physical but indeed indirect/visual. The audience might be close to the exhibits, yet no physical contact is permitted, and this close-but-distant position with

⁷ *Asahi camera*, published by Asahi shimbun shuppan, is a magazine specialized in camera and photography. Its publication started in 1926, and after the hiatus from 1942 due to the war, it resumed in October 1949.

⁸ Yukiya Kawaguchi, "Tenji: kyōki to bōryoku no mokushiroku," in *Tenji no seijigaku* (Tokyo: Suiseisha, 2009), 13. My translation. The original Japanese reads: "ある意図の下にモノや事象を並べて不特定多数の人々に見せる行為... 展示する側の意図を視覚的に見る側に訴えようということ。"

exhibits makes the act of seeing more intent as that is the only means of contact allowed. The relationship through the act of seeing is reminiscent of how photographers and filmmakers work with their subjects (*hishatai*; 被写体) through their gazes via the viewfinder, and the products of such meeting-the-eye experience are the resulting artworks, which in this context are exhibits. Among a large indefinite number of audience, not all would have necessarily expected the encounter with these exhibits, especially if the venue of exhibition is a magazine or journal crowded with numerous features. In that sense, such encounter could be unanticipated and even shocking. Kawaguchi further elaborates on the Japanese term *tenji* by closely examining how it can be translated as “to display,” “to exhibit,” “to expose,” “to deploy,” and pointing out that the second and third, as “exhibitionism” and “exposition,” reveal the elements of danger inherent in the concept of *tenji*.⁹ The term “to expose” will be particularly important in this project considering that the history of Minamata disease was overshadowed by the counter act—concealment.

The concept of exhibition as seen through the above lens will enable me to widen my observation beyond what are generally considered the result of exhibition (museums being the best example) and include what are rather categorized under production—that is, artworks themselves. Therefore, the term exhibition (*tenji*) here is twofold: a work functioning *as* exhibition (thus representation) and a work displayed *in* exhibition (thus presentation through representation). In other words, I will analyze not only what are being exhibited within the works but also how these works, and the artists themselves, are being exhibited (or “quoted”) in various spaces and contexts. The works themselves might not change, but what might change are the context and condition in which they are used/exhibited, or even the very presence of the works themselves in the space of exhibition—just as the case of Smith’s photograph “Tomoko and Mother in the Bath.” Exhibition as a concept will allow me to focus on the act of “showing” and “seeing,” and also how this consciousness of reciprocal viewing is developed through the dialectic of public vs. personal (or official vs. unofficial), group vs. individual, insider (locals) vs. outsider (*yosomono*), visible vs. invisible, and represented vs. unrepresented. The last two sets deserve further elaboration at this moment, since as Kawaguchi describes the act of *tenji* as “to represent (*hyōshōsuru*; 表象する), to tell (*kataru*; 語る), to lie (*kataru*; 騙る),” behind what is exhibited (visible/represented) there is always something non-exhibited (invisible/unrepresented), and behind the audible voices of *kataribe* (eyewitness-storyteller) lie countless inaudible voices.¹⁰ This is the point which Yoshikuni Igarashi also emphasizes in his book *Bodies of Memory*, as he writes that “[i]t is through examining the tension between the repression and expression of the trauma of the war that I contemplate the impact of the war and Japan’s defeat on postwar society.”¹¹ What he explains as “the repression and expression” is also the process of selection. In fact, the process of exhibition (and preservation in extension) is necessarily the process of selection, and the selection inevitably makes something visible, and something else invisible. Therefore, with the history of the Minamata disease struggle in mind, I will analyze the process of how certain patients’ voices and bodies (*karada*; 体) became visible, thus public and part of the larger document (*kiroku*; 記録) of this disaster. All four artists “exhibit,” or even “expose,” bodies in various states and forms in their works, and these bodies become the visible document of the function of mercury, which is itself invisible. Igarashi’s

⁹ Ibid, 19, 21-22.

¹⁰ Ibid, 13.

¹¹ Yoshikuni Igarashi, *Bodies of Memory: Narratives of War in Postwar Japanese Culture, 1945-1970* (Princeton and Oxford: Princeton University Press, 2000), 5.

observation of “bodies of memory” in postwar Japan, and particularly his analysis of the fragmented nature of memory as seen in the painting left behind by the deceased soldier, will provide me with one model of how to treat bodies as a means to document the past. Furthermore, based on the role of reportage, documentary film and photography as forms of document, I aim to look into how bodies of patients, both living and deceased, have been documented and exhibited via various media. Through this observation, I will argue that these bodies *as* and *in* exhibition, which are fragments of the whole “Minamata disease” picture that (re-)appear in numerous scenes/contexts, reveal both the flexibility and vulnerability of bodies as images—flexible because of its ability to fit into many discourses, and vulnerable because of the potential “misuse” (*katari*; 騙り) and abuse of the original intent. Moreover, not only the representation but also the presentation of Minamata disease through various media, often layered on top of each other, testify to the complexity of image politics—what to show, how to show it, and also for what ends. This approach will allow me to reflect on a range of artistic representations about this disease and to assess how suffering and loss can be represented in a way in which the past continues to have a claim on the present.

Summary of the discussions for each chapter

In Chapter 1, “The documentation of the body as a record of ‘life as patients,’” I will focus on two young female patients, Matsunaga Kumiko and Kamimura Tomoko, that played the symbolic roles in the history of Minamata disease in very different capacities in order to examine how the issue of visual ethics plays out in various forms of exhibition. I will first explore the way patients’ bodies function as the documentation of the disease through the analyses of the bodily manifestation of the disease as the measure for “patient-ness,” diverse forms of “leakage” as the signal for the loss of control, and patients’ lack of voices and self-expression which could inevitably lead to the risk of misrepresentation and misconception. I will then observe how Kumiko and Tomoko are exhibited in the works of Tsuchimoto, Kuwabara and Smith, based on Susan Sontag’s arguments in *On Photography* (1977) regarding the ethics of representation. Smith’s “Tomoko and Mother in the Bath” will be discussed in depth for the reactions it elicited in the 1970s as well as the aftermath of this iconic photograph, particularly its eventual withdrawal from further exhibition—the event which poses the question of the continued life of the subject in/as an image longer after the physical death of the subject herself/himself. I will argue that the works on Minamata compel artists to face the difficulty of reflecting the voices of unresponsive or hard-to-communicate patients onto their representations, and the very struggle to find the ways to capture these subjects as humans, not patients, was the common core of their artistic and journalistic involvement.

In Chapter 2, “Commemoration and mobilization: the reproduction of and representation in *iei*,” *iei* (遺影; funeral photograph) will be the center of discussion. The role of *iei* in the Japanese Buddhist tradition of honoring the deceased through a funeral and afterwards will be scrutinized along with the process of “*iei*-fication” and *iei*’s relationship with the remaining body, based on Satō Morihiro’s “*Iei shashinron*” (遺影写真論; theory of *iei* photography) and Walter Benjamin’s argument on the “aura” of an artwork. In relation to this point, I will observe the relationship between death and photographs as argued by Sontag and Roland Barthes. I will then turn to the *iei* of the Minamata disease patients to see how these *iei*, through its placement in the Minamata

disease activism, has come to bear meanings far more complicated than regular *iei* would as a means of commemoration. Two diseased patients, Sakamoto Kiyoko and Kama Tsurumaru, will be in focus as their portraits as the deceased and also as the living (or rather, the undead) are captured by many of the artists/journalists in discussion. I will conclude this chapter by introducing the *iei* mural titled “Kioku to inori” (記憶といのり; Memory and prayer) created by Tsuchimoto for the Minamata Forum’s circulating exhibition, in which he manages to identify the deceased patients with faces and proper names, thus suggesting a new way of encountering *iei* as the collective and also as the exhibit that returns the gaze. I will argue that the *iei* as still images embedded within the moving image or another still image places such *iei* within multiple layers of temporality, as well as forms and beholders of gaze, activating the interplay of presence and absence. Its integration into different media, and its exhibition as an extension, enables the reading of *iei* beyond itself as a photograph/painting or an object—namely a silent, alienated being—and instead in interaction with the people and environment surrounding it, thus generating a new set of relations between the act of showing and seeing. And as a result, it allows us to re-confirm how the meaning of each *iei* does not come about in a vacuum but is rather created through its social relationships.

In Chapter 3, “Displaying Minamata: how new aesthetics and political meanings get generated,” I will shift my attention to the physical places of exhibition and examine two museums in Minamata—the Minamata Disease Municipal Museum (*Minamatashiritsu Minamatabyō shiryōkan*; 水俣市立水俣病資料館) and the Minamata Disease Museum (*Minamatabyō rekishi kōshōkan*; 水俣病歴史考証館)—as well as one circulating exhibition named the Minamata Exhibition. I will begin by exploring the term “museum” based on the concept of a museum as a “forum” by Duncan F. Cameron and “an open museum” by Itō Toshiro. Following the discussion on how these museums are also characterized by their names, I will look into what it means to exhibit (the memory of) a disaster based on Paul Williams’ concept of memorial museums. Then, these two permanent museums will be compared first based on what they themselves offer as museums, and then on the environments and communities they position themselves in, especially the two distinctive lands they stand on—the massive landfill on Minamata Bay and the “ground zero” of Minamata disease—and also several memorial sites dedicated to all the deceased. I will conclude the chapter with the observation of the Minamata Exhibition as an alternative form of a temporary, more flexible “museum,” and what such flexibility might suggest for the future of Minamata disease museums. I will argue that these two contemporary spaces of exhibition utilize exhibits, particularly artworks and artists related to this disease, so as to generate their own versions of the Minamata disease narrative, and have transformed themselves (and their exhibition) through their interactions with the historical present. The different version of the Minamata disease narrative they each represent is the clear confirmation that Minamata disease, instead of being singular in its meaning, defies simple definition, and no one attempt to exhibit it will be meaningful without the recognition of this essential complexity.

Chapter 1

The documentation of the body as a record of “life as patients”

Why on earth are children with the congenital Minamata disease are so beautiful?
Those who see these children ask.
This question does not solely refer to the common concept of beautiful or ugly.
With Matsunaga Kumiko as the beginning,
in reverse proportion to the significant transformation of their limbs and bodies,
why on earth would their facial expressions make such an impression,
and while retaining such expression,
move in to human hearts with extreme tenderness?
—Ishimure Michiko, *Kugai jōdo dai 2 bu*¹

Introduction: W. Eugene Smith and Tomoko



Fig. 1.1. W. Eugene Smith, *Tomoko and Mother in the Bath*, 1971, black and white photograph, in *Minamata*, by W. Eugene Smith and Aileen M. Smith (New York: An Alskog-Sensorium Book, 1975), 139.

It is not an overstatement that no one image of Minamata disease is as famous as W. Eugene Smith's “Tomoko and Mother in the Bath.”² Initially captured in December 1971, this photograph was first published in the June 2, 1972 issue of *Life Magazine* and later included in Smith's photo book on Minamata, *Minamata* (1975). Simply put, it is a scene of a mother bathing her daughter; not so simply put, this daughter is way past the age usually considered as needing her parent's assistance in bathing, and even in the overwhelming darkness, the deformation of her body and limbs are obvious. Ever since its release, “Tomoko and Mother in the Bath” received acclaim, and even criticism, for its aesthetic sophistication, and also had been an important visual means to advocate the danger of mercury poisoning and environmental pollutions at large for the public. Its dual function for the artistic and journalistic purposes, while allowing it much wider selection of venues for exhibition, gradually triggered conflict among different parties involved and caused its eventual “sealing-off” in 1999. This image elicits layers of questions, including that of photographing a naked teenage girl unable to verbally express her

¹ Michiko Ishimure, “Kugai jōdo dai 2 bu,” in *Ishimure Michiko zenshū Shiranui*, vol. 2 (Tokyo: Fujiwara shoten, 2004), 283. My translation.

² This photograph is also known by the title “Tomoko Uemura in Her Bath.”

thoughts particularly in the Japanese context, all in the end related to the ethics of representation, or visual ethics.

In this chapter, I will explore the issue of visual ethics for Minamata disease as seen in various forms of exhibition for Matsunaga Kumiko and Kamimura Tomoko—two young female patients known for the symbolic roles they each played in the history of Minamata disease. I will begin by looking into how patients' bodies function as the documentation of the disease. The first aspect of consideration is the bodily manifestation of the disease and how visible and audible markers as patients make it easy to discern patients while also becoming obstacle to get certified if one does not fit into the categorization. In relation to this aspect, the second aspect focuses on various "leakages" that signal the loss of control of patients' bodies—the violation that challenges not only their dignity as humans but also viewers' sense of what is too "dehumanizing" to watch. The third aspect then touches on how many patients are devoid of voices and self-expression, placed "on display" and turned into the object of gaze most often unwillingly, and how the representation and exhibition of these patients by non-patient third-party artists/journalists unavoidably contains the risk of misrepresentation and misconception in the beholder. I will then move on to examine how Matsunaga Kumiko and Kamimura Tomoko are exhibited in the works of documentarist Tsuchimoto Noriaki as well as photographers Kuwabara Shisei and W. Eugene Smith, emphasizing on the question of how to represent the Minamata disease patients not in the state of fully expressing themselves. Susan Sontag's arguments in *On Photography* (1977) will provide the points of discussion concerning the ethics of representation including the issues of photographs that beautify the tragedy, viewers' relationship to such photographs, captions and the context of exhibitions. Smith's "Tomoko and Mother in the Bath" will be one of the main works to be discussed in depth, including the reactions it elicited from Sontag, Kuwabara and Tsuchimoto while recognizing its impact and significance. I will conclude the chapter by tracing the aftermath of this iconic photograph, particularly after the 1996 incident that led to its eventual "sealing-off" in 1999 under the agreement between Aileen A. Smith and Tomoko's parents, and also exploring the question of the continued life of the subject in/as an image longer after the physical death of the subject herself. Based on the above examinations, I will argue that the works on Minamata compel artists to face the difficulty of reflecting the voices of unresponsive or hard-to-communicate patients onto their representations, and the very struggle to find the ways to capture these subjects as humans, not patients, was the common core of their artistic involvement.

Bodies as the documentation of the disease



Fig. 1.2. Tomoko's gnarled fingers. W. Eugene Smith, *Untitled*, 1971, black and white photograph, in *Minamata*, by W. Eugene Smith and Aileen M. Smith (New York: An Alskog-Sensorium Book, 1975), 22.

a. Bodily manifestation of the disease

As I explained in the Introduction, Minamata disease, particularly in its inchoate stage, were marked by their bodily manifestation in a visible and audible manner. The deformation of limbs as seen in Fig. 1.2., convulsion and inability to control the body movement, blindness or constriction of the visual field, speech impairment—these are some of major symptoms, though obviously the list goes on. The visible markers such as above triggered various effects, but the discriminatory treatment from neighbors based on the stigma of Minamata disease as a contagious fascinoma made it impossible to maintain the existing close-knit tie to the community and resulted in the social ostracism of the entire family. On the other hand, for those suffering from the disease without any visible or audible markers, the process of verification as patients could become challenging because they did not “look” like patients, even leading to the accusation that they were fake patients.



Fig. 1.3. The waste water being discharged. W. Eugene Smith, *Untitled*, 1971, black and white photograph, in *Minamata*, by W. Eugene Smith and Aileen M. Smith (New York: An Alskog-Sensorium Book, 1975), 23.

b. Leakage and violated bodies

Indeed, the “leakage” is one of the clear examples of how this disease gets manifested in human body. To begin with, the very trigger of the disease was the “leakage” of hazardous substance from the physical materialization of a corporate body—the Chisso Minamata factory. Untreated mercury was discharged from the Chisso factory pipe (Fig. 1.3.) into Minamata Bay through the Hyakken Drainage, and this “leakage” of what was supposed to be kept inside led to the uncontrollable “leakage” from patients’ bodies. Various “leakage” from the body indicate the loss of bodily control and the physical boundary being compromised, and we witness young patients including Tanaka Jitsuko, Kamimura Tomoko, Isayama Takako and Hiraoka Masaaki with signs of “leakage” both in Tsuchimoto’s *Minamata; kanja-san to sono sekai* (水俣—患者さんとその世界; Minamata: Patients and Their World, 1971) and Smiths’ *Minamata*.³ The uncontrollable drooling is the most visible “leakage” since it can be difficult to capture these

³ Although the title of this documentary is translated as “Minamata: The Victim and Their World,” the more accurate translation is “the patient.” In fact, the term “victim” will risk making the focus of this film too ambiguous due to the potentially subjective nature of such a term.

patients' faces without saliva flowing out of their mouths, and white cloths around their necks imply the need for constant attention for saliva. The figures of infantile and congenital patients with bibs signify how the brain damage brought on by mercury, figuratively, traps them into eternal infancy, into the bodies that grow without accompaniment of equivalent mental growth. Moreover, the functions related to elimination such as urination, defecation, and even menstruation are also impaired, often putting mothers to the role of constant caretakers. Author Ishimure Michiko describes the scene of Jitsuko's diaper change, partly from her mother's perspective:

The room to change her daughter's diaper is in the back of clothes closet, farthest from the entrance to the house. ... No one peeks into this room.
 Although her daughter has been attended to all her personal needs in such a room deeply shut away from the light for about sixteen years, every time the mother changes her diaper, she still pushes out her disabled hands, closes and hunches her thighs, trying to hide [them]. ...
 – It is the toughest when I change her diapers. For her, and also for me, the mother. Particularly now that she even gets her period. Parents have to die first. Who would take care of her, attending to all her personal needs? It would be much easier to deal with boys, but she is a girl. ... While cleaning up [my daughter after changing her diaper], sometimes tears well up in my eyes.^{4 ii}

The first sentence sets up the secluded nature of diaper change. Situated farthest from the house's opening to the public and taking place in an underlit room, this scene of cleaning up after the teenage daughter is painted with the sense of open secret—everyone knows what is happening behind the door, but no one openly talks about it. Nearly two decades of diaper changing has not still completely made it an indifferent, emotionally-detached routine, especially for the daughter who continues to resist her mother. Gender also plays a crucial role here; for an adolescent girl slowly turning to a woman with the beginning of her menstruation, exposing her lower body will not be an act she shall willingly comply. In terms of physiological phenomena, the lack of bodily control is also manifest in the opposite form of “leakage”—namely, constipation and enema as a solution, thus what the body does not naturally let out. As Jitsuko's mother confesses in Tsuchimoto's *Minamata*, without enema she would have no bowel movement. The body is in refusal of functioning as it is expected to, and along with the loss of the ability to communicate, thus the social aspect of bodily control, the loss of more directly physical aspect of bodily control signals the invasion of mercury into human bodies, with mercury symbolizing modern technology as well as a loose sense of judgment on what the corporate body should be able to safely “leak” into local fishing grounds without harming the habitat for sea creatures.

The representations and statements regarding urination, defecation and menstruation are also the disclosure of very private information, thus the violation of the patients' privacy that could potentially appear as “dehumanizing” in the eyes of audience. Some examples of such disclosure can be seen in Tsuchimoto's *Minamata* in the scenes with Hiraoka Masaaki (the first living patient that Tsuchimoto visits) and Tanaka Jitsuko. Again, the “leakage” of private information here is related to the “leakage” of liquid and other materials out of the patients' bodies, as well as their incapacity to eliminate what their bodies should not hold on to, signaling their bodies going out of control. Of course, Tsuchimoto, and in extension other artists that

⁴ Ishimure, “Kugai jōdo dai 2 bu,” 555-56.

captured the images of patients, do not violate privacy to shame these patients; instead, the disclosure of such private information is meant to be an important political message to convey the destruction of human functions not easily communicable visually. While the uncontrollably flowing-out saliva of Masaaki and Jitsuko is visually presented, other basic functions of urination and defecation need to be made “public” by verbal communication. In that sense, it is not only Tsuchimoto’s film as the representation of patients’ bodies that was a political tool, but the patients’ bodies themselves were also political tools—probably the most effective ones to appeal to the audience’s emotion. As much as these patients’ bodies are personal properties, their images as appearing in the works of photography and documentary unavoidably attain the status as social properties. This shift from a personal to social realm, especially in the case of an incident like Minamata disease, comes with the blurring of what is strictly private, and the role of patients’ bodies as effective political tools could compromise and expose their privacy for public consumption. I will revisit this issue in the next section with the discussion on Smith’s photograph “Tomoko and Mother in the Bath.”⁵

c. Devoid of voices and self-expression

Of all the Minamata disease patients with various level of verification (already verified, application declined or in progress, etc.), only so many of them are represented or given voice to in one work or another, and the majority remains silent and away from the media exposure. Most of this silent majority willingly stay off camera in order to avoid their status as patients becoming public knowledge, whereas it is also completely undeniable that there is a certain selectiveness over who gets represented and becomes a patient with a widely audible “voice” (in the actual and figurative senses). What also stimulated the demarcation between patients who could be represented and those who could not was the divide of the major patients group *Minamatabyō kanja katei gojokai*’s (水俣病患者家庭互助会; mutual aid association for patients) into *Ichininha* (一任派; the arbitration group) and *Soshōha* (訴訟派; the trial group) in 1969, with the latter bringing the matter to the court. As a part of their tactic, *Soshōha* actively engaged with the media as a tool to appeal their case to the wider public, allowing photographers and filmmakers to capture them both at home and at street demonstrations. And Kamimura Tomoko, one of the plaintiffs and the congenital patient with profound physical and intellectual disabilities, became one of the “representatives” among patients, also aided by her parents willing to “use” her for the larger cause of eliminating pollution from the surface of earth.

⁵ As other forms of “leakage,” I shall point out food consumption and miscarriage, which I will discuss further in the later section on how Tsuchimoto represents Tomoko at the dining scene and in Chapter 3 in relation to the monument Otomezuka, respectively.



Fig. 1.4. W. Eugene Smith, *Tomoko at Central Pollution Board Meeting*, 1972, black and white photograph, in *Minamata*, by W. Eugene Smith and Aileen M. Smith (New York: An Alskog-Sensorium Book, 1975), 44-45.

That patients are brought in the front of the camera, or even in the eyes of the representatives from the Chisso Corporation, the government, and in much larger occasions for discussion, to be presented and exhibited could also imply that they are put “on display” and exposed to others’ gaze. But, what if the patient being “presented” for the representatives’ viewing is unable to communicate his/her thoughts and/or almost intolerable to gaze at? In Smith’s photograph titled “Patients at the Environmental Disputes Coordination Commission” (Fig. 1.4.), Tomoko’s body is brought to the discussion table. In the caption he writes: “Tomoko Uemura was taken to the Central Pollution Board for the benefit of others. The patients demanded that the board members look, touch, hold this child, and remember the experience as they evaluated human beings in dollars and cents.”⁶ Here, Tomoko is placed on display to be gazed upon strangers for the sake of all Minamata disease patients; figuratively speaking, her body is being sacrificed for the greater good. What is absent in this caption, though, is Tomoko’s own sense of subjectivity and active participation for the larger cause. She was, in a passive voice, “taken” to the discussion “for the benefit of others,” and as a representative of the Minamata disease patients, she was in a sense “held out” for the company representatives to “look, touch, hold,” namely to experience what it is like to come face to face with a Minamata disease patient in such proximity upon other patients’ demand, and *not her own*. These patients’ original intention seems rather benign: to connect with and appeal to their “enemies” at a more human level through the direct interaction with a congenital patient as a sort of intermediary. However, the presence of this particular patient who was often considered the most severely disabled, paired with the suggestion to “look, touch, [and] hold” her without her permission to do so blurs the boundaries between her “human-ness” and “object-ness.” In the photograph, Tomoko’s face occupies the lower left corner, and her blind eyes are turned to the right, whereas the company representatives seated in line on the right (except the man with glasses sitting at the right corner, which is her father), mostly out of focus, have their eyes turned away from this enigmatic quasi-human quasi-object being held out to them. Being the only figure in sharp focus, Tomoko, particularly her face, is an apparent emotional epicenter of this photograph. Upon gazing at this photograph, the viewers might realize that to “look” at her vacant face is also the task we have to bear, and also the one Smith, and in extension Tsuchimoto, assigned themselves to bear. As I will discuss further in the section on how Tsuchimoto faced the task of filming Matsunaga Kumiko, capturing the images of Minamata disease patients could also expose filmmakers and photographers to the question of what their relationship to these patients and the Minamata disease struggle itself is, and how they would communicate it visually to the audience. And the fact that needs to be reminded is that the images being exhibited to the media

⁶ W. Eugene Smith and Aileen M. Smith, *Minamata* (New York: An Alskog-Sensorium Book, 1975), 45.

one way or another, as well as any captions attached, are the representations of patients via the artists' perspectives. In other words, patients are given voice, but this voice given is necessarily filtered through the third party as exhibitors on their behalf.

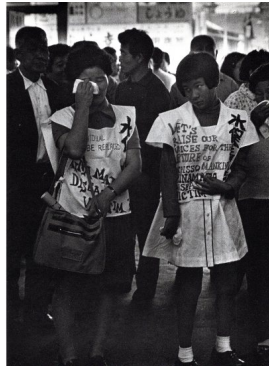


Fig. 1.5. W. Eugene Smith, *Mrs. Sakamoto & Shinobu*, 1972, black and white photograph, in *Minamata*, by W. Eugene Smith and Aileen M. Smith (New York: An Alskog-Sensorium Book, 1975), 163.

I shall bring up another case of another congenital patient, Sakamoto Shinobu, being “on display.”⁷ In a series of photographs in which Smith follows her, he captures her being a participant of the trip to the United Nations Environmental Conference in Stockholm.⁸ In a photograph presumably taken prior to the departure, Shinobu wearing a white coverall with the English texts, which read “Let’s raise our voices for the future of mankind—Minamata Chisso Victim,” stands next to her mother, who covers her teary eyes with a handkerchief (Fig. 1.5.). Although the Japanese texts *Minamatabyō* are also written vertically, the area occupied by the English texts as well as the line “the future of mankind” emphasize the universal nature of the claim, that these patients are speaking up not only for themselves but also for the entire mankind being exposed to environmental threats. Unlike other photographs taken in her everyday environment, her face is stiff, her chin is slightly lowered, her eyes are glancing upward, her left hand nervously holds her lower abdomen, and her right hand holds on to a handkerchief. As her gestures reveal, she is full of tension, as if she were preparing herself for the “battlefield” where she would be showered with the gaze. Indeed, in the caption Smith introduces her own reflection on joining this trip as an inevitable object of the gaze: “I went to Stockholm because I wanted everyone to know. Many people have never seen someone like me. Really... really at first I didn’t want to go... I didn’t want to show myself... but I thought I will go for everyone. I’m glad I went. Many people stared at me too, but I think the people understood a little bit.”⁹ In a heartbreaking way, she confesses the conflicting two desires: the desire to let people know the fear of mercury poisoning through the presentation of her own body as a visible evidence, and another desire to avoid putting herself on display as the object of the gaze, which is not always

⁷ Sakamoto Shinobu, now in her sixtieth, still remains active in the Minamata disease struggle, and as one of the most vocal congenital patients, often appears in events and workshops.

⁸ Smith and Smith, *Minamata*, 163. This conference, which was held from June 5th through 16th in 1972, “[had] considered the need for a common outlook and for common principles to inspire and guide the peoples of the world in the preservation and enhancement of the human environment.” For more information, refer to <http://www.unep.org/documents.multilingual/default.asp?documentid=97&articleid=1503>. As I discuss later, Smith aimed the publication of the first set of photographs from Minamata in the June 2, 1972 issue of *Life* to coincide with this conference.

⁹ Ibid, 162.

warm and accepting. In the statement, we can clearly sense her determination for sacrifice, the same urge to throw oneself to the fore for the sake of others as we witnessed earlier with Tomoko. The difference, however, is that while Tomoko's sacrifice was rather determined by her parents as her representatives/interpreters, Shinobu's shall be called "self-sacrifice" due to her intellectual and verbal ability to determine the course of her action. The cases of Tomoko and Shinobu confirm that patients voluntarily or involuntarily chosen for the role as representatives "presented" in the scene of protest and confrontation, while able to get their stories heard by a larger number of people, are necessarily exposed to such gaze, no matter how disguised and indirect, and also no matter how benign or otherwise mal-intentional it might be.

The ethics of representation: the cases of Matsunaga Kumiko and Kamimura Tomoko

a. Matsunaga Kumiko and Kuwabara Shisei

The representations of Minamata disease and its patients at the very early stage by the mainstream media focused on reporting this disaster and the miseries triggered by it as directly as possible, often capturing shocking images and narrating pitiful stories. One of the earliest TV coverage, NHK documentary titled "Kibyō no kage ni" (奇病のかげに; Behind the Strange Disease, 1959), featured patients in severe conditions and their families living in poverty due to the troubled family business (fishing) and ballooning medical costs. In the 1960s, visual artists working in Minamata confronted a dilemma against this notion of representing Minamata. The question arose: how to capture the Minamata disease patients without "objectifying" them or putting them "on display," and also from what position to represent them? The photographer Kuwabara Shisei was one of these visual artists confronting the dilemma. His photographs of patients, including Matsunaga Kumiko, were some of the first not-straight-to-newspaper visual materials of Minamata disease available to society outside Minamata. Upon graduating from Tokyo nōgyō daigaku (Tokyo University of Agriculture) and Tokyo sōgō shashin senmon gakkō (Tokyo College of Photography) in March 1960, the young Kuwabara, though without connection or proper subject in mind, dreamed of becoming a freelance photojournalist. The turning point came when he encountered the feature article on Minamata disease titled "Minamatabyō o miyo" (水俣病を見よ; Look at Minamata Disease) in the May 15, 1960 issue of the weekly magazine *Shūkan asahi*.¹⁰ Kuwabara recalls the historical background in which he came upon this article as follows:

Today, it is not rare to find an article on pollution in the news report. However, it was difficult to find the letter "Minamata" and "pollution" from the pages of newspaper around 1960 except in the local newspapers such as *Kumamoto nichinichi shimbun* and *Nishinihon shimbun* or the Kumamoto prefecture edition of the national newspapers. Besides, nowadays it is common practice to photograph pollution issues. Yet, back then the idea of pursuing Minamata disease through photography came with the sense of uncertainty.¹¹ iii

Minamata disease, the biggest of the four major pollution-caused diseases in the postwar Japan, received only minor treatment in the late 1950s as Japan gradually headed toward its economic

¹⁰ Shisei Kuwabara, *Minamata jiken: The MINAMATA Disaster* (Tokyo: Fujiwara shoten, 2013), 170.

¹¹ Shisei Kuwabara, "Ningen no songen o tēma ni," *Shimbun kenkyū* 9, no. 326 (November 1978): 33-34.

miracle in the 1960s.¹² Minamata's location as the periphery in Southern Kyushu bordering Kagoshima prefecture and its sheer distance from the capital Tokyo also made easier the near obliteration of this disease. Were it not for the chance encounter with the magazine article, it would have been quite difficult for Kuwabara to get to know this disaster as early as 1960. With the help of *Shūkan asahi* reporter, he got acquainted with the assistant professor of Kumamoto University College of Medicine, Tokuomi Haruhiko, and the director of Minamata Municipal Hospital, Ōhashi Noboru.¹³ With Ōhashi's permission, he was granted access to the hospital, that is, unlimited access to patients in its Minamata disease ward, for the next 17 years until his retirement.¹⁴ This unlimited access, particularly as early as 1960 and prior to *Kanja gojokai*'s divide into *Ichininha* and *Soshōha* in 1969, gave him a considerable advantage as a photojournalist in terms of the opportunities to capture the images of some of earlier, so-called *gekishōgata* (fulminant) patients as well as those of later *Ichininha* patients, namely the patients whose image Tsuchimoto and Smith had only limited access to the late 1960s and on. Matsunaga Kumiko, an infantile patient known for the byname *ikeru ningyō* (生ける人形; a living doll) due to her beauty and also her being in an unconscious state with very limited movement, was one of those prime subjects whose images became increasingly difficult to capture due to her father's position as the head of *Ichininha*, the group which largely avoided the media exposure unlike *Soshōha* that made use of the media to appeal their cause to the larger public. Kuwabara explains the gradually increasing sense of privacy in Minamata that he experienced through over 50 years that he spent photographing its people:

Nowadays, without the consent of each patient, his/her family or guardian, the hospital director alone can no longer give permission to have any patient photographed. There are many complicated issues such as the individual rights, privacy, and copyright. ... However, back in the day, I think that those who were photographed did not have much sense of fear regarding the impact that photographs could have on them. In the present, if being photographed without permission, anyone will wonder why he/she is being photographed and where the photograph might get used. But back then, when being photographed, people rather smiled and were delighted. ... Why was [the last half of twentieth century] regarded as a golden age in the Japanese photography industry? ... In short, it was the period with the complete freedom to photograph anyone. Photographs got freely published without much regard for the individual privacy and copyright.^{15 iv}

In the early 1960s, the act of being photographed was regarded without the sense of suspicion; it was rather a kind of novelty, even a privilege. The subjects must not have necessarily associated this act with the end result of having their images published in the media and contemplated the implication of such exposure. Indeed, the disrespect for individual rights was also evident in how patients were treated under the name of economic growth. Prior to the wide spread of camera equipment that led to the heightened sense of privacy as well as individual rights, the

¹² The other three diseases are Niigata Minamata disease, Yokkaichi asthma, and Itai-itai disease.

¹³ Professor Tokuomi played the key role in the discovery of the cause of Minamata disease. He also wrote the medical report titled "Minamatabyō no igaku kaisetsu" and "Medical Aspects of Minamata Disease" at the end of Kuwabara's first photo book *Minamatabyō* (1965).

¹⁴ Shisei Kuwabara, "Minamata o kiroku shite—1960 nen-1997 nen," in *Minamatagaku kōgi*, ed. Masazumi Harada (Tokyo: Nihon hyōronsha, 2004), 100-01.

¹⁵ Ibid, 102-03.

subjects were sometimes placed “on display” without their wishing to do so, and such was also what happened to the Minamata disease patients. Such a tendency to simply “snatch” the images irrespective of their subjects’ will is something Kuwabara struggled with.

Upon beginning his photographic exploration of Minamata, he faces a moral qualm about how to represent the people struck by the disease:

Upon facing unconscious, living-dead-like fisherfolks and their families’ insecure living conditions, I cannot but feel perplexed as of from what angle the camera should photograph the fragments of such an abnormal reality. ... The Minamata tragedy needs to be captured from a different dimension, as a political and social issue that closes in on the contradictions of capitalism. And for that, there is a need to denounce Minamata disease. What kind of image might the photograph of denunciation be?¹⁶ v

In 1962, Kuwabara published seven photographs for the first time in the “graphic report” titled “‘Ikiteiru ningyō’ o kakaeta ikka” (「生きている人形」を抱えた一家; The family that supports “the living doll”) in the July 9 issue of the weekly magazine *Josei jishin*, organized the first solo exhibition “Minamatabyō—kōjō haieki to engan gyomin” (水俣病—工場廃液と沿岸漁民; Minamata: Factory Effluent and Coastal Fishermen) at the Fuji Photo Salon in Yūrakuchō, Tokyo, and released the photographic report with five photographs and the commentary “Kurai umi—Minamata gyomin no sonogo” (暗い海—水俣漁民のその後; Dark Sea: The Aftermath of Minamata Fishermen) in the November issue of the journal *Sekai*.¹⁷ It is significant that Kuwabara, who has kept photographing the patients up to the present, selected the photographs of Kumiko and her family for his first publication.¹⁸ In fact, he went back to photograph Kumiko at the hospital in many occasions in the 1960s. The photograph of Kumiko’s eyes, for which he is the best known for, was captured during his fifth trip to Minamata in October 1966.¹⁹ He describes his intension for this particular photograph as follows:

The unfading beauty of [her] face was otherworldly. How would I visualize this goddess-like girl through photographs? ... Honestly speaking, I would rather not turn the camera to her as a patient in reality. ... The photographs in Minamata are apt to become dark and heavy images. The readers who view the pages with [these] photographs through the printed media might not necessarily have keen interest in Minamata disease. I would like to have the readers who are unaware of the situation in Minamata stop turning the pages right at the photographs [of Minamata]. An intense, shocking photograph would undoubtedly be effective, but such an effect could be rather transient, and might not necessarily touch the readers’ hearts. The more shocking the subject is, the more effective it might be [to use] a soft photograph. If the person who looks at the photograph shall push it away, that would be the end of its life. I think it necessary to send off the image that attracts [the readers] more, has them develop empathy for [the subject], and moreover leaves further aftereffects. ... That the sender of an image **processes** (*kakōsuru*; 加工する) the image he captured does not mean that he **distorts** (*yugameru*; 歪める) the fact. By **cooking** raw ingredients with the advanced visual expression, the receiver will be able to accept the author’s message without rejection. In photojournalism, the technique for expression tends to be

¹⁶ Kuwabara, “Ningen no songen o tēma ni,” 34.

¹⁷ Kuwabara, *Minamata jiken*, 170, 175.

¹⁸ After starting his career by covering Minamata disease, Kuwabara also photographed places with social upheaval including South Korea, Vietnam, Okinawa, and most recently, Fukushima. He received the Domon Ken photography award in 2014 for his exhibition “Shiranui kai” and photobook *Minamata jiken*.

¹⁹ Kuwabara, *Minamata jiken*, 41.

neglected, but it is wrong. The factuality of documentary photographs does not only lie in the mere act of photographing [the subjects].²⁰ vi

From the beginning, Kuwabara rejects the idea of photographing Kumiko as a patient; instead, he is interested in photographing her “otherworldly, goddess-like” appearance without having the overwhelming reality of her being a Minamata disease patient undermine the quality of the image. He is against capturing patients as “dark and heavy” images, which is difficult to avoid when turning the camera to them. This statement at first appears to be his beautification or idealization of this particular patient, who was destroyed internally but kept mostly undamaged externally, and thus a suitable subject to accentuate the tragedy without having to witness the visible bodily destruction. But the later part of the quote further explains his intention, where he illuminates the potential limitation of exhibiting photographs of the Minamata disease patients in a printed material. While, for example, the audience at a photographic exhibition is expected to have some pre-knowledge, or expectation, of the kind of photographs to be exhibited, the readers of a general interest magazine, such as *Josei jishin* in which the first set of Kuwabara’s photographs was published, might not be aware of exactly what they are about to encounter. And unless the photograph is printed on a photo journal such as *Life Magazine*, the level of consideration on what/who to photograph and how to photograph them to draw out the desired response from the readers might be necessary, even if that means the avoidance of the shocking image and the turn to a “soft” image—an image that is tame or enjoyable enough but still not completely devoid of the photographer’s message.²¹ For that purpose, the photograph of Kumiko’s right eye (which is also the cover of Kuwabara’s 2013 photobook *Minamata jiken*), if featured in a general interest magazine, would have succeeded in attracting the readers without repelling them instantly, thus providing them with a gateway into learning more about the cause which Kuwabara presents them as a photographer.



Fig. 1.6. Shisei Kuwabara, *Untitled*, 1966, black and white photograph, in *Shashin kiroku Minamatabyō 1960-1970*, by Shisei Kuwabara (Tokyo: Asahi shimbunsha, 1970), 75.

One of the aspects that add an almost mystic quality to this photograph is its total lack of context; in this extreme close-up of Kumiko’s face, the photograph closely frames and focuses on her right eye and leaves the rest of her face blurry. By contrast, in other photographs, she is

²⁰ Shisei Kuwabara, *Hōdō shashinka* (Tokyo: Iwanami shoten, 1989), 38-40. My translation. Emphasis is mine.

²¹ Naturally, what also needs to be considered is the overall context, including what other issues are featured and what other images, such as advertisements, are inserted nearby or on the same page, among other aspects.

captured in the medium or long shots, and her bed-ridden, immobile status is apparent. Also unlike other photographs which necessarily convey the sense of a dark and closed hospital room due to the limited light source, in the photograph of her eye Kumiko is illuminated by the strong morning light shining through the curtain, thus creating a softer contrast that emphasizes her beautiful eyes.²² In other words, the “beauty” of this photograph was created by ridding all the elements that brand “patient-ness” onto her. Such a process of elimination might be seen as “distortion” of the “actual object and site,” thus of the reality in front of the camera. But Kuwabara denies such accusation by distinguishing between the acts of “distorting” and “processing” or “cooking” the image. While he does not elaborate on the exact difference between these two acts, I assume that his distinction is based on the photographer’s intention. Focusing on Kumiko’s eyes, instead distorting the fact that she is a patient who was made unconscious and immobile by the disease, allows him to distill the beauty otherwise easily overlooked due to the overwhelming sense of tragedy. Such “processing” via selective focus on certain elements seems to be the path to achieve a “soft” image that wished for the representation of Minamata disease patients, making the resulting image easier to digest for readers. While I do not necessarily disagree with Kuwabara’s ideas on how to initiate the readers into the images of patients to maximize their positive (or constructive) reactions to these images and also to the cause itself, I do see the potential risk that the readers might not understand his message if they view the photograph of Kumiko’s eye, find it just beautiful, and simply move on. In other words, the questions that need to be addressed here are to what degree a “soft” image could attract the otherwise indifferent readers’ attention, and also whether the readers who got such “softer” initiation into the cause might be able to eventually accept the “not-so-soft” realities of Minamata. Furthermore, such “processing” and the selection of presentable patients for the images of initiation might necessarily exclude some other patients as subjects due to the degree of deformation they have suffered, and thus could possibly lead to a form of discrimination, if unintended.

Kuwabara also explained his preference for a “soft” image more directly, frankly stating that “I want to photograph unusual (*ijōna*; 異常な) subjects (patients) as ‘beautifully’ as possible.”²³ Susan Sontag argues photography’s tendency to “beautify” objects in *On Photography* (1977):

In a consumer society, even the most well-intentioned and properly captioned work of photographers issues in the discovery of beauty. ... Protected middle-class inhabitants of the more affluent corners of the world—those regions where most photographs are taken and consumed—learn about the world’s horrors mainly through the camera: photographs can and do distress. But the aestheticizing tendency of photography is such that the medium which conveys distress ends by neutralizing it. Cameras miniaturize experience, transform history into spectacle. As much as they create sympathy, photographs cut sympathy, distance the emotions. Photography’s realism creates a confusion about the real which is (in the long run) analgesic morally as well as (both in the long and in the short run) sensorially stimulating. Hence, it clears our eyes.²⁴

Sometimes photographs, especially the works of photojournalists, aim to reveal the reality in distant parts of the world to the readers who consume these images in the comfort of their own

²² Kuwabara, *Hōdō shashinka*, 41.

²³ Kuwabara, “Ningen no songen o tēma ni,” 34.

²⁴ Susan Sontag, *On Photography* (New York: Farrar, Straus and Giroux, 1977), 109-10.

homes. Such “reality” captured on photographs, however, is not necessarily the direct reflection, or “cut-out,” of what is actually happening. Photographs capture only the fragments of the entire scene/event, and after passing through the camera and photographers as the intermediary, the resulting images, as Sontag points out, might neutralize the horror and distress they were originally intended to communicate due to the “beauty” discovered in the unlikely situations, thus distancing the readers and sparing them from the task of emotionally sharing the pain with the subjects. Kuwabara’s notion of capturing patients “beautifully” seems to be the frank admission of Sontag’s point. It also speaks to the dilemma of having to deliver works that are catered to the liking of readers/consumers; in being rejected by them, the works might lose commercial value, and thus also the meaning of their very existence. The work of art or journalism cannot exist in a complete vacuum. Without the approval or acceptance of readers/consumers, even the works that allow access to the forefront of social issues could get dismissed.

While Kuwabara has published numerous books on the subject of Minamata disease since the 1960s, the following three shall be counted as his major photo books on Minamata: *Minamatabyō* (水俣病; Minamata Disease, 1965), *Shashin kiroku Minamatabyō 1960-1970* (写真記録 水俣病; Photographic Documents, Minamata Disease, 1970), and *Minamata jiken: The MINAMATA Disaster* (水俣事件; Minamata Incident, 2013).²⁵ His first photo book *Minamatabyō*, which lists a series of photographs without chapter divisions, does not include the above-discussed photograph of Kumiko’s eye, which was shot in October 1966, a year after its publication, but her photographs still appear three times. In fact, the very first photograph (Photo 1), titled “Tsūshō ‘ikita ningyō’” (通称「生きた人形」; Byname “A Living Doll”), is the medium shot of Kumiko from the waist up, lying down on a straw matt in her *yukata* and looking upward. The caption at the end of the book explains her clinical history as well as the reason why she gained her byname—“she has remained completely unconscious for nine years; with the name ‘living doll,’ her eyes are mystically beautiful.”²⁶ The second photograph (Photo 2), titled “Kyōseiteki ni ataeru shokuji” (強制的に与える食事; Meals Fed Forcibly) and placed midway within a series of photographs, frames Kumiko in the medium shot, and in the foreground are captured the bowl of rice in the middle and the hand and chopsticks feeding her to the right. The untitled third photograph (Photo 3) is the medium shot of Kumiko looking to the right, with her hands rightly folded around her shoulders. As if to put Kuwabara’s “softer initiation” into an actual practice, he begins this photo book with a photograph that comes with no visible obvious sign of illness, and gradually introduces more shocking photographs, and Kumiko’s two later photographs do reveal her patient-ness. The overall flow of the book can be described as the portraits from the hospital, moving to the residential areas of Minamata and then to the sea, ending at the Chisso factory—thus roughly tracing the path Kuwabara himself took upon photographing Minamata. The avoidance of chapter divisions helps to show the close relations among the hospital/patients (the end result), the sea/fish (the intermediary) and the factory (the cause), whereas it becomes difficult to place focus on selective subjects. The date of shooting is not specified, and the titles and captions are listed at the beginning and end of the book respectively, thus separating images and texts in order to reserve the photograph section solely

²⁵ These books were published from San’ichi shobō, Asahi shimbunsha, and Fujiwara shoten, respectively. The date of publication for the second book happened to coincide with the day author Mishima Yukio committed seppuku—November 25, 1970.

²⁶ Shisei Kuwabara, *Minamatabyō* (Tokyo: San’ichi shobō, 1965), 117. My translation.

for the act of looking at photographs without the interruption of texts to read. Sontag examines the role of caption as follows:

In fact, words do speak louder than pictures. Captions do tend to override the evidence of our eyes; but no caption can permanently restrict or secure a picture's meaning. ... The caption is the missing voice, and it is expected to speak for truth. But even an entirely accurate caption is only one interpretation, necessarily a limiting one, of the photograph to which it is attached. And the caption-glove slips on and off so easily. It cannot prevent any argument or moral plea which a photograph (or set of photographs) is intended to support from being undermined by the plurality of meanings that every photograph carries, or from being qualified by the acquisitive mentality implicit in all picture-taking—and picture-collecting—and by the aesthetic relation to their subjects which all photographs inevitably propose.²⁷

She points out how caption could dominate how readers interpret a certain photograph as “the missing voice” that “speaks for truth,” namely not only the power but also limitations of caption, which is after all just one interpretation among many. And as I examine through a series of Kuwabara's photo books on Minamata, the caption does “slip on and off so easily,” with both slight and not-so-slight changes in the tone of the explanation.

The second book, *Shashin kiroku Minamatabyō 1960-1970*, again leaves the date of shooting unspecified, but comes with chapter divisions and has the captions printed under or next to photographs. The first photograph of Kumiko appears in the first chapter titled “Shiranui kai no kibyō” (不知火海の奇病; The Strange Disease at Shiranui Sea) as the second photograph after Tomoko's. In this photograph, her face in the close-up is mainly covered by darkness, with her eyes and mouth open. While the photograph itself does not immediately speaks to her patient-ness, the caption, which reads “Matsunaga Kumiko ... developed the disease in 1956, and has stayed alive for over ten years while being robbed of her consciousness,” adds the “missing voice” and clarifies her status as a patient.²⁸ Compared to the neutral expression “Matsunaga Kumiko ... lost her consciousness in 1956” used for the caption for Photo 1 in the previous photo book, the expression “robbed of her consciousness” clearly establishes her position as a victim, thus implying the presence of the victimizer (the disease, Chisso).²⁹ The second photograph is the same as Photo 2, with an approximately same cropping. Then in the third chapter titled “Minamatabyō kanja” (水俣病患者; Minamata Disease Patients), the above-discussed extreme close-up of Kumiko's eye (Photo 4) is inserted along with the caption, “Matsunaga Kumiko, bearing the karma of Minamata and called a ‘living doll’; her completely blind eyes are almost tragically clear.”³⁰ The text emphasizes her symbolic role as an ultimate victim with the body externally kept intact but internally imploded, thus again indicating the victimization narrative. On the next page, Photo 3 appears again, and later in the book, Photo 1 is simply captioned “Matsunaga Kumiko.” Overall, chapter divisions provide much needed occasional punctuations for nearly 180 pages of “photographic documents,” compared to approximately 60 pages for the first book. Not only that, they enable Kuwabara to set up more detailed categorizations of selective topics; for example, the fourth chapter “Ankai” (暗海; Dark

²⁷ Sontag, 108-09.

²⁸ Shisei Kuwabara, *Shashin kiroku Minamatabyō 1960-1970* (Tokyo: Asahi shimbunsha, 1970), 5. My translation.

²⁹ Kuwabara, *Minamatabyō*, 117.

³⁰ Kuwabara, *Shashin kiroku*, 74.

Sea) focuses on the landscape, and the captions are omitted in order for the readers to simply take in the views from Minamata.

The third photo book, *Minamata jiken: The MINAMATA Disaster*, differs from the previous ones due to several reasons. Published in 2013 as a component to his solo photo exhibition of the same title, this book is regarded as the culmination of the now-veteran-and-respected photographer Kuwabara's over half the century worth of work in Minamata, as also indicated by its subtitle "Kuwabara Shisei shashinshū" (桑原史成写真集; Kuwabara Shisei Photo Book). The main title is not "Minamatabyō" this time; instead, he opts for "Minamata jiken," the Minamata Incident as many supporters for the Minamata disease struggle prefer to describe this disaster, thus making an explicit statement about his view and position toward his subjects. Besides, most likely due to the longer time span that it covers, the date and location of shooting is specified, further heightening the sense of "photographic documents" along with the range of photographs that enable readers to observe the process of growth, aging and deterioration. For this book, Kuwabara not only provided chapter division, but also dedicated some of these chapters to specific patients, therefore allowing closer look into their individual stories while also inevitably excluding others' stories. Kumiko's story is featured in the fourth chapter titled "Ikeru ningyō" (生ける人形; A Living Doll). Out of five photographs of Kumiko, all taken at the special Minamata Disease Ward of the Municipal Hospital between August 1960 and October 1966, the third and fourth photographs are the re-appearance of the previously used ones. The second photograph, in which Kumiko is in bed being fed by her mother while her father fans her, introduces her parents for the first time as attentive caretakers with the caption "[t]he father Zen'ichi and the mother Masa, who often stay with their daughter."³¹ And what is interesting about the third photo (Photo 2) is the change in the way it is cropped (or not cropped) in each photo book, which is disclosed at the time of its third appearance. For its first and second appearances (Fig. 1.7. and 1.8.), perhaps also due to the formats of the books themselves, Kuwabara cropped off the bottom half of the vertically long photograph, resulting in the image that places Kumiko's close-up face almost to the center. Equally dominating in size is a bowl of rice being fed into her mouth as a lifeline to her survival, heightening the sense of her being let live, instead of living on her own will. For its third appearance (Fig. 1.9.), her face is in the medium shot, and the hand and arm holding the bowl cuts in from the lower right corner, visually creating the diagonal line leading to her face. Unlike her curled-up smooth hand, the caretaker's hand is tough and wrinkled, as if to juxtapose the life involuntarily stalled and the one further roughened up by such tragedy. In correspondence with the increased presence of the person caring for Kumiko, the caption introduces the voice of a caretaker, "[e]at slowly so that you won't choke," thus revealing the environment where Kumiko, despite being unconscious and unresponsive, was not necessarily treated mechanically.³²

³¹ Kuwabara, *Minamata jiken*, 38.

³² Ibid, 39.



(From the top) Fig. 1.7. Shisei Kuwabara, *Untitled*, 1960, black and white photograph, in *Minamatabyō*, by Shisei Kuwabara (Tokyo: San'ichi shobō, 1965), 20-21. Fig. 1.8. Shisei Kuwabara, *Untitled*, 1960, black and white photograph, in *Shashin kiroku Minamatabyō 1960-1970*, by Shisei Kuwabara (Tokyo: Asahi shimbunsha, 1970), 8-9. Fig. 1.9. Shisei Kuwabara, *Untitled*, 1960, black and white photograph, in *Minamata jiken: The MINAMATA Disaster*, by Shisei Kuwabara (Tokyo: Fujiwara shoten, 2013), 39.

The next photograph is again that of Kumiko's eye (Photo 4), which was taken last according to the dates provided. The caption very clearly indicates Kuwabara's involvement in this particular patient and desire to capture her at her most beautiful state, as it reads, "I wanted to photograph her beautifully. During the fifth trip to Minamata, I could make the eye of this 15-year-old "doll" the subject. Does she see anything; can't she see anything?"³³ For the first time, the personal pronoun "I" appears in the caption, emphasizing how "I=Kuwabara" strove after the perfect image of Kumiko, even if that ends up with only a small part of her body. As I compare the captions in different photo books, I realize that the statements regarding her sight are slightly different. The declaration of her blindness, "her completely blind eyes are almost tragically clear," has been replaced by the question about whether she does/can see anything or not. This change seems to have resulted from a more emotional, or romanticized, reaction to Kumiko's "otherworldly," iconic presence, the sense that could have grown even stronger after her early death in 1974 at the age of 23. In fact, the first and second photo books were published while Kumiko was alive, whereas she was long gone by the time of the third book's publication. This shift in Kumiko's status would inevitably change the reception of her photographs from the documents of ongoing reality to the retrospective look at the past, and based on the nature of photography as the device that could bridge the present with the past, Kuwabara's nostalgic reaction to the now-long-deceased Kumiko might be better understood. Photography as the

³³ Ibid, 41.

provider of the point of reunion between the past and present is the aspect that I will further explore later in the section of Kamimura Tomoko and W. Eugene Smith.

b. Matsunaga Kumiko and Tsuchimoto Noriaki

The question of how to capture the Minamata disease patients without “objectifying” them or putting them “on display,” and also from what position to represent them, was what Tsuchimoto encountered likewise when he visited Minamata the first time for the 30-minute TV documentary *Minamata no ko wa ikiteiru* (水俣の子は生きている; *Children in Minamata are Alive*, 1965), produced for Nihon TV’s program *Non fikushon gekijō* (ノンフィクション劇場; Non-fiction Theater).³⁴ For this documentary, Tsuchimoto followed Nishikita Yumi, a female student at Kumamoto tanki daigaku (Kumamoto Junior College, currently Kumamoto Gakuen University) who would be going to Minamata as a volunteer case worker next spring, as she visited the Minamata Municipal Hospital as well as the areas considered as the epicenter for the disease. Despite his initial enthusiasm for reporting the state of Minamata almost 10 years after its official confirmation in May 1, 1956, the rejection by villagers that he encountered left him emotionally devastated. He recalls his experience in the article “Gyakkyō no naka no kiroku” (逆境の中の記録; Document in Adversity) in January 1975:

After choosing Minamata disease as [the subject for] a TV program, ... the first day I entered Yudō, the area with the large number of patients, I was bitterly informed that its residents regarded [me] with loathing. It was February 1965, when the Minamata disease [patients] were treated like aftereffects and contained inside the area. While we were shooting the panoramic view of the area with the wide lens, at one of the houses housewives [gathered there] started to raise a clamor. I was unaware of a child patient among them, but people harshly blamed us, complaining that we filmed [the child] without permission. I listened in without a word of justification. After that incident, both my cognitive faculty and speech completely ceased to function. In short, I was destroyed. Torn apart by the intuition that “I do not have the right to film Minamata disease,” I heard my own internal voice, “You don’t have the energy to shoot a film, so just quit,” endlessly. Unable to turn the camera to anywhere, I just stood on top of the stone wall by the wharf. ...

Eventually, I saw a fragment of translucent and shiny tea cup at the bottom of the sea that I have been staring at with downcast eyes. ... “Can we focus [the lens] on it?” With this as a cue, we filmed several shots of the china at the bottom of the sea for a long time in silence. ... Filming it was the only way for us to start again. Namely, it was merely *ashibumi no kiroku* (a document at a standstill). But only by doing so, I could barely endure the profound sense of setback as a filmmaker. Without this experience, my relationship with Minamata until today would not have been born.^{35 vii}

After years of receiving discrimination from other citizens and even neighbors, patients and their family members grew very sensitive to the presence of the media, particularly of the camera. In

³⁴ *Non fikushon gekijō* (1962-1968) was a TV documentary program produced and aired at Nihon TV. Under its producer Ushiyama Jun’ichi, it is often considered as the pioneer of TV documentary on social issues. Oshima Nagisa’s *Wasurerareta kōgun* (aired on August 16, 1963) is arguably the most known program it produced.

³⁵ Noriaki Tsuchimoto, “Gyakkyō no naka no kiroku,” in *Gyakkyō no naka no kiroku* (Tokyo: Miraisha, 1976), 93. My translation. This article was first published in the January 31, 1975 issue of *Tōkyō shimbun*.

their eyes, the media in general as of 1965 were mostly curious bystanders who “snatch” their images for the use that, though potentially well-meaning, might make their lives even harder. Hence the distrust and rejection of men with the cameras and other recording devices. Even if Tsuchimoto himself considered himself as an outsider to the established media, but to the villagers he would appear as “one of these media people.” He took the rejection to heart, to the point that he even doubted his profession as a filmmaker, especially because he had the policy of always asking whether he could film someone prior to actually filming him/her.³⁶ This moment of *ashibumi*, however traumatic it might have been, allowed him to take forward steps in a form of independent documentary making five years later, thus without the connection to the Nihon TV as a TV broadcasting station for the major Yomiuri newspaper network, and contemplate further on the role of documentary film and the issue of privacy, particularly in relation to Minamata disease.

Tsuchimoto’s encounter with, or rather “witnessing” of, Kumiko, was exactly in line with this ethical question that he was struggling with, as he writes in “Minamata nōto” (Minamata Note) in November 1970:

It is easy to capture her in film. Because she is an unresponsive human being incapable of showing any sense of rejection. I was supposed to film her, just as did many other professionals of the visual media. Certainly, I felt pain against her being compelled into gradual weathering among the indifference of Minamata citizens, and filmed her with anger branding onto myself the meaning of the act of capturing (*toru*; とる) her. However, ever since the moment when she endured the close-up without blink, rejection, and pain, I could neither suppress nor assuage an inexpressible bewilderment until I completed the piece. Why, for what, and from what position am I filming? Kumiko herself compelled me to ask myself these questions.³⁷ viii

As Tsuchimoto points out with an implied sense of cynicism toward the existing media coverage of the Minamata disease patients, the physical or technical ease of capturing the image of an immobile Kumiko makes a sharp contrast with the mental difficulty of doing so, since the act of filming, according to him, should be a form of mutual interaction between image-makers and their subjects. Alternatively, if Tsuchimoto finds it easy, he would be as good as Minamata citizens, whose “indifference” he claims forces the “weathering” of the Minamata disease patients. In the fourth sentence, he uses the verb とる (*toru*; to capture) in *hiragana* instead of 撮る (*toru*; to film), thus implying that the image-makers and their act of とる could lead to 取る (*toru*; to take), thus taking something away from the subject, or even 盗る (*toru*; to steal), even stealing something from them by force. Here, his finger points at Minamata citizens as indifferent bystanders, and also at himself as a filmmaker. “Why, for what, and from what position am I filming?” This is Tsuchimoto’s self-questioning toward his act of filming a subject who neither blinks nor rejects the camera, thus the subject with whom he cannot interact, the one who cannot “speak for” herself—the self-questioning that leads to a larger question of how one should address such a subject.

³⁶ Noriaki Tsuchimoto, “Kiroku eiga sakka no ‘genzai’ ni tsuite,” in *Minamata gaku kōgi*, vol. 2, ed. Masazumi Harada (Tokyo: Nihon hyōronsha, 2005), 89. My translation.

³⁷ Noriaki Tsuchimoto, “Minamata nōto,” in *Eiga wa ikimono no shigoto de aru: Tsuchimoto Noriaki shiron dokyumentari eiga* (Tokyo: Miraisha, 1974), 15. My translation. This article was first published in the November 1970 issue of *Shin nihon bungaku*.

Indeed, posing questions regarding various issues on the ethics of filmmaking is an essential part of Tsuchimoto's career as a filmmaker-theorist, and he often examines the position of filmmakers in his writing. In the June 1972 article "Eiga wa ikimono no shigoto de aru" (映画は生きものの仕事である; Film is a Work of Living Beings), he states:

That I chose filmmaker as a profession means that I am not a bare-handed, bare-faced man, and I impose on myself a deepened awareness of how to remain bare as a human being while attaching to myself the functions [as a filmmaker].^{38 ix}

The condition where the camera is present is not normal, and even if it is normal, it creates the relationship between the ones filming and the ones being filmed, resulting in a mutual sense of tension.^{39 x}

Documentary film steals people, cuts out and shoots portraits, and collects their words ... as long as I singlehandedly monopolize such physical weapons as lens, film and tapes, and possess them as power, my "subjects" (*hishatai*) and I would never be equal.^{40 xi}

Tsuchimoto's profession as a filmmaker makes him inseparable from the camera, which can also become a "weapon" figuratively depending on the context, and he is aware of the danger that the camera as a weapon imposes on his subjects. Furthermore, the power of the camera as a weapon is not limited to its ability to "steal people, cut out and shoots portraits, collects their words," but it also comes with the ability to "exhibit" what it captured publicly—the ability to "document" one's lives as a power that could be used and/or abused. He is also sensitive to how the presence of the camera changes the ordinary into the extraordinary, and also the position of the one who possesses it and the one who does not—there are always spaces "in front of" and "behind" the camera, and people "in front of" the camera are rendered in the passive term of *hishatai* (subject), which is literally "the body exposed to the gaze of the camera." Tsuchimoto's presence within his film, therefore, might be as much the manifestation of the "constructed-ness" of the documentary film as his intention to also expose himself to the gaze of the camera, thus indicating his urge to be on equal terms with his *hishatai*, if only momentarily. His view of the camera is also revealed through his criticism of Ōshima Nagisa's notion of "the camera as a victimizer" (*kagaisha to shite no kamera*; 加害者としてのカメラ), which, according to Ōshima:

I think that the principle of visual documentary (*eizō kiroku*; 映像記録) is that the documentarist confronts his subjects (*taishō*; 対象), gets denied and destroyed [through such confrontation], and documents the newly reborn situation. In other words, he should question himself what his own act of filming means to them, and also to himself. This is where his subjectivity (*shutaisei*; 主体性) as a documentarist is challenged, and we should not forget that the camera is a victimizer (*kagaisha*; 加害者).^{41 xii}

Except the term "confrontation" that Ōshima uses to describe the documentarist's relationship with his subjects (*taishō*), most of what he writes resonates with Tsuchimoto's concept. But the

³⁸ Noriaki Tsuchimoto, "Eiga wa ikimono no shigoto de aru," in *Eiga wa ikimono no shigoto de aru: Tsuchimoto Noriaki shiron dokyumentari eiga* (Tokyo: Miraisha, 1974), 115. My translation. This article was first published in the June 1972 issue of the journal *Tenbō*.

³⁹ Ibid, 117.

⁴⁰ Ibid, 136.

⁴¹ Nagisa Ōshima, quoted in *ibid*, 131.

last line, the notion of the camera as a victimizer, definitely does not. As a response, Tsuchimoto questions who exactly is the subjects that Ōshima refers to, and also the position of the documentarist and where the camera is facing as a victimizer, and suggests that in the presence of a perpetrator even larger than the camera, such as the state, the camera should be able to take side with the subjects as victims and instead turn itself to the victimizer toward the state. In other words, the monism of the camera=victimizer needs to be analyzed based on the idea of toward whom the aggression (*kagai*) might best demonstrate its power.⁴²

The difference in which Ōshima and Tsuchimoto each views the role of camera seems to also reflect their particular modes of engagement with film; Ōshima made fiction films that incorporated documentary elements and vice versa, while Tsuchimoto stuck to documentary throughout his career. Another difference, particularly when comparing Ōshima's *Wasurerareta kōgun* (忘れられた皇軍; *Forgotten Imperial Soldiers*, 1963) and *Minamata*, is the method of exhibition, the type of audience and the purpose.⁴³ While *Wasurerareta kōgun* was aired on TV, thus having the fixed venue of exhibition, *Minamata* was outside the standard method of film distribution by one of the major studios, in the late 1970s Tsuchimoto and his crew members carried out a form of independent viewing called *Junkai jōeikai* (巡海上映会; around-the-sea screening).⁴⁴ This point is directly connected to the next layer of difference, since he also aimed this film to be “educational” or “warning” for fisher folks in Minamata and also in many small islands surrounding Shiranui Sea. Therefore, while Ōshima's message was meant to reach the hearts of many Japanese viewers who keep their hearts closed to the shadow of war that still looms large in the peaceful postwar time, Tsuchimoto's documentary called for the immediate actions on the potential and future patients, “hidden” patients, and even the state and Chisso. From Tsuchimoto's point of view, it is understandable that he criticizes Ōshima for using the aggressive power of the camera toward the former servicemen while an even larger aggressor, the government, is not directly attacked. But from Ōshima's point of view, what he aims to provoke *first* is the audience themselves who were so immersed in their own victimhood and turned blind eyes to the fate of their “former countrymen,” and for this purpose, the aggression toward the protagonists could inversely become the aggression toward the audience through the pain of witnessing. What I shall take away from this “debate” is the multiple positions that camera can take in relation to the *taishō*; it can support them, but it can also harm them. And as Tsuchimoto and Ōshima suggest in different manners, for filmmaker it is essential to recognize the inherent danger of turning the camera to the subjects (*taishō*).

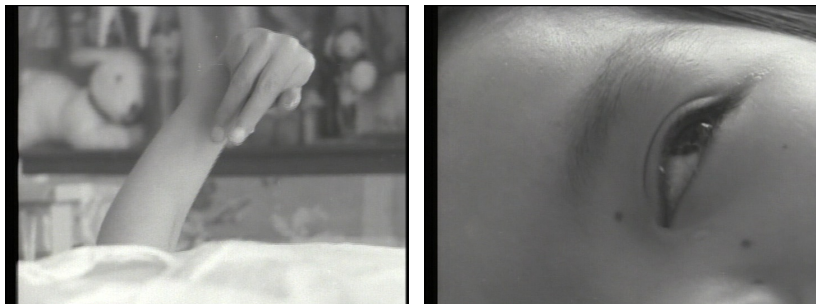
Based on the above-discussed *ashibumi* incident as well as the inherent psychological difficulty of filming unresponsive patients, how does Tsuchimoto deal with the potential harm the presence of the camera poses on to his subjects in *Minamata no ko wa ikiteiru*? This TV documentary opens with the scene at the Kumamoto Junior College, in the room for the circle named “Minamata no kora o hagemasu kai” (水俣の子らを励ます会; the circle to support children of Minamata) that engages in volunteer and social works for the young patients in Minamata.

⁴² Ibid, 131-32.

⁴³ *Wasurerareta kōgun* follows a group of Koreans residing in Japan who got severely injured while fighting as Japanese soldiers. Due to the change in their status to Koreans after the war, the Japanese government refused to compensate for their injuries because they were no longer “Japanese.” At the same time, the Korean government was unwilling to support as well since they fought for Japan as “Japanese soldiers.”

⁴⁴ In order to encourage awareness of Minamata disease for residents in the small islands of Amakusa across from Minamata beyond Shiranui Sea due to their increased risk of catching the disease (or having caught the disease already), Tsuchimoto and his crew traveled around these islands, organizing makeshift screening events of their documentary films.

Two main types of voiceover accompany this documentary: that of a female narrator explaining the overall situation from the protagonist Yumi's perspective, and Yumi's own voice that is interwoven between the narrator's. The very first image of Kumiko briefly appears as one of the placards this group uses for fund raising and other purposes in order to visually appeal the misery the Minamata disease patients face to the public. And about 2 minutes into the program, the image of Yumi with her voiceover explaining how a young patient is like a wax doll (*rō ningyō*) and unable even to recognize their own parents, the medium shot of a little girl's frail right arm popping out of *futon* is abruptly inserted (Fig. 1.10.). The arm then slowly lowers and hides beyond *futon*. After this ten-second shot, the extreme close-up of Kumiko's blinking right eye cuts in (Fig. 1.11.). This six-second shot is followed by a series of still images before the location of the scene switches from Kumamoto city to Minamata. The identity of who the arm belongs to is uncertain, yet I assume it to be Kumiko's based on the order of editing as well as the somewhat ironic shot-voiceover pairing. Yumi's voiceover does not specify which patient or patients she is referring to, and whether she is speaking of a single patient or multiple patients is unidentifiable due to the fragmentary nature of the voiceover and also the structure of Japanese language. However, considering that Kumiko's byname is *ikeru ningyō*, I think it likely that the term "wax doll" is used to refer to Kumiko, or at least someone in the condition similar to hers. Then, the pairing of the term "wax doll," thus a lifeless and immobile object, with the images of Kumiko moving her arm and eye is rather poignant. There are two ways to describe these subtle movements: the arm and eye that does move if a little, or those that only moves a little. Whichever the viewer's take might be, this subtle shot-voiceover pairing already begins to challenge the common tendency of putting these patients under fixed categories. The inserted image of the arm, while a gesture of invitation to Minamata, already encapsulates the tragedy that happened to human bodies in a sense that it symbolizes the involuntary (and most likely unconscious) body movement by the person who lost its control. And the close-up of Kumiko's eye does not communicate the "otherworldly beauty" that Kuwabara sought out to capture; instead, it speaks to her status as an object of gaze who cannot gaze back, thus the being that lost touch with her surroundings.



(From the left) Fig. 1.10. A right arm raised in the air. Fig. 1.11. The extreme close-up of Kumiko's right eye. Both stills from *Minamata no ko wa ikiteiru* (1965), dir. Tsuchimoto Noriaki.

Another shot of Kumiko is included at the very end of the two-minute handheld tracking shot in which the camera traces the path from the entrance of the Minamata Municipal Hospital to the Minamata disease ward, where her room is located. The sheer distance traveled by the camera reveals how deep inside the hospital building the patients were hidden away. As Tsuchimoto recalls, this special ward, which was located next to the mortuary and the contagious disease quarantine ward, was "the space for death and contagious disease where hospital visitors

would not step in under no circumstances.”⁴⁵ Indeed, while the entrance and the general waiting room are busy with the flow of visitors, past the waiting room the corridors become quiet, and once in the Minamata disease ward there are only doctors, nurses and patients. This distance is physical as well as psychological since, as the narrator reveals, both in the town of Minamata and the hospital the presence of Minamata disease faded, and people no longer talked about the disease. The hospital also plays a crucial role here for this process of concealment. Being the “municipal” hospital, thus part of the municipal government, this hospital is a shelter as well as a prison for patients, particularly due to the secluded location of the Minamata disease ward which heightens the ominous sense that it is a place of no return. To battle against this general inclination to deem Minamata disease as if non-existent, the parts of underexposure and overexposure, which could not be avoided due to the long tracking shot that covers both the exterior and interior of the hospital, provide unexpected effects. The section of the general waiting room crowded largely with Minamata citizens—those “indifferent” citizens Tsuchimoto criticizes—is underexposed and mostly covered in darkness, as if you to embody their not-so-laudable deeds to neighbors. On the other hand, the well-lit sections with the windows and other openings nicely illuminate the objects, including Kumiko. Through this natural lighting, the Minamata disease patients are brought out as those who deserve to be in the spotlight and be paid further attention to. While the natural light helps to soften the impression of this severely-ill patient, capturing her image is no easy matter psychologically. Upon facing Kumiko, both Tsuchimoto and his cameraman backed off, revealing the conflicting emotion of unable to turn the camera to her while finding it even harder to face her without it, unlike Ōshima who compelled his cameraman to capture the heavily scarred face of a war veteran in the close-up in the opening of *Wasurerareta kōgun*.⁴⁶ In this sequence, Kumiko is in bed but not sleeping, unlike in the director’s cut of *Minamata: kanja-san to sono sekai*, in which she is captured while sleeping. Would there be any difference between filming a patient asleep and the one not fully conscious but not asleep? I shall explore this question as I examine another scene of Kumiko in a different project.

As much as the on-screen presence of Matsunaga Kumiko, her absence is equally suggestive. As the matter of fact, she does not appear in the wider-circulated 120-minute version of *Minamata: kanja-san to sono sekai*; however, she does appear in the original 167-minute version.⁴⁷ The scene begins with the establishing shot of the building with the sign “Rehabilitation Center” in English. That this building, the Yunoko Rehabilitation Center that is attached to the Minamata Municipal Hospital, identifies itself in a foreign language seems to have a dual function; its topnotch facility is beyond the standard of the region, and its identification in the language which not many people in the area would understand helps disguise its purpose.⁴⁸ The tracking shot of the corridor inside the building that follows is reminiscent of the one in *Minamata no ko wa ikiteiru*, though shorter this time, passing by one young male patient in a wheelchair, and the camera finally stops to capture the arithmetic lesson for the congenital patients. After this sequence, the camera focuses back on the boy captured earlier, Yamamoto Fujio, and then shifts to the short sequence of Kumiko in bed sleeping. While the

⁴⁵ Noriaki Tsuchimoto, *Minamata eiga henreki* (Tokyo: Shin’yōsha, 1988), 47. My translation.

⁴⁶ Ibid, 48.

⁴⁷ I assume that the main reason for this sequence’s deletion from the wider-circulated version is, again, due to her father’s position at *Ichininha* and Tsuchimoto’s connection with *Soshōha*.

⁴⁸ The Yunoko Rehabilitation Center opened in 1965 as the specialized facility for the care of the Minamata disease patients.

scene up to Fujio remains largely the same, Kumiko's shots are deleted from the shorter version of the documentary. The sequence of these two patients appearing next to one another is actually significant, since Tsuchimoto was particularly intrigued by them. He writes:

I would especially like to see Matsunaga Kumiko, who have been confined to bed for over the decade in the adult Minamata disease ward on the fourth floor, and Yamamoto Fujio, who is in the congenital patients' ward on the second floor. They are typical patients in the cruelest sense of this disease. ...

I go to "witness" Kumiko and Fujio at the Rehabilitation Center because I want to meet human beings who live alone in the distant world that defies and rejects any communication. I approach them to be struck by the origin of what is Minamata disease. Their horrifying existence scrapes off the life with Minamata disease that I grew accustomed to.⁴⁹ xiii

For Tsuchimoto, both Fujio, who barely ceases to move, and Kumiko, who barely moves, are the symbols of Minamata disease at its bleakest since they represent "absolute disconnect" (*tetteitekina danzetsu*) as human beings; in other words, this disease damages and challenges the very aspects of what makes a human *human*.⁵⁰ Fujio's family largely abandoned him, and thus his shot was kept in the shorter version. However, Kumiko, whose family remained as attentive caretakers, disappeared altogether.



(From the left) Fig. 1.12. The medium shot of Kumiko awake in bed. Still from *Minamata no ko wa ikiteiru* (1965), dir. Tsuchimoto Noriaki. Fig. 1.13. The medium shot of Kumiko asleep in bed. Still from *Minamata: kanja-san to sono sekai* (1971), dir. Tsuchimoto Noriaki.

In the short sequence of Kumiko, she is filmed in the medium shot while sleeping with her eyes closed, from the left and then from right (Fig. 1.13.). Without her signature big open eyes, and also without explanation of who she is (her byname *ikeru ningyō* had been well established by the time of Tsuchimoto's filming) other than her name and patient number, it might be rather difficult to recognize her just by the image. Two medium shots that both last a few seconds give the sense of comfortable distance, allowing the audience to observe her without getting too close to her, if through the non-immediacy of screen. The fact that she is visibly sleeping, instead of laying down barely responsive as in *Minamata no ko wa ikiteiru*, might also make the act of witnessing her feel a little less guilty. At the same time, however, filming her asleep gives Tsuchimoto a different sort of mental qualm from filming her awake but not responsive, again reverting to the question of how to capture the *taishō* who does not return the gaze to the camera. Compared to the image of 15-year-old Kumiko in *Minamata no ko wa ikiteiru*, that of Kumiko of 20-year-old Kumiko in *Minamata* does not reveal much change at a

⁴⁹ Tsuchimoto, "Minamata nōto," 13, 15.

⁵⁰ Ibid, 17.

glance. Yet, Tsuchimoto senses her early decrepitude; already starting to shrink and emitting an odor of old age after the lifelong battle, she has lost the power to thrive and is about to rush away her short life.⁵¹ Taking this “aging” factor into consideration might enable a more sensitive reading of the different level of Kumiko’s responsiveness along with the environmental factor. In *Minamata no ko wa ikiteiru*, as the ending point of the long tracking shot, the camera comes to stop to focus on her nicely-lit face, eventually framing her face in the close-up. The youthfulness of an adolescent girl that is sensible through her appearance makes up for her lack of response and movement. In *Minamata*, the still camera simply frames her in the stable medium shots from both sides; along with the darkness of the room, the fast asleep Kumiko seems to be almost beginning a gradual process of implosion, thus rejecting the world outside even more categorically than before. When facing this rapidly-aging woman in a secluded hospital ward, Tsuchimoto might have felt a sense of relief, or felt less guilty, that she is asleep and thus does not return the gaze—aside from the fact that even if she is indeed awake, it is nearly impossible to tell whether she is returning the gaze or having her eyes open aimlessly. The deletion of Kumiko’s sequence from the wider-circulated version deprives the audience of the opportunity to witness the person who symbolically embodies the ordeal of being a Minamata disease patient, of the life consumed by the darkness of an incurable, man-made (or corporate-made) disease, and awaits her slow death in silence.

c. Kamimura Tomoko and W. Eugene Smith

In addition to the infantile patient Matsunaga Kumiko, the congenital patient Kamimura Tomoko is another young female patient known as the tragic symbol of Minamata disease. Unlike Kumiko, whose symbolic status is largely bolstered by her near “sleeping beauty” condition, Tomoko represents the tragedy in a very visible manner—her severely deformed limbs and body. What also distinguishes these two girls is the path their parents took in the Minamata disease struggle; Kumiko’s father chose the path of silence as the head of *Ichininha*, whereas Kumiko’s parents became vocal about their experience as *Soshōha* members and were willing to have their daughter take part in the efforts to attain the increased awareness for the disease.⁵² Tomoko’s images are captured by all the artists discussed in this project, and Smith’s photograph “Tomoko and Mother in the Bath” not only shocked and awed the world outside Minamata but also triggered heated reactions from artists and critics alike.

W. Eugene Smith shot this photograph at the Kamimura residence’s bathroom in December 1971, and published it as part of the eight-page feature story of Minamata disease titled “Death Flow from a Pipe” in the June 2, 1972 issue of *Life Magazine*. According to one of Smith’s biographers, Jim Hughes, Smith “wanted *Life* to publish the preliminary results of their study to coincide with an international pollution conference to be held in Stockholm in June 1972,” namely the United Nations Environmental Conference which the above-discussed Sakamoto Shinobu, among others, participated.⁵³ Out of the eleven photographs included in this

⁵¹ Ibid, 16.

⁵² Although Kumiko and her family never came to the forefront of any demonstration, Kuwabara’s photographs of hers were frequently used in the events, often without Kuwabara’s permission.

⁵³ Jim Hughes, *W. Eugene Smith: Shadow & Substance: The Life and Work of an American Photographer* (New York: McGraw-Hill Publishing Company, 1989), 483.

story, “Tomoko and Mother in the Bath” is the concluding, and most dramatic, image of all.⁵⁴ There are several, at times contradictory, accounts on how this photograph came into existence, including who suggested to photograph Tomoko while bathing. According to another biographer Ben Waddow, “Smith had observed Tomoko’s mother bathing the helpless girl and decided that would be the most dramatic way to photograph her. Smith went day after day to visit the family and check the light and decide the best hour.”⁵⁵ This statement reveals that not only that the Smiths were frequent visitors to the Kamimuras’, they were even familiar with the scene of Tomoko’s bathing well in advance of the shooting. He then introduces Smith’s own words:

As we photographed other things, things around [Tomoko’s mother], and even the family, it grew and grew in my mind that to me the symbol of Minamata was, finally, a picture of this woman and the child, Tomoko. One day I simply said to Aileen ... let us try and make that symbolic picture. Now this does not mean in any way I was posing the picture in the sense of posing a picture. It meant that I was interpreting what by now I knew full well to be true, because I would never have done it otherwise. And so we went there and we sat; and we talked for a while; and, I actually explained what kind of a picture—I didn’t explain that I wanted that look, that look of courage—I simply said that I wanted something in the caring of Tomoko. I thought maybe perhaps away from the bath would be the picture that might show Tomoko the best as to just what had happened to her body. And so the photograph. We started. The mother herself suggested that the photograph should be in the bath; so we decided to try that. The mother went through her ordinary bath routine with the child, and this was the result.⁵⁶

Since Waddow’s book *Let Truth Be the Prejudice* was published 1985, I assume that he collected Smith’s quote between Smith’s return to the US in 1974 and his death in 1978. Smith clarifies his view that Tomoko’s mother Ryōko and Tomoko are the symbol of Minamata—not just one, but as a pair—and states his hope to visually capture not only the love and caring between the mother and the child but also Tomoko’s body deformed by the mercury poisoning. While Tomoko tends to gain attention as the centerpiece of this photograph, Smith mentions Ryōko first and then her child, thus emphasizing the significance of her presence in the photograph and in the overall Minamata disease struggle as well. Maybe due to this respect for Ryōko’s opinion, the quote includes his interaction with her, but dismisses Tomoko’s thoughts on exposing her body in front of the camera. Indeed, as the line of defense against the potential question as of whether he “posed the picture” or not, he emphasizes that it was Ryōko herself who suggested the bath as the location. Also in another article published in the October 1975 issue of *Asahi camera* in which Japanese photographer Shinoyama Kishin interviews Smith, Smith maintains the same point, stating that “I have never posed my photographs. Just that in one of the photographs from Minamata, there is one in which a mother is holding her daughter in the bath. For that piece, the mother told me that she wanted me to photograph them [while bathing]. She is bathing her daughter everyday like they are captured in that photograph.”⁵⁷ That Ryōko bathing Tomoko is an “ordinary bath routine” does not necessarily excuse the presence of the

⁵⁴ Eight out of these eleven photographs were also used in the photo book *Minamata*, including the photograph of Tomoko’s bent fingers.

⁵⁵ Ben Maddow, *Let Truth be the Prejudice: W. Eugene Smith, His Life and Photographs* (New York City: Aperture, 1985), 72.

⁵⁶ W. Eugene Smith, quoted in *ibid*, 72-73.

⁵⁷ W. Eugene Smith, quoted in Yumi Yamaguchi, *Yūjin Sumisu: Minamata ni sasageta shashinka no 1100 nichi* (Tokyo: Shōgakusan, 2013), 87.

Smiths and various camera equipment in the private bath time; as a matter of fact, their presence makes the occasion extraordinary.

Aileen Smith's recollection of the day of the photo-shoot, which reveals a slightly different picture, makes this "extraordinary" aspect clearer, maybe because she was capable of balancing the photographer/journalist's perspective with that of a woman, unlike Smith's quite professional vision toward his subjects:

Back then, we got acquainted with the Kamimura family through photographer Shiota Takeshi, who was taking photographs in Minamata, and after several visits to their house, they agreed that we photograph the mother and daughter. In December 1971, [Eugene said that he was going to take important photographs. He] proposed the shoot in the bathroom, and the mother agreed. ... Her first child had a convulsive seizure only two weeks after the birth and fell to Minamata disease. [The Chisso Corporation] had been prevaricating that it would assume the moral responsibility but not the legal one. "Such a terrible thing has happened to my dear child—[the mother] wanted to communicate [this message] at any rate. We took this photograph with such a wish. ... It was also a kind of a political appeal. We would not be able to express it in words, and we didn't. That figure, that feeling, that mother-daughter relationship, the statement toward life—we shared an unspoken agreement to advocate [these things] to the public. ... I think Tomoko understood very well what was happening around her. That is why her mother was very worried, telling her "Tomoko, I'm so sorry to put you through this. You must be pushing yourself hard, please forgive me, please hang in..."⁵⁸ xiv

This quote comes from her November 2000 interview with Japanese photographer Hosoe Eikō. Here again, we can observe the dilemma between the political nature of this photograph and its ethical dimension. Tomoko's body, particularly when laid bare, was one of the most powerful weapons the *Soshōha* group had to get their voices heard, but the exposure of Tomoko's body to society could also mean its objectification. What distinguishes Aileen's statement from Eugene Smith's, most of all, is her claim that instead of Ryōko, Smith himself suggested the bath as the setting. Aileen Smith also clarifies the political message that the creators (not "creator") of this photograph aimed to convey, which is a statement toward human life that could not be expressed in words as seen through the figures of Ryōko and Tomoko—the points which Smith also made in a lot less politicized manner. I do have to take into consideration that Aileen Smith's statement is part of her interview in the 1990s after this photograph's withdrawal from the newer publication, distribution and exhibition based on the request of Tomoko's family, and also that she has always been politically active—maybe even more so than Smith, who in my view was more of a "humanist."⁵⁹ Also as a woman, she might have been better able to relate to the sentiments of the naked female subject than the male photographer behind the camera, no matter how noble his intension might have been. Unlike Smith's detached comment that "[t]he mother went through her ordinary bath routine with the child," Aileen describes how Ryōko was concerned about Tomoko's physical and mental conditions, begging for her forgiveness for putting her through this ordeal while asking her to endure it longer. What I can also observe in

⁵⁸ Aileen Mioko Smith, "Shashin no aru beki sugata, watashi no omoi—'nyūyokusuru Tomoko to haha' ni kansuru shashin shiyō o megutte, Airin Mioko Sumisu shi intabyū," accessed April 15, 2015, http://aileenarchive.or.jp/aileenarchive_jp/aboutus/interview.html. My translation. The article was first published in the Kiyosato Photo Art Museum tomo no kai newsletter no. 11, issued on November 10, 2000.

⁵⁹ Aileen Mioko Smith is currently the head of a Japanese activist NGO organization named Green Action, which works toward "creat[ing] a nuclear-power-free Japan." For more information, refer to <http://greenaction-japan.org/en/>.

this quote is the urge to involve one of the subjects (Ryōko) in the process of creating this photograph, and also to focus on the common interest of the people involved—Smith, Aileen, and Ryōko—to let this image be an impetus to show the suffering of the Minamata disease patients to the wider audience. This is a markedly different approach to this photograph compared to how Smith’s biographers portrayed it as a masterpiece by Smith, and Smith only.

I shall now turn to the comment from the other side of the camera. Tomoko’s mother Ryōko’s testimony regarding the photo shoot could not be found, but her father Yoshio described the event at several occasions. At one of the second-year Minamata-study lectures at Kumamoto Gakuen University on October 7, 2003, he spoke about what it was like to be a parent of the Minamata disease victim.⁶⁰ And naturally, the talk turned to the shooting of the photograph, its implication and aftermath:

Regarding the photograph in which my wife Ryōko is holding Tomoko in the bathtub, [we/she] thought that the shooting would end in an instant. I heard that Tomoko’s body was strained with the tension and did not bend, and after the bath, she looked very exhausted. This photograph became famous, and with each passing day many media personnel came to visit us. We had also cooperated with them, hoping that such cooperation would be helpful for the goal of exterminating pollution. Many people made good use of [Tomoko’s photographs]. I was also aware that numerous photographs [of Tomoko] had been used beyond my knowledge. However, I heard our neighbors say “with that many photographs being used, they must be making lots of money.” I was astonished. I never thought of making money. ... After Tomoko passed away, I came to strongly wish to let Tomoko rest in peace. Upon hearing our feeling, [Aileen Smith] came all the way from Kyoto to return to us the discretion to make a decision on Tomoko’s photograph and to seal it off.⁶¹ xv

Unlike Smith and Aileen, Kamimura Yoshio does not mention who suggested to shoot the scene of bathing. Maybe it is because he has no direct knowledge of the background of the shoot due to his not being there in person, or maybe it is because he does not find it important to argue who is responsible in that aspect. The brief statement “the shooting would end in an instant” implies that it lingered a lot longer than Ryōko expected, or thought necessary, thus leading to have Tomoko express her refusal through her tense body and unusual level of exhaustion afterwards. The resulting attention from the media was welcomed for the pursuit of the larger objective, but it also caused the unwanted friction with neighbors due to their misunderstanding of the media exposure as based on the economic reasons—that is, the Kamimuras were using their daughter for money. Such misunderstanding, as well as Tomoko’s death, led to the desire to put her, or to be more precise her *image*, to “rest in peace” for good.

The voice of concern also came from someone who was not present at the scene of shooting but was nonetheless very close to Tomoko. Doctor Harada Masazumi, who dedicated

⁶⁰ The Minamata-gaku lectures were started in 2005 by doctor Harada Masazumi, who became the professor at Kumamoto Gakuen University after his retirement from Kumamoto University. He invited various people who have been engaging not only in the Minamata disease struggle but also in other environmental issues. After his death in 2012, professor Hadana Masanori took over the position as an organizer, and has been continuing to offer lectures to both students and general public.

⁶¹ Yoshio Kamimura, “Minamatabyō kanja kazoku kara tsutaetai koto,” in *Minamatabyō kōgi dai 2 shū*, ed. Masazumi Harada (Tokyo: Nihon hyōronsha, 2005), 38. My translation. Yoshio Kamimura revealed the detailed process of how the photograph “Tomoko and Mother in the Bath” came to be sealed off in the July 1999 issue of *Minamata hotaru no ie dayori* 10, the newsletter for the support facility for the Minamata disease victims named Hotaru no ie (established in 1996).

his professional life for the treatment of Minamata disease and also was known for the discovery of the congenital Minamata disease, had a close relationship with the Kamimura family not only due to the severity of Tomoko's condition but also due to the active role both Tomoko's parents and Harada played in the Minamata disease struggle. He was also one of the most vocal advocates for the increased social awareness of the disease, penning numerous books on the issue. In one of those books, titled *Takaragotachi: taijisei Minamatabyō ni mananda 50 nen* (宝子たちー胎児性水俣病に学んだ 50 年; Treasure Children: 50 Years of Learning from the Congenital Minamata Disease Patients, 2009), he spent the second chapter, titled "Takarago to iwarete" (宝子といわれて; Being Called Treasure Children) on children with the congenital Minamata disease that he became very close in Minamata. In this chapter, he recognizes the impact of the photograph "Tomoko and Mother in the Bath," but at the same time shows concerns for the manner with which Tomoko is treated, as implied in the caption to the photograph:

Tomoko and her mother became famous for W. Eugene Smith's "Tomoko and Mother in the Bath." It is a photograph of [Tomoko's mother] Ryōko giving Tomoko a bath. It was also compared to the status of Mary. Hundreds of millions of people in the world must have looked at this photograph. Tomoko never uttered a word, but her existence greatly affected hundreds of millions of people. [The photograph] was more convincing than millions of words of explanation. But that is not all. Although Tomoko could utter not even a word, she understood everything.

"On the day of the patients' victory at court, someone wrote a headline: 'The Day that Tomoko Smiled.' She couldn't have care less. She couldn't possibly have known. Tomoko Uemura, born in 1956, was attacked by mercury in the womb of her outwardly healthy mother. No one knows if she is aware of her surroundings or not. Tomoko is always cared for, never neglected. Her family knows that those who live must live on," W. Eugene Smith wrote in his famous photo book *Minamata*.

Even that extraordinarily insightful Eugene did not detect the fact that Tomoko understood everything.⁶² xvi

The advantage and drawback of Smith's photograph, as Harada stated, are similar to what earlier testimonies pointed out. The advantage is the same as what Aileen mentioned, namely this photograph's ability to express what cannot be expressed in words with the direct display of Tomoko's body. And the drawback is what Aileen and Yoshio recalled almost regretfully, namely Tomoko's understanding of the situation she, an adolescent girl, was put through. She was not blessed with the ability to speak, but she had a sensitive ability to understand her surroundings. And the curious thing is that, contrary to Harada's lament, Smith was aware of it. In the February 15, 1971 issue of *The New York Times*, Hilton Kramer introduces what Smith wrote on a caption sheet for this photograph. It ends as follows: "Perhaps it is not true that she is unaware of existence, of life. Virtually no-one realizes, but Tomoko groans slightly differently to the different people that come around her. It shook me the other day that with virtually no normal human capability of communicating, she perhaps realizes much more than we may think."⁶³ This statement contradicts the caption for "Tomoko and Mother in the Bath" in

⁶² Masazumi Harada, *Takaragotachi: taijisei Minamatabyō ni mananda 50 nen* (Fukuoka: Gen shobō, 2009), 23. My translation.

⁶³ Hilton Kramer, "Smith Show: Significance and Drama," *The New York Times*, February 15, 1971, 25, quoted in Hughes, *Shadow & Substance*, 485.

Minamata that Harada quoted, in which Smith affirms that “[s]he couldn’t possibly have known ... No one knows if she is aware of her surroundings or not.” Maybe it is just a sheer act of dramatization by depicting her as even more of a helpless being than she actually might have been. Nevertheless, it is intriguing that Smith decided to underplay his keen observation and understanding of Tomoko, and instead stuck to her general image as the most tragic symbol of congenital Minamata disease patients.

Harada also introduces his questioning Ryōko why she let Smith take the photograph in the bathroom, to which she answered, “Why not? If someone up high in the government or [Chisso], would looked at it and decide to pay more attention to the environment, then my daughter is already doing something good for society.”⁶⁴ Just as her husband did, Ryōko emphasized the significance of making public Tomoko’s photographs in order to raise social awareness for the disease and also pollution issues. That also indicates her awareness, or conviction, of the symbolic role Tomoko bears in the Minamata disease struggle. Seeing is believing; the true horror of Minamata disease could be most effectively communicated through the presentation bodies afflicted with the disease. Based on the purpose of the photograph they had in mind, it is understandable that they were stunned by the length of photoshoot and the number of photographs Smith took. Such discrepancies in expectation reveals that what the Kamimuras wished this photograph would do was not necessarily in line with what Smith did. Unlike the sole mission of “social awakening” with which the Kamimuras allowed the photograph of her daughter’s naked body to go public, the resulting photograph was more than a mere document of the disease-stricken body; it was a beautiful work of art. And that is exactly the point that Susan Sontag brought up in relation to this photograph in *On Photography*.

In the chapter titled “The Heroism of Vision,” which is based on the article “Photography: The Beauty Treatment” published in the November 28, 1974 issue of *The New York Review of Books*, Sontag discusses the relationship between photography and beauty, and associates Smith’s photographs of Minamata with the surrealist notion of beauty:

As the vehicle of a certain reaction against the conventionally beautiful, photography has served to enlarge vastly our notion of what is aesthetically pleasing. Sometimes this reaction is in the name of truth. Sometimes it is in the name of sophistication or of prettier lies: thus, fashion photography has been developing, over more than a decade, a repertoire of paroxysmic gestures that shows the unmistakable influence of Surrealism. (“Beauty will be *convulsive*,” Breton wrote, “or it will not be at all.”) Even the most compassionate photojournalism is under pressure to satisfy simultaneously two sorts of expectations, those arising from our largely surrealist way of looking at all photographs, and those created by our belief that some photographs give real and important information about the world. The photographs that W. Eugene Smith took in the late 1960s in the Japanese fishing village of Minamata, most of whose inhabitants are crippled and slowly dying of mercury poisoning, move us because they document a suffering which arouses our indignation—and distance us because they are superb photographs of Agony, conforming to surrealist standards of beauty. Smith’s photograph of a dying youth writhing on his mother’s lap is a Pietà for the world of plague victims which Artaud invokes as the true subject of modern dramaturgy; indeed, the whole series of photographs are possible images for Artaud’s Theater of Cruelty.⁶⁵

⁶⁴ Harada, 25.

⁶⁵ Sontag, 105.

As I summarize the lengthy quote above, Sontag basically recognizes two currents in the tendency of photography and photojournalism. The first current is that photographs are the reflection of reality which moves us, and the second is that they are influenced by the Surrealist notion of beauty which distances us. In terms of Smith's photographs of Minamata, the first seems to be Smith's intention, whereas the second is the impression that Sontag got from them, particularly "Tomoko and Mother in the Bath." Clearly, the first and second currents are considered to contradict each other, and that Sontag viewed Tomoko's photograph through the lens of Surrealist beauty defeats the purpose the Smiths and Ryōko had in mind. The love and caring between the mother and daughter that Smith intended to capture has been overlooked, or rendered non-existent, in Sontag's analysis that focuses solely on the *convulsive* beauty of this "Pietà photograph." The question I have here, then, is if it is impossible for these two currents to co-exist—if a beautiful photograph cannot convey a horrific reality in life.

Let me turn to how another critic responded to Sontag's analysis, with the above question in mind. Mary Price states in her book *The Photograph: A Strange Confined Space* (1994):

According to Sontag, W. Eugene Smith cruelly made a beautiful photograph out of human deformity caused by mercury poisoning in Minamata.

[the above underline in Sontag's quote]

The factual error in this account is that the young person writhing in the mother's lap is female. The power of the Christian narrative is so strong that any grown person lying face up on the lap of a woman is called a Pietà. The theater of cruelty, the Pietà, and the deformity of the young woman are references to violence, which the Pietà moralizes and celebrates. The deformity, a direct result of mercury poisoning, is unacknowledged and indirect violence because, although before the mercury poisoning was identified deformity seemed a result of natural causes, when the deformities were diagnosed as preventable, the management of the company discharging the poison into the waters refused to acknowledge responsibility. The photographer did well to expose the sequence. Sontag's objection to Smith's photographs, the "Pietà" in particular, lies in the perfection of his work, her fear that aestheticizing will destroy, weaken, or contradict the moral-political lesson.⁶⁶

As Price points out, Sontag made a grave factual error of mistaking the gender of the subject, maybe due to the preoccupation with the notion of Pietà, in a sense that just as Christ's body was sacrificed and offered to the world, so was Tomoko's body in order to sound a warning against environmental pollutions which also destroy human bodies.⁶⁷ Potentially as a reaction to this criticism (or maybe as part of revision for the 2001 new edition), the correction has been made to adjust the gender as follows: "Smith's photograph of a dying girl writhing on her mother's lap is a Pietà for the world of plague victims."⁶⁸ While Sontag claims that Smith's "Tomoko and Mother in the Bath," because of its beauty and perfection, weakens the moral and political message it means to convey, Price objects her view and evaluates Smith's works in Minamata as rightly exposing Chisso's crimes through the images patients suffering from the violence it brought upon them, if indirectly unlike the direct physical violence Christ suffered. Then the

⁶⁶ Mary Price, *The Photograph: A Strange Confined Space* (Stanford University Press, 1994), 14-15.

⁶⁷ Other factual errors, which Price does not point out, are that Smith took photographs in Minamata in the early 1970s, and that "most of [Minamata's] inhabitants are crippled and slowly dying of mercury poisoning" is an overstatement.

⁶⁸ Sontag, 105.

question, again, is if the beauty of an image and truth of the situation captured by it cannot co-exist—if “Tomoko and Mother in the Bath” is too beautifully shot to be true.

The point which I would like to clarify at this moment is about the alias “Pietà” or “Pietà photograph” that this photograph has earned. Who named it, if anyone at all? If no one did, how did it gain such an alias other than the obvious similarity in composition with Michelangelo’s statue? And was it really Smith’s intention to make reference to Michelangelo’s *Pietà*? For instance, Kira Obolensky and Elizabeth Mead, in their article “Mercury-Inspired Arts,” clearly state that “Eugene Smith uses the religious imagery of the *Pietà*.”⁶⁹ However, there is no clarification of whether he really made a visual reference to *Pietà*, or it was rather viewers and critics’ interpretation that the “Pietà photograph” resembled *Pietà*. It is understood that Sontag was one of the first critics to connect Smith’s work with Michelangelo’s *Pietà*, and once that view has been established, it became difficult to discuss this photograph without that reference. For example, Jim Hughes argues that “[t]he references to the crucified Christ were unmistakable; inevitably, people over the years would compare the photograph to Michelangelo’s *Pietà*. But the fact remained that the image came not from religion, but from life, not from an artist’s imagination, but from direct observation through a camera.”⁷⁰ Serge Tisseron also writes that “[t]his shot has often been likened to a religious image of the Madonna of Consolation, bearing with fortitude and resignation the martyrdom of her child, afflicted with a terrible disease. It has brought to mind interpretations of the Deposition in Christian iconography. But this literal approach is an inadequate explanation of the impact of an image like this.”⁷¹ Both Hughes and Tisseron recognize Smith’s photograph’s resemblance to *Pietà*, but suggest that such an aspect should not limit the reception and interpretation of this work to in any way.

What also fostered the connection between Michelangelo’s *Pietà* and Smith’s “Tomoko and Mother in the Bath” was the historical coincidence. On May 21, 1972, Michelangelo’s *Pietà* was attacked and sustained considerable damage, and the same issue of *Life Magazine* that featured Smith’s Minamata reported this incident in a two-page spread:

Screaming “I am Jesus Christ!” the madman attacked the marble statue with a 12-pound hammer. The results were tragic. Michelangelo’s *Pietà*, a treasure of the Vatican and one of the loveliest works of art in existence, was maimed, possibly beyond repair. Laszlo Toth, 33, a Hungarian-born fanatic living in Rome, managed to break off one of the Virgin’s arms, smash her nose and left eye, and chip her veil. Art experts are in disagreement whether even the most skillful restoration can bring back the serene perfection of the undamaged face.⁷²

The history proves that this highly treasured work of art was restorable and would return to its permanent place at the St. Peter’s Basilica, but at the time of the article’s publication the news dismayed and devastated many. And as if to compensate the near demise of one mother-child sculpture with the advent of another mother-child imagery, in the “Letters to the Editors” section on the June 23, 1972 issue of *Life Magazine*, one letter writer figuratively connects these two works: “Michelangelo’s *Pieta* will never be the same, but the Madonna lives today in the tears on

⁶⁹ Kira Obolensky and Elizabeth Mead, “Mercury-Inspired Arts,” in *Mercury Pollution: A Transdisciplinary Treatment*, eds. Sharon L. Zuber and Michael C. Newman (Boca Raton, FL: CRC Press, 2011), 175.

⁷⁰ Hughes, 486.

⁷¹ Serge Tisseron, “What Is a Symbolic Image?,” in *W. Eugene Smith Photographs 1934-1975*, eds. Gilles Mora and John T. Hill (New York: Harry N. Abrams, 1998), 71.

⁷² *Life Magazine* 72, no. 21 (June 2, 1972), 9.

Mrs. Uemura's beautiful face."⁷³ Interestingly enough, the writer envisions Ryōko's tears, which does not appear in the photograph itself, to further encourage the scenario of Ryōko taking over the role of the Madonna from Michelangelo's Mary. Moreover, unlike the original and tangible sculpture of *Pietà* that could be touched and even destroyed, the contemporary "Pietà" as a photograph, thus tangible as a print but intangible as an image, exists in the realm of simulacrum—so long as the negative is intact, the photograph can be reproduced endlessly. Other two responses to Smith's photograph similarly point out the nature of Ryōko and Tomoko's relationship that Smith longed to convey, writing that "[t]his picture shows so clearly not only the disasters which we visit upon ourselves but also, in the compassion and love on the face of the mother, that the ability to solve these problems is within us," and also that "[i]t is almost unbearable to look upon the woman's stoic, compassionate face and the tenderness with which she holds her child—the innocent victim of man's indifference and greed."⁷⁴ Compassion, love, tenderness; these are what Smith found would make this mother-child pair the symbol of Minamata, and the fact that some readers sensitively caught those aspects from this visually stunning and shocking work seems to suggest that, despite Sontag's concern over its beauty that could overpower its message, one "truth" of Minamata that Smith wished to communicate remained not completely spoiled in the eyes of receivers/readers.

The Smiths' first publication of the Minamata photographs on *Life Magazine* under the titled "Death-Flow from a Pipe" opens with the juxtaposition of the photographs of the Chisso factory pipe (Fig. 1.3) and Tomoko's gnarled fingers (Fig. 1.2.). The accompanied text, which begins with the sentence "[a] crooked discharge pipe and a crippled hand grotesquely misshapen by mercury poisoning graphically symbolize the tragedy of the Japanese fishing village of Minamata," visually compares two "distortions" in the Minamata tragedy, namely the moral corruption of Chisso and the physical deformation of patients.⁷⁵ The feature is bookended by another photograph of Tomoko, this time with her entire body in focus and accompanied by her mother. "Tomoko and Mother in the Bath," when first published, came with a simple introduction of Tomoko, which reads, "[t]his is Tomoko Uemura. She was maimed by mercury poisoning in her mother's womb. Blind, speechless, crippled and deformed since birth, she must be bathed, fed and cared for like an infant. She is now 17."⁷⁶ This description, which is a simple list of Tomoko's basic information, sounds rather detached and unemotional. Hughes' explanation of *Life Magazine* feature's backstory reveals the reason for such detachment:

Although the Smiths had been credited with writing the text as well as taking the pictures, Aileen says that the published text was written by the magazine's staff from material Gene and she supplied. Certainly, while the facts were correct and made a strong journalistic case against Chisso, the story reads like the kind of flat expressionless prose that committees encourage, and Gene had for years railed against.⁷⁷

By giving the Smiths the credit for the text but actually not letting them write it, they were unfairly tied to the words which they themselves neither committed nor intended.

⁷³ "Letters to the Editors," *Life Magazine* 72, no. 24 (June 23, 1972), 24A.

⁷⁴ Ibid.

⁷⁵ W. Eugene Smith and Aileen M. Smith, "Death-flow from a Pipe," *Life* 72, no. 21 (June 2, 1972): 75.

⁷⁶ Ibid, 80.

⁷⁷ Hughes, 493.



Fig. 1.14. W. Eugene Smith, *Tomoko and Mother in the Bath*, 1971, black and white photograph, in *Minamata*, by W. Eugene Smith and Aileen M. Smith (New York: An Alskog-Sensorium Book, 1975), 18-19.

While “Tomoko and Mother in the Bath” is overwhelming famous also due to its earlier exposure to the world, there is one more photograph of Tomoko bathing with her mother that is included in Smiths’ *Minamata*. This photograph (Fig. 1.14.) marks the transition from the images of fishing, with which Smith begins this book. The blurry, double-page photo spread of the fishing net scooping up fish is followed by another double-page photo spread of the overwhelmingly dark bathroom, in which Tomoko’s mother washes Tomoko’s body outside the bath. The darkness veils most of Tomoko’s naked body except her deformed hands, and the light from the four-pane window subtly outlines Tomoko’s body and the steam coming out of the bath. Compared to the extreme darkness of the interior bathroom space, the external space only accessible through the windows is completely white due to overexposure, as if to represent the relationship between the public that shines too intensely onto patients and their private lives totally overshadowed by such brightness. The former is also blinded by its own brightness to the point that it is unable to clearly see the result of its own decisions and actions. Based on its reduced clarity, this photograph might be categorized as a “soft” image in Kuwabara’s term; however, the darkness of the bathroom and the curved line of Tomoko’s right hand illuminated by the light reveal the “hardness” of what is captured, more so than Kumiko’s eyes. To the lower left of this photograph, the Smiths overlap the caption, which explains the symptoms of this disease:

CHISSO-MINAMATA DISEASE: The nervous system begins to degenerate, to atrophy. First, a tingling and growing numbness of limbs and lips. Motor functions may become severely disturbed, the speech slurred, the field of vision constricted. In early, extreme cases, victims lapsed into unconsciousness, involuntary movements and often uncontrolled shouting. Autopsies show the brain becomes spongelike as cells are eaten away. It is proven that mercury can penetrate the placenta to reach the fetus, even in apparently healthy mothers.⁷⁸

They call the disease “Chisso-Minamata disease,” instead of its official name “Minamata disease,” in order to clarify that it is not just a disease that happened in Minamata, but the disease triggered by and further worsened by Chisso. It also ironically indicates the closed-knit relation between the corporation and the city; for better or worse, Minamata would not have become what it had been and is without Chisso’s presence. After the explanation of general symptoms, the final sentence refers specifically to the most pitied group of patients—congenital patients—for which one of the shadowy figures presented here, “the fetus violated by the mercury,” plays a representative role.

⁷⁸ Smith and Smith, *Minamata*, 18.

The second photograph of Tomoko's bathing—Smith's "Pietà photograph"—appears in the section titled "Face to Face at Last," which captures the scene of the *Soshōha* and *Chokusetsu kōdōha* (直接行動派; the direct negotiation group) finally coming face to face with the Chisso executives to its headquarter in Tokyo. After the series of photograph busied with patients, supporters, Chisso executives and the press crowded in a brightly-lit room, the turn of the page shifts the reader back to Minamata, in the serenity of an overwhelmingly dark bathroom occupied solely by two stately figures. Tomoko is steadily held in the arms of her mother, who calmly looks into her face. Unlike the first photograph, the light from outside and also from the strobes which Aileen Smith held, reveals not only Tomoko's curved hands but also her deformed, emaciated body, as well as her upward, unfocused eyes. As with the case in Kuwabara's photograph of Kumiko's eyes, the darkness that still surrounds their bodies conceals the environment where the shooting took place (an old, partly dilapidated bathroom) and instead frames their faces and bodies. In other words, Smith uses (or manipulates) darkness in order to control the degree of details that he hopes to capture in the photograph, transcending the routine bath scene into a symbol of the motherly love.

This photograph is accompanied by the caption which is longer and more emotional than the one attached to the *Life Magazine* version of "Tomoko and Mother in the Bath":

On the day of the patients' victory at court, someone wrote a headline: "The Day that Tomoko Smiled." She couldn't have cared less. She couldn't possibly have known. Tomoko Uemura, born in 1956, was attacked by mercury in the womb of her outwardly healthy mother. No one knows if she is aware of her surroundings or not. Tomoko is always cared for, never neglected. Her family knows that those who live must live on.⁷⁹

As I discussed earlier in connection with Harada's comments, with Smith's declaration that "[n]o one knows if she is aware of her surroundings or not," despite his own conviction otherwise, the caption depicts Tomoko as a pitiable and passive being—no consciousness, no speech, no sight, no hope. One of the benefits of this declaration, particularly when inserted right next to the naked body of Tomoko, is that it helps ease the potential discomfort due to the fact that she could neither clearly agree nor disagree with the shooting and that she was passively placed in front of the camera. Indeed, what is lacking in this photograph, which Aileen Smith claims to be a result of "team effort," is how willing Tomoko might have been to participate in the shooting and also being placed "on display," even for the cause of the increased awareness of the disease. We have to be mindful of the distinction between the patients' will to be filmed/photographed and their family members' will to have them filmed/photographed, which could get conflated in the case such as Minamata disease. And in the case of this photograph, based on Aileen and Ryōko's statements, Tomoko was rather brought on to the shooting against her will. In that sense, just as Michelangelo's *Pietà* is a symbol of sacrifice, so is Smith's "Pietà" made possible upon many layers of sacrifices that Tomoko endured. Another discomfort to be dealt with would be the readers' sense of guilt over becoming "peeping toms" into someone else's bathroom, with her gaze not returned (her eyes are turned elsewhere) as additional assurance that the gaze is one-directional—they are looking at Tomoko, but she is not looking at them. The final line "those who live must live on" also adheres to the depiction of a pitiable, passive being protected by her family, unlike the discourse of *Takarago* (a treasured child) that Ryōko shares with Harada in

⁷⁹ Ibid, 138-39.

which Tomoko is considered as an active agent—a savior—who absorbed all the poisons in the mother’s womb to keep the rest of family from getting Minamata disease.⁸⁰

d. Kamimura Tomoko, Kuwabara Shisei and Tsuchimoto Noriaki

The strong voices of opposition against the “Pietà photograph” could be heard among Japanese photographers and filmmakers working in Minamata around the same time. Shiota Takeshi (塩田武史; 1945-2014), a photographer who started photographing Minamata in 1970 and also assisted Smith’s entry into Minamata in 1971, expresses his disagreement with Smith’s photograph. Shiota did not even think about photographing Tomoko naked in the bath, and though he did photograph her mother changing her diaper, he never published this photograph. Shiota claims that “Tomoko does not put on such a face.”⁸¹ Kuwabara Shisei also writes about his impression upon viewing Smith’s “Tomoko in Her Bath” in a critical tone:

When I witnessed the photograph of Tomoko and her mother bathing, I shuddered in spite of myself. I was utterly dejected. First of all, I was dazzled by the fact that this was not an image which a Japanese [photographer] would not be able to capture. If it was part of a theatrical drama or a staged photograph, even a love scene is easy to film. However, it is extremely difficult to photograph even a half-naked body in a real-life setting for common folk. In Japanese culture, it is impossible to photograph. And [Japanese photographers] dare not photograph it. In other words, it had been considered as a “sanctuary.” Smith brought the camera into this sanctuary nurtured by the Confucian thought. The camera work which could be done only by non-Japanese. That was the impact of this one photograph born out of a fresh idea.⁸² xvii

Kuwabara’s shock upon “witnessing” (instead of just “seeing”) this photograph mainly comes from the fact that Smith took a photograph which is “unthinkable” and “impossible” for Japanese photographers due to its setting: a naked female patient taking a bath with her semi-naked mother. The bathroom is a “sacred place” (*seiiki*; 聖域) in the Confucian notion, thus cannot be violated in the Japanese mind; however, Smith as a non-Japanese foreigner (*ihōjin*; 異邦人) could enter this otherwise forbidden place. Although in his statement Smith claims that it was Tomoko’s mother who suggested the setting, based on Kuwabara’s argument, no Japanese photographer would take up such an offer anyway. Therefore, here Smith’s “outsider” status goes beyond the sense of *yosomono* as “locally” outsider that Tsuchimoto often expresses. At first, Kuwabara’s response does not appear to be an outright rejection. He describes his reaction as “felt a chill of horror” (*senritsu ga hashitta*; 戦慄が走った), “got knocked down” (*uchinomesareta*; 打ちのめされた), “amazed” (*kyōtan saserareta*; 驚嘆させられた) and “shock” (*shōgeki*; 衝撃). These seemingly neutral words, however, can also be read as his critique of this photograph as something “un-Japanese,” something that “cannot,” “does not,” and maybe even “should not” get photographed in the Japanese context. The “fresh idea” of Smith could therefore mean his violation of the untouchable due to his lack of knowledge, or willful ignorance, of Japanese culture. Along the same line, the image of a diaper change, which Shiota refused to publish, is included in Smith’s *Minamata*—if not of Tomoko, but of Isayama Takako,

⁸⁰ Harada, 25.

⁸¹ Yamaguchi, 26.

⁸² Kuwabara, *Hōdō shashinka*, 58-59. Emphasis is mine.

another mother-daughter pair whose photograph follows the first photograph of Tomoko's bathing (on pages 20-21). In Smith's view, both Tomoko's bathing and Takako's diaper-changing might symbolize the mother's love and devotion to these unreasonably disabled children, and thus these "beautiful" acts were to be lauded rather than being hidden. This issue highlights the different interpretations one might give to a certain photograph based on one's social and cultural background and also one's personal and political beliefs.

The issue of nudity here is notable, since one of the first photographs of the Kamimura family that Kuwabara captured in July 1960 shows Tomoko's mother breastfeeding Tomoko's younger sibling, thus demarcating what is a culturally tolerable act of exposing one's body from what is not, even if considering that one is a deformed body of a teenage girl and another is of a nursing mother.⁸³ Kuwabara's early engagement with Minamata starting in 1960 gave him access to Tomoko's infancy and childhood, in contrast to Smith and Tsuchimoto who met her in adolescence. While no photograph of Tomoko is included in Kuwabara's first photo book *Minamatabyō*, his second photo book, after the introductory text for the first chapter titled "Shiranui kai no kibyō" (The Strange Disease of Shiranui Sea), opens with the close-up of her face as she lies down in the crib. Due to the lack of caption, her identity is unclear at this point, but the ending sentence of the introductory text, "[t]he tragedy of Minamata disease ... also reached unborn children," implies that she is one of these indirect victims.⁸⁴ Since the photograph is taken from outside the crib, her upward-looking face is framed between its two poles, as if she were captured in her infancy symbolized by the crib. In fact, many congenital patients were often in the "sheltered" conditions on hospital beds, whereas Tomoko, despite the severity of her condition, managed to spend a relatively sociable life, mainly due to her activist parents and their reluctance to hospitalize her. In the third chapter titled "Minamatabyō kanja" (水俣病患者; Minamata Disease Patients), the second photograph of Tomoko appears, this time in the form of the medium long shot of her mother Ryōko holding Tomoko in her right arm and her younger sibling in another. The caption reads, "Kamimura Tomoko, born in 1956. Being a congenital patient, she started having convulsive seizures since she was ten months old. Her father works for a subsidiary of Chisso."⁸⁵ Nearly 130 pages after her first appearance, she receives the delayed introduction along with her able-bodied healthy sibling, also in the mother's arm. As the earlier photograph suggests, in terms of care she never left her infancy, and the comparison with another sibling emphasizes Tomoko's entrapment into eternal infancy, at least physically. The third photograph of Tomoko appears in the fifth chapter titled "Taijisei Minamatabyō" (胎児性水俣病; Congenital Minamata Disease). This time, photographed in the medium long shot from above while lying down on her futon, she is free from any object that frames or "captures" her, and the darkness that covered the first photograph is absent. Unaccompanied by any of her family members, she is alone with a smile, leaving her upper body to the readers' gaze. This is a surprisingly uneventful, undramatic photograph in the book filled with heart-wrenching photographs—overly so to the point that for a moment I wondered why Kuwabara included it. But it urges the readers to realize that the fact that they were patients did not completely rule out the moment of serenity.

In the third photo book *Minamata jiken*, Kuwabara dedicates the third section titled "Takarago" (宝子; A Treasured Child) for Tomoko. None of the photographs that appeared in the previous book re-appears, probably due to the continued access to and photo opportunities

⁸³ Kuwabara, *Minamata jiken*, 30-31.

⁸⁴ Kuwabara, *Shashin kiroku Minamatabyō*, 1.

⁸⁵ Ibid, 130.

for Tomoko even after 1969; contrary to the abundance of her photographs, however, there is no representative photograph of Tomoko by Kuwabara, unlike Kumiko and the image of her eye. Five photographs are included in this section, with the first and last ones being the newest (taken in January 1977) and bookending the oldest (taken in July 1960). The first photograph shows Tomoko dressed up in kimono for her coming-of-age ceremony and held by her father in the long shot. Kuwabara begins this section with the symbolic moment of Tomoko's transition to adulthood, although she is still in her parent's arm as before. He recollects this day as follows:

The heroine of this banquet also dressed herself up nicely. To be precise, I should say instead that she was being dressed up. With elaborate make-up, she reminds me of a Hakata doll. It appears that the father Yoshio held his now-adult daughter on his lap the whole time. For the shooting at the Kamimuras, I planned a single "commemorative photograph." I wanted to take a group commemorative photograph with Tomoko in the center at the end of the banquet. It was not particularly novel method, but if a group photograph shall possess expressions and words that speak out something, the power of image that a single photograph has must not be trivial. ... For Tomoko on "the coming-of-age day," I would've rather tried my luck (*shōbu o shite mitakatta*) with just a single image.⁸⁶ xviii

He carefully re-phrases Tomoko's "dressing herself up" (the active voice) to her "being dressed up" (the passive voice), which is a more accurate description of her state. Hakata dolls, with which he compares Tomoko, are particularly known for the representation of the classic beauty in kimono; in other words, Tomoko's doll-up state seems to point to her parents' desire to make her presentable for the day of celebration and also potentially to conceal her patient-ness under excessive makeup and kimono. The thick layers of kimono hide her skinny and deformed body, and her painted face makes her look more grown-up. And Kuwabara succeeded in capturing her with a rare big smile—maybe she is content with her dressed-up self, or maybe she is genuinely pleased to feel her parents' happiness over being able to reach this day.

Then, the second photograph goes back in time to Kuwabara's first encounter with the Kamimuras, with Yoshio holding the toddler Tomoko on his lap as the visual bridge. To the left, the mother Ryōko is lying down nursing a baby with her right breast exposed, and another daughter is standing nearby, covering her ears. Unlike her later image, Tomoko, four years old at this point, appears to be normally developed physically except her slightly deformed right hand and tilted head, suggesting that she still cannot hold up her head steadily. Two more photographs that follow are also from the same time period. In one of them, Tomoko lean toward Ryōko while in a standing position, with her slightly deformed right foot visible, and her younger sister stands nearby. The caption, "[c]ome, Tomoko, try your best," along with Tomoko's posture, implies that Ryōko is putting Tomoko through gait training.⁸⁷ In another photograph, which was taken on the same day judging by the clothes worn, Tomoko lies down on a *tatami* floor smiling, while her mother and younger sister watch her nearby. This time the caption conveys what Ryōko tells her younger daughter, "Your sister is always lying down."⁸⁸ This seemingly innocent explanation to a younger sibling, who would not understand Tomoko's condition upon observing her immobility and inactivity, cynically reflects the reactions of many Minamata citizens and neighbors, who perceived some patients, particularly those with less or no visible deformation, as merely lazy or even faking to be sick. In fact, Tomoko as a toddler is

⁸⁶ Kuwabara, *Hōdō shashinka*, 56-57.

⁸⁷ Kuwabara, *Minamata jiken*, 32.

⁸⁸ Ibid, 33.

rather plump and healthy-looking compared to the near skeletal condition in her adolescence, and that is why the juxtaposition of the newest and oldest photographs, as Kuwabara did in this book, can be shocking but also effective in order to display various changes (physical, financial, age, etc.) that were brought on to Tomoko and her family in nearly two decades.



Fig. 1.15. Shisei Kuwabara, *Untitled*, 1977, black and white photograph, in *Minamata jiken: The MINAMATA Disaster*, by Shisei Kuwabara (Tokyo: Fujiwara shoten, 2013), 34.

And the final photograph, flashing forward this time to the time of the very first photograph, is the “group commemorative photograph” with Tomoko, her family and relatives as Kuwabara stated in the above quote. I feel that this photograph is Kuwabara’s response to Smith’s “Tomoko and Mother in the Bath” in several ways. While Smith took many shots and took his time, Kuwabara focused on a single shot. The private space of bathroom with two unclothed women is contrasted with the Kamimura residence’s parlor as the semi-public space filled with fully-clothed men and women of all ages. Smith photographed a routine activity out of their ordinary life, whereas Kuwabara photographed an extraordinary, once-in-a-lifetime occasion. As a work of art this photograph might not be comparable to Smith’s masterpiece. However, when thinking about “expressions and words that speak out something” which Kuwabara claims that a group photograph possesses, what this photograph should be lauded for are its spontaneity, lack of artifice, sense of community in the area torn by the disease, and Yoshio and Ryōko’s big smiles as compared to her restrained smile in Smith’s work. This photograph will not be “singular” in the history of photography. However, it will remain “singular” due to its much limited circulation; moreover, it did achieve its role as a “commemorative photograph” of Tomoko’s milestone since, as the caption quietly reveals, “Tomoko passed away 324 days after the shooting, becoming the 234th certified dead [for Minamata disease].”⁸⁹

Tsuchimoto also raised his voice against Smith’s work based on his photographing of the naked body of a teenage girl. Although Tomoko could not quite verbally communicate her feelings, Tsuchimoto claims that her sense of discomfort upon being photographed in such a condition was manifested by her unusually tightened body in the photograph. Upon pointing out that in many photographs of young, speech-impaired patients, they appear angry and their faces are twitching because photographers are unaware of the fact that these patients do not want to get photographed, he cites Smith’s photograph. According to Tsuchimoto, in Smith’s photograph, “[Tomoko’s] body is stiffened up. A close look at the photograph reveals that how much this girl, who barely entered puberty, is reluctant [to get photographed].”⁹⁰ In his view, it is ethically

⁸⁹ Ibid, 34.

⁹⁰ Noriaki Tsuchimoto and Kenji Ishizaka, *Dokuyumentarī no umi e: kiroku eiga sakka Tsuchimoto Noriaki tono taiwa* (Tokyo: Gendai shokan, 2008), 143. My translation.

wrong to capture the image of a subject who is unwilling to be photographed—the view which reflects his belief of *torasetemorau*, thus his subjects allowing him to film them, instead of him filming them irrespective of their reactions. As Ōshima Nagisa points out, “[f]or Tsuchimoto, film production is always something which his subjects have to allow him to film them (*torasetemorau*; 撮らせてもらう). And this process of *torasetemorau* means, on the one hand, to discover a person, company or organization that gives him a material base to produce a film, and on the other, to have his subjects allow him to film them.”⁹¹ As the earlier discussion of how the accusation of filming a young patient without permission left him emotionally devastated reveals, Tsuchimoto was a firm believer of establishing communication with his subjects, of getting to know them as much as possible. That is also why the subjects such as Matsunaga Kumiko, with whom he could not achieve such communication, posed great challenges for his ethics as a filmmaker. Based on this belief, Smith’s act of exposing an unconsented subject to the gaze of camera was unthinkable and unethical to Tsuchimoto.

How, then, did he deal with Tomoko as a subject to be filmed? To begin with, Kumiko and Tomoko create a fascinating contrast. While the infantile patient Kumiko retained her body relatively undeformed, the congenital patient Tomoko, born with deformed feet, could never support her own body, and her body suffered deformation as she aged. On the other hand, unlike largely unconscious Kumiko, Tomoko was conscious, responsive, and “cried out” to express her emotions, as her parents listened to her and “interpreted” her cries to guests on her behalf. The following is how Tsuchimoto, whose lodging was near the Kamimura residence, describes her:

Sometimes, among the boisterous voices of ... innocent children of the Kamimura family that live across the street, I hear the inarticulate, voiceless voice—shall I call it a groan or the emotional expression of the vocal cords. ... Kamimura Tomoko has already turned fourteen. Despite that her period had started early, her eyes glares at empty space, these eyes are rolled up into her head, her fingers have bent inward like a crane and fixed, her legs are too wilted to even seat herself. The characteristic action of organic mercury poisoning melts and perishes brain cells, robbing humans of what make them humans; however, the activities of stomach, bowel and heart are exempted from direct poisoning. Therefore, while I can still observe the remnant of humanness from the chest and stomach parts, when I compare them with the small-scale skull, bony legs and the twisted waist, [Tomoko’s entire body] appears to us as an indescribable, cruel human body. Yet, though not entirely certain, this girl follows human voices and reacts to them with the slightest sway of facial expressions. Seating her on their laps, her mother and father acknowledge the faintest clues of her emotional swings, interpret them with attentiveness characteristic of parents, cradle and talk to her. ... As I seat myself among visitors and other children and witness such an interpretation of the spirit, thinking of the day when I might be able to talk with her loosens my hardened heart.^{92 xix}

Just as I discussed in the earlier section on leakage, the above quote contains some disclosure of very private information, thus a violation of the patients’ privacy. Again, Tsuchimoto’s intention behind violating patients’ privacy in such a manner is to communicate the loss of basic human function which is hard to visually represent and thus could otherwise do unnoticed. In that sense, his method of political appeal is similar to that of Tomoko’s parents—to present Tomoko’s body in front of the camera to let it speak for its tragedy. Yet, this attitude does not mean to imply that

⁹¹ Nagisa Ōshima, “Senshi to kanja,” in *Dōjidai sakka no hakken* (Tokyo: San’ichi shobō, 1978), 74. My translation.

⁹² Tsuchimoto, “Minamata nōto,” 14-15. Emphasis is mine.

he regards patients' bodies as mere objects to be captured. It is particularly clear when considering the way he includes the sequences of the interaction between patients and himself as another subject captured on screen. For instance, in the scene with Hiraoka Masaaki, the filmmakers wait until getting invited, signaled by his gesture of beckoning, to enter the house, and let him peek into and freely touch the camera as if to endorse his curiosity and also to figuratively show that the camera, and in extension the crews themselves, are not to be scared of. Another moment of interaction comes in the scene with another congenital patient Kozaki Tatsuzumi, in which he enjoys the moment of posing questions at Tsuchimoto, thus reversing the usual interviewer-interviewee position. Tsuchimoto is sensitive to his communication with these patients, and this is again indicative of his *torasetemorau* stance, thus patients allowing him to film them, instead of him filming them irrespective of their reactions. But to what extent such communication is possible is uncertain. While the third-to-last section of the above quote does begin with the expression "though not entirely certain," thus casting a slight shadow of uncertainty as of if Tomoko really understands her surroundings, Tsuchimoto is clearly inspired by Tomoko's parents as "interpreters of the soul" and how they make the seemingly impossible interpretation of and communication with Tomoko possible. So Tsuchimoto's filming of the patients might be torn between the questioning of the interpretations of the patients' inner states given by the family members, thus the inaccessibility to the patients, and his urge to understand and access their interiority despite the seeming impossibility.



Fig. 1.16. The medium shot of Tomoko. Still from *Minamata: kanja-san to sono sekai* (1971), dir. Tsuchimoto Noriaki.

To gain further insight into this conflict, I shall introduce how Ishimure Michiko describes Tsuchimoto's first impression of Tomoko:

It is scary to look at Tomoko-chan. At the beginning it was just too painful to bring out the camera. However ... while I was talking [to her?], I realized that the voice of Tomoko in [her mother's arms], which I initially thought expressed her anger, instead expressed happiness for the visit of a person familiar to her. At such a moment, Tomoko's face looks very beautiful, almost breathtakingly beautiful. Gradually, [her face] came to look that way. It is only the moment when she appears beautiful to me that I can turn the camera to her.⁹³ xx

This beauty—beauty as a human, beauty of humanly potential, beauty as a survivor—is also what Ishimure suggests in the opening quote. And such an image of Tomoko, with the impression she leaves in the hearts of beholders, is what Tsuchimoto aims to capture in the scene

⁹³ Michiko Ishimure, "Eiga 'Minamata' (Tsuchimoto Noriaki kantoku) (1)," in *Ishimure Michiko zenshū Shiranui*, vol. 14 (Tokyo: Fujiwara shoten, 2008), 274-75. My translation.

in the Kamimura household in Tsuchimoto's *Minamata*. In the first shot, the camera frames her younger siblings and her father, and then pans to the left to show Tomoko in the arms of her mother and being fed. Throughout the scene, the camera alternates between the image of Tomoko and that of her siblings, sometimes through pan shots and at other times in different shots. The comparison with her healthy siblings accentuates her helpless state, and their facial semblance and physical differences, especially made visible through the two sets of pan shots that first show the entire body of Tomoko's youngest sibling and then Tomoko herself, reveal the degree of physical destruction which Tomoko suffered due to mercury poisoning. And the first close-up of her face shows another "leakage" in Minamata disease—her inability to swallow the liquid food at once, and her mother scooping the overflowing liquid and putting that back into her mouth. In a sense, this is a dehumanizing, exploitative image of Tomoko being displayed right in front of the audience. However, it is not only the tragedy that Tsuchimoto tries to communicate visually, but also the attention and affection that Tomoko receives from her family, and the linking of Tomoko with the rest of the family members through the pan shots also indicates Tomoko's inclusion within the family circle, which is often difficult for the severe congenital patients to retain.⁹⁴ And this is where Tsuchimoto inserts Tomoko's "happy" voice as part of the soundtrack, with her mother explaining how Tomoko reacts to the presence of someone she knows with such a voice. Overlapped with such a "happy" voice is the close-up of Tomoko in her mother's arms. Their posing is almost exactly the same as Smith's "Pietà photograph," with her mother slightly lowering her chin and looking into her face. The difference, though, is that instead of the darkness that frames their solitary figures in the bath, they are surrounded by the light and the chattering voices of Tomoko's siblings—thus the public nature of the living room and the private nature of the bathroom are symbolically indicated by the degree of darkness. Moreover, unlike photography, which necessarily captures one frozen moment, Tsuchimoto's film, thus moving image, is capable of capturing even subtle changes in her facial expressions and therefore of showing to the audience the non-dramatized face of Tomoko in the continued (unstopped) historical time. And the gradual process of getting to know Tomoko through this sequence that the audience experiences parallels Tsuchimoto's own experience with her, from the initial fear to the eventual admiration.

In place of conclusion: the afterlife of "Tomoko and Mother in the Bath"

In 1999, Aileen Smith, the sole copyright holder of "Tomoko and Mother in the Bath" after W. Eugene Smith's death in 1978, declared this photograph to be "sealed off," asking its purchasers to refrain from further exhibition. This decision had been reached as a result of the Kamimuras' plea to let Tomoko rest in peace for good. The exploration of what happened to this photograph in the 1990s allows us to ponder on the "life" of a person captured on a photograph—thus, the "life" of/as an image—after his/her physical death. Before examining how this photograph had come to be put to rest, I shall first look into the event which is considered to have largely triggered such a result.

In September 1996, the first major exhibition on Minamata disease named "the Tokyo-Minamata Exhibition" was held in Tokyo. Organized by the Minamata Forum led by the long-time Minamata disease activist Jitsukawa Yūta, this exhibition aimed to listen to "the words of

⁹⁴ Due to the difficulty of proper care and the lack of equipment, most severely ill and congenital patients were sent to hospitals, which turned out to be their final home.

people who bravely raised their voices despite being in the extreme of suffering, alienation and poverty” and “question anew Minamata disease in order to think of how we would live from now on,” and also to “open all expressions, researches and records regarding Minamata disease, reconstruct these documents according to the situations, and communicate them to everyone who live in the present.”⁹⁵ People related to the Minamata disease struggle in various capacities participated this event, including the Kamimuras as the former activists and the surviving family members of the now deceased Tomoko. Doctor Harada Masazumi, who joined the event as a lecturer, was largely satisfied with the exhibits and the number of visitors. However, one aspect of the exhibition that he found unacceptable was the use, or abuse, of the photograph “Tomoko and Mother in the Bath” on various advertising materials, as he later wrote:

What surprised me was the manner of advertisement. It was the deluge of Smith’s photograph “Tomoko and Mother in the Bath.” From the Shinagawa Station to the venue, those big posters [with this photograph on] were everywhere. Young people at the station were handing out the flyers [with this photograph on] with zeal. This photograph was also printed on the tickets. Is this the urban and modern mass advertising? But, handing out the flyers at the station also means that some people might discard or drop them. It is at that urban Shinagawa Station. Of course, people would step on them. Even the posters will come peeling off if exposed to wind and rain. Many of those who know Minamata disease, including myself, bent their brows. The urban mass advertisement does not suit the way of Minamata. These young urbanites are completely well-meaning. With all their might and main, they are trying to make this Minamata Exhibition a success. However, something is not right. This photograph is not a mere photograph for Mr. and Mrs. Kamimura. That this photograph is posted everywhere, to Tomoko’s parents, means that Tomoko has been still working even more than ten years after she passed away.⁹⁶ xxi

The inundation of a single image, no matter how impressive it itself might be, via mass advertisement could lead to the loss of its singularity and significance, thus its becoming mundane. Especially for indifferent passersby, the face and body of Tomoko might mean nothing, and this lack of attention and interest could mean the indifference upon giving physical harm to the image—thus in extension to Tomoko, figuratively. This is indicative of the importance of context in a sense that not everyone would respect one image the same way under different contexts, and if printed on different surfaces, it could get dismissed easily. Moreover, the mass reproduction and consumption is the hallmark of modernity, which goes against “the way of Minamata” as the remnant of a small fishing village. Not only that, Harada’s claim that Tomoko has continued to “work,” or put to work, through the exposure of her image to the public eyes long after her physical death signifies that her life as an image has been elongated, and she has never been properly put to rest as the deceased would deserve—or even worse, she has been unwillingly re-awakened, or resurrected, from her rest. Yamaguchi Yumi also cites another case of “physical injury” given to the advertising materials. According Kamimura Yoshio, his wife’s brother, who was working as a cab driver in Nagoya, saw the poster of the Minamata Exhibition abandoned on the ground in rain and stepped on by passersby when the exhibition traveled there.⁹⁷ The physical harm to Tomoko’s image—maltreatment of Tomoko, even as an image—that Harada was concerned about was realized by indifferent passersby, to

⁹⁵ “Minamata-ten kaisai shuisho (Minamata Forum setsuritsu shuisho),” Minamata Forum, accessed October 31, 2016, <http://www.minamata-f.com/about.html>. My translation.

⁹⁶ Harada, 28.

⁹⁷ Yamaguchi, 197.

whom her image means nothing. The dissemination of an image through different methods of exhibition means that it reaches the audience beyond what its creator might have initially intended. And Susan Sontag touches on this point in connection with Smith's photographs of Minamata.

Sontag examines the context of exhibition, using Smith's photographs of Minamata as examples:

Because each photograph is only a fragment, its moral and emotional weight depends on where it is inserted. A photograph changes according to the context in which it is seen: thus, Smith's Minamata photographs will seem different on a contact sheet, in a gallery, in a political demonstration, in a police file, in a photographic magazine, in a general news magazine, in a book, on a living-room wall. Each of these situations suggests a different use for the photographs but none can secure their meaning. ...

Socially concerned photographers assume that their work can convey some kind of stable meaning, can reveal truth. But partly because the photograph is, always, an object in a context, this meaning is bound to drain away; that is, the context which shapes whatever immediate—in particular, political—uses the photograph may have is inevitably succeeded by contexts in which such uses are weakened and become progressively less relevant. One of the central characteristics of photography is that process by which original uses are modified, eventually supplanted by subsequent uses—most notably, by the discourse of art into which any photograph can be absorbed. And, being images themselves, some photographs right from the start refer us to other images as well as to life.⁹⁸

As Sontag rightly points out, one photograph does not tell us the entire story of where the very image was cut out, and based on the context in which it is used or exhibited, it comes to carry a different meaning. The reproduction of this image onto various surfaces naturally triggers the diversification of its potential meanings as well as how it might be treated in each case.

"Tomoko and Mother in the Bath" in *Life Magazine* and in the photo book *Minamata*, therefore, were received in a completely different reception than the same image used on posters and flyers. Not guaranteed of the stable position in a printed and bound booklet, the latter as a means of mass advertisement, due to its accessibility and abundance, causes a decrease in value of the image itself and destabilizes its meaning. Moreover, this destabilization of meaning leads to the image's coming to possess a life independent of its creator's original intention; in other words, a photograph can be anything and nothing at once. Given that the Kamimuras felt their daughter was eternally trapped in this photograph as an image, such a situation as above, in which Tomoko's name and the significance of her existence as a congenital Minamata disease patient are potentially stripped away from the image of her disease-battered body, was far from tolerable, and needed to be stopped at all costs.

On June 7, 1998, Aileen Smith and the Kamimuras reached the agreement to permanently suspend the photograph "Tomoko and Mother in the Bath" from further exhibition and publication. The memorandum signed by both parties states:

1. I, Aileen Smith, return the photograph "Tomoko and Mother in the Bath" to Mr. and Mrs. Kamimura.
2. This signifies that the discretion on this photograph belongs to Mr. and Mrs. Kamimura.

⁹⁸ Sontag, 105-06.

From now on, should there be any request regarding this photograph, I shall provide the following explanation (on the separate document) and decline its use.^{99 xxii}

Furthermore, Aileen Smith released a statement on her decision not to permit any further publication of this photograph at the Arles/Perpignan, France Photo Fetes press conference on July 5, 2001:

Needless to say, after Tomoko's death, this photograph meant something different. It wasn't about Tomoko anymore, a life being lived, but about continuing to reach out to the entire world, seeking the extermination of pollution, expressing the love of mother and child. ...

To be honest, over the years it became a greater and greater burden for me to continue to answer to the publication of this photograph. Tomoko's parents remained silent, but I knew how they felt because I know how I feel. ... gradually, this was turning to profanity. I knew that Tomoko's parents, now nearly a quarter century since her death, wanted Tomoko to rest. "Yasumasete agetai" (we want to let her rest) were their words. And I felt the same. I literally felt Tomoko's efforts over these two and a half decades, each time going out to the world, naked, showing everything of her polluted body.

This photograph would mean nothing if it did not honor Tomoko. This photograph would be a profanity if it continued to be issued against the will of Tomoko and her family. Because this was a statement about Tomoko's life, it must honor that life and by it her death.¹⁰⁰

Contrary to what Aileen Smith felt about the meaning of this photograph after Tomoko's death, for the Kamimuras her absence bestowed a different meaning on it, as a proof of her life and continued existence as an image. But for people who were engaged in the struggle against Minamata disease and other environmental issues, it came to carry a meaning larger than Tomoko's life itself; it became an iconic image for suffering, sacrifice, and struggle. While using this photograph for a larger environmental cause was the Kamimuras' initial objective, almost 27 years after the shooting and 21 years after Tomoko's death, thus as long as or even longer than her actual life, they concluded that Tomoko, even as an image, worked hard enough and now they "wanted Tomoko to rest." Maybe there is an implication that she was never willing to participate, as both Aileen Smith and Ryōko recognize, and now that even her family is unwilling to support its continued dissemination and potential harm to any of its reproduction, it is time to put it to rest not only for Tomoko but also for her family. What needs to be clarified here, though, is that Aileen Smith neither returned the negative of this photograph nor transferred the copyright to the Kamimuras; instead, she just returned to them the discretion on this particular photograph.¹⁰¹ In short, the future use or publication of this photograph will be prohibited, whereas none of the existing publication, including the photo book *Minamata*, will be affected by this decision. And in the current Internet era, the dissemination of an image no longer needs to happen physically; a quick keyword search returns numerous results that lead to this supposedly "sealed-off" photograph.

Artists and journalists who worked on visual representations of Minamata discussed in this chapter equally faced the qualms of how to work with the subjects with whom they could not

⁹⁹ Yoshio Kamimura, "Tomoko no shashin to watashi no kazoku," *Minamata hotaru no ie dayori* 10 (July 1, 1999): 3.

¹⁰⁰ Aileen Mioko Smith, "The Photograph 'Tomoko and Mother in the Bath,'" accessed October 15, 2016, http://aileenarchive.or.jp/aileenarchive_en/aboutus/aboutphoto.html.

¹⁰¹ Yamaguchi, 200.

establish verbal communication, or sometimes any communication at all, and they each came to his own way of speaking for Minamata and its people. Kuwabara focused on capturing patients beautifully in a “soft” image in order to attract readers’ attention to the issue itself. Tsuchimoto built his films upon close interactions with his subjects, and deeply valued the filmmaker-subject relationship based on the notion of *torasetemorau*. Smith saw in Ryōko and Tomoko the symbolic image of love and compassion in the face of devastating suffering, and shook the world with the advent of a new “Pietà.” What they had in common at the core, though, was their determination to see their subjects through the social (and physical) role as patients and capture them first and foremost as humans who became unwilling martyrs to the disaster triggered by modern technological advancement. As I will also discuss in relation to *iei* (funeral photographs) in the next chapter, visual representations of deceased patients, particularly in still images, not only became the testaments to their struggle-filled lives but also could mean their entrapment into “life as images” even a long time after their physical deaths—just as Kumiko and Tomoko, who did not live beyond the 1970s, are eternally teenagers in their photographs. And such a sense of entrapment might be indicative of the still-unresolved nature of the disease itself.

Chapter 2

Commemoration and mobilization: the reproduction of and representation in *iei*

怨 ... “vengeance” ... does not mean revenge. It means something more intense, almost mystical: that we shall pursue you to justice, and even then we shall not forget.
—W. Eugene Smith¹

Introduction: the *iei* of Sakamoto Kiyoko



Fig. 2.1. W. Eugene Smith, *Untitled*, 1972, black and white photograph, in *Minamata*, by W. Eugene Smith and Aileen M. Smith (New York: An Alskog-Sensorium Book, 1975), 29.

In the above photograph by W. Eugene Smith (Fig. 2.1.) is capture a painted portrait of a girl wearing a *kimono*, burying chest down under a *futon*, and her eyes turned to the right. No smile on her face, but instead a sense of seriousness, even anger or disgruntlement, looming around her tightly closed lips. Despite being in a *futon*, which is associated with the act of sleeping or resting, her head and body appear rigid, as if rejecting her very state of being there. Ever since I first encountered this *iei* (遺影; a photograph or painting of a deceased person) in Tsuchimoto Noriaki's documentary film *Minamata: kanja-san to sono sekai* (水俣—患者さんとその世界; Minamata: The Patients and Their World, 1971), every time I revisit this image, it never fails to evoke a sense of discomfort and anxiety in me. What is it about this *iei* that touches me in this peculiar manner, compelling me to dwell on and face it despite the pain of doing so? Is it due to the overwhelming sense of death represented in this *iei* which scares me and fascinates me at once that I am so captured by it; or is there more to this *iei*, particularly in relation to the strange mixture of composure and tension it exhibits simultaneously? This was the starting point for my interest in the presence and function of *iei* in the representations of Minamata disease and its patients as seen in films and photographs—namely, still images embedded within the moving image or another still image. As indicated by the direct translation of *iei*, “a remaining image,” it is a portrait photograph or painting of a person that remains in this world after the person being captured had passed. Being placed at the center of the funeral rites above the “remaining body” (*itai*; 遺体) that is quietly rested inside the coffin, this image

¹ W. Eugene Smith and Aileen M. Smith, *Minamata* (New York: An Alskog-Sensorium Book, 1975), 85.

represents the deceased and even makes up for the absence in case the physical body is not present for some reason.² It is a photograph or painting of the deceased, thus a visual representation of the person no longer alive; at the same time, it is an object that replaces the living body of a person into a flat, photographic or painted body. Moreover, it symbolizes the moment when life and death are juxtaposed within one image; the moment captured on *iei* reveals the past-day liveness of the deceased, whereas the very fact that the portrayed is already dead collides with the “life” captured and frozen onto the *iei*. In addition, especially in case of the deceased Minamata disease patients, I am struck by the absence, or “concealment,” of pain and physical deformation in their representation on *iei*—thus, the uncanny disappearance of the very cause that drove them into agonizing deaths. Multiple temporalities, the coexistence of presence and absence, the absence of pain and physical deformation; these three aspects captured on the *iei* of Minamata disease patients lead me to the exploration of the relationship between death and photographs.

In this chapter, I will first look into the general role of *iei* in the Japanese Buddhist tradition of honoring the deceased. The advent and development of *iei* as part of Japanese history at large, the process of “*iei*-fication,” its relationship with the remaining body, and its post-funeral function will be examined in order to observe what *iei* comes to represent, also with reference to Walter Benjamin’s argument on the “aura” of an artwork. I will further contextualize the function of *iei* by observing the relationship between death and photographs as proposed by Susan Sontag and Roland Barthes, looking into the above-mentioned three aspects captured in the *iei* photographs. Then, I will shift my focus to the *iei* of the Minamata disease patients to explore how, under this specific circumstance, the *iei* as a means of remembrance and commemoration comes to bear meanings far more complicated than when such acts are pursued through regular *iei*. For this purpose, I will focus on the above-mentioned *iei* of Sakamoto Kiyoko as it appears in the works of Tsuchimoto Noriaki, W. Eugene Smith, and Ishimure Michiko, and that of fisherman Kama Tsurumatsu as it is filmed by Tsuchimoto, while Kuwabara Shisei and Ishimure capture his undead body visually and textually. Finally, I will introduce the *iei* mural titled “Kioku to inori” (Memory and prayer) which Tsuchimoto created for the 1996 Minamata-Tokyo Exhibition in an effort to “put face to” the deceased patients, often forgotten or concealed, in commemoration of the sixtieth anniversary after the official confirmation of the disease. This mural suggests a new mode of encountering *iei* (or to be precise, photographs of *iei*), not only because “Kioku to inori” presents these *iei* as the collective, but also because, as part of a circulating exhibition, this Minamata exhibition comes to the cities where the audience awaits, as opposed to the audience traveling far for the exhibition. Based on the above discussion, I will argue that the *iei* as still images embedded within the moving image or another still image places such *iei* within multiple layers of temporality, as well as forms and beholders of gaze, activating the interplay of presence and absence. Its integration into different media, and its exhibition as an extension, enables the reading of *iei* beyond itself as a photograph/painting or an object—namely a silent, alienated being—and instead in interaction with the people and environment surrounding it, thus generating a new set of relations between the act of showing and seeing. And as a result, it allows us to re-confirm how the meaning of each *iei* does not come about in a vacuum but is rather created through its social relationships.

² Both *Itai* (遺体; a remaining body) and *Shitai* (死体; a dead body) refer to the body of the deceased. The difference, however, is that the former emphasizes the human aspect as “a body that remains after one’s soul is gone,” whereas the latter recognizes the body rather as an object.

***Iei*: death and after-death**

What is *iei*? Again, it is a photograph or painting of the deceased prepared as a visual counterpart of the unbreathing body in the coffin at the time of funeral, and also the visual representation of the person who no longer alive after the funeral. Prior to the discussion of *iei* itself, I shall introduce ethnographer Yamada Shin'ya's statement on death and its representation through various media:

Death is a phenomenon that radically changes the existential state of a human being. A human being, while alive, expresses his/her personality physically, and interacts with others in a holistic manner including his/her body. However, due to death, the existing body ceases to function, and will eventually perish or be concealed; in the meantime, the personality of the deceased will be newly formed and shared based on others' memories [of the deceased].

Since the personality of the deceased will be formed based on memories, dissociated from the antemortem body, on behalf of the existing body various media would be necessary to represent the deceased on behalf of the existing body. ... for funeral rituals, many people are often involved, and therefore the personality of the deceased is overlaid with various media in order to construct the relationship between the deceased and the living.^{3 i}

Instead of limiting a human being's "life" to his/her state of being alive and possessing a physical body, Yamada writes that death and the consequential loss of a bodily form of existence transitions a human being's state of being from the physical one to the one formed through others' memories. In short, death does not mark the end of "life," but only indicates a new form of life which requires different forms of media for its continued existence. Replacing the person with a bodily form as an active agent of creating who he/she is, others who were involved in that person's "life as a living being" in various capacities become self-assigned agents to ensure that non-bodily "life" of that person goes on. The absence due to the lack of bodily existence shall be supplanted by media that evince that person's past presence, such as mementos and visual materials. In that sense, *iei* would be one of the most crucial of all such media, also due to its creation for the sake of the ceremony (funeral) that marks that person's transformation from a living being to a non-physical, inanimate being. According to Yamada, *iei* can be defined as:

a portrait or photograph of the deceased. But it does not refer to all materials onto which he/she appears, but is considered to refer to what would be prepared and used under a certain intention or situation such as a funeral, remembrance (*tsuitō*) and citation (*kenshō*). ... it is after the Meiji period, when taking portrait pictures became a common practice, that the preparation of *iei* became more general. Not only photographs but also photographic drawings (*shashinga*), in which [the deceased was] drawn with photograph-like elaboration in black and white, were frequently used.^{4 ii}

Iei is the commemorative representation of the deceased, at least in the eyes of the person(s) who prepared it, most often the family members. With the change in the way the death is dealt with,

³ Shin'ya Yamada, "Iei to shisha no jinkaku: sōgi shashinshū ni okeru shōzō shashin no atsukai o tōshite," *Kokuritsu rekishi minzoku hakubutsukan kenkyū hōkoku* 169 (November 2011): 138. My translation.

⁴ Shin'ya Yamada, "Iei," in *Minzoku shōjiten shi to sōsō*, eds. Takanori Shintani and Mayumi Sekizawa (Tokyo: Yoshikawa kōbunsha, 2005), 70. My translation.

from something to be mourned to something to be honored, the focus seems to have also shifted to the life lived by the deceased rather than his/her death as the culmination. Yamada argues that such a change came about along with the modernization of the nation during the Meiji period, and particularly during the Sino-Japanese War (1894-95) and Russo-Japanese War (1904-05), since wars necessarily incurred death and the treatment of such deaths were no trivial matter for the overall representation of war as progress or achievement, thus something positive and to be praised.⁵ Moreover, in order to highlight the function of *iei* for remembrance and citation, Yamada compares *iei* with its predecessor, *egaku* (絵額; votive pictures of the deceased), and the transition in the meaning assigned to the visual representation of the deceased that happened during the Meiji period:

The critical difference between *egaku* up to the Meiji period and the portraits or *iei* photographs is that, since *iei* is an antemortem avatar (*seizen no utsushimi*), the image of the deceased had changed from the dead in the other world to his antemortem portrait. It is that, while in *egaku* the dead in the other world was positioned within the postmortem timeframe, in *iei* the dead was position within the past, antemortem memory.⁶ iii

Egaku and *iei* contrast with each other in many ways. The former depicts the “ongoing present” of the deceased after his/her transition to the postmortem, other world, whereas the latter emphasizes the remembrance of the deceased as he/she lived, thus in the past. What demarcates these two approaches to the portrayal of the deceased seems to be the perception of death itself. While the former attempts to overcome the fear of death through the idealized depiction of the other world and the postmortem “larger than life” state of the deceased, the latter focuses on the life lived by the deceased and the footprints he/she left in this world in the form of memory.

Indeed, memory and remembrance are some of the essential elements of *iei*. Visual culture studies scholar Satō Morihiro, upon discussing his “*Iei shashinron*” (遺影写真論; theory of *iei* photography), defines basic attributes of the *iei* photograph; it is “a portrait of a person who has passed away and no longer exists ... [and] those who look at—or enshrine—that portrait image possess some form of memory about the person being portrayed ... it is necessary that they mourn the death of that person, and such a feeling of ‘mourning’ separates *iei* from a mere portrait.”⁷ iv In order for *iei* to mean something, more than a visual representation of a person no longer alive, in the eyes of the beholder, there has to be an existing, more than cursory relationship between the deceased and the beholder. Again, the separation of *iei* from the rest of portraits is significant, since every photograph has a potential for becoming *iei*, but no photograph can be *iei* without the process of, shall I say, “*iei*-fication.” Satō elaborates on the process of turning a photograph into *iei* based on the example of Buddhist-style funeral:

First, prior to the funeral, a proper photograph [for *iei*] is selected out of many photographs in which the deceased is captured. That photograph is put through an appropriate modification such as enlargement and retouching. Furthermore, it is framed, decorated with a black ribbon, and laid in repose on the altar of funeral rites. Once the funeral is over, one of the family members of the deceased brings this *iei* photograph along with the coffin to a crematorium, and after the cremation, it is brought back home and laid in repose on the post-funeral altar [to place ashes]

⁵ Ibid.

⁶ Shin’ya Yamada, “Kindai ni okeru iei no seiritsu to shisha hyōshō,” *Kokuritsu rekishi minzoku hakubutsukan kenkyū hōkoku* 132 (March 2006): 300. My translation.

⁷ Morihiro Satō, “Konseki to kioku—iei shashinron,” *Geijutsu ronkō* 29 (2002): 40. My translation.

until the end of mourning. Once the mourning period is over, that photograph will occupy an appropriate place in the house, such as a family Buddhist altar room. Through such a process from the selection of a photograph to the funeral, a mere portrait photograph is granted the position as “iei” for the first time. Various rituals render a mere portrait photograph a one-of-a-kind “iei.” From such an *iei* photograph is concealed the reproducibility and multiplicity that necessarily accompany the photographic medium; instead, an *iei* photograph becomes one-of-a-kind, recovering its sacred value.^{8 v}

In terms of the funeral practice, at the moment of death, the deceased’s *itai* (remaining body) is the main “object” of mourning, while *iei* is being created in preparation for the funeral.⁹ By the time of the funeral, both *itai* and *iei* function as the “objects” of mourning, although between the inanimate, expressionless (and slowly decomposing) body that indicates its ongoing “present” and the visual representation of the deceased’s past living self, *iei* on the altar tends to be exposed to the mourners’ gaze a lot longer than *itai* inside the coffin. As Satō clarifies, *iei* is not an untouched photograph in the sense that it necessarily goes through modification, or even manipulation, for the “*iei*-fication” of an otherwise ordinary photograph. In fact, the original photograph does not even need to be a portrait photograph, as such a term generally refers to; rather, any decently-captured frontal image of the deceased can be modified into making *iei*. That means the deceased does not have to be the only person captured in a photograph from which a specific *iei* is created, since modification could mean “extraction” of the image of the deceased’s head and its “transplanting” onto another photograph with a pre-existing image head-down, namely the ceremonial robes.

The presentation of *iei* does not end with the completion of the portrait itself, but is further extended to its outward appearance of the frame and ribbon, both in black. The *iei*, in a sense, is not left bare but is dressed up before it meets the mourners’ gazes. On one hand, the black frame contains the portrait within a bold outline, seemingly sedating the potential impact of *iei* itself; on the other hand, the thick borderline emphasizes what is being framed, which is the often-solemn face of the deceased. Either way, the image of the deceased within the frame establishes a condition for remembrance, particularly for those who are not familiar with the deceased and thus engage in the act of “re-memorizing” the past-presence of the now-absent person through such an image, and also a condition for how the memory of the deceased should be revived in the beholders. This aspect is related to one of the essential attributes Satō suggests, namely that those who “possess some form of memory about the person being portrayed” and “mourn the death of that person” prepare *iei* as a representation of their feelings toward the deceased. Except for the case in which the deceased had prepared his/her own *iei* while still alive, it is prepared by someone other than the deceased, no matter how close in relationship this someone might be. In short, *iei* heavily reflects the idea of who the deceased had been in the eyes of others. Through such a process, a one-of-a-kind *iei* comes into being, as something that transcends its original value as a mere photograph and also that embodies who the deceased *should*, *might* and *could* have been—all made possible through the ritual of, again, “*iei*-fication” of an otherwise ordinary photograph. As Satō aptly suggests, each step taken for the creation of *iei* strips a mere photograph of its reproducibility and multiplicity and adds the air of sacredness, while the fact is that such a process of *iei*-fication is itself reproducible and multipliable.

⁸ Morihiro Satō, “Gishashinron: shōzō shashin no tensei,” *Bijutsu fōramu* 21 20 (2009): 112-13. My translation. The end of mourning period (*kiake*) is forty-nine days after the day of death.

⁹ Typically, the Japanese funeral practice includes encoffment (*nōkan*), funeral wake (*tsuya*), memorial service (*kokubetsushiki*), cremation (*kasō*), and after the end of mourning period (*kiake*), cineration (*nōkotsu*).

Nevertheless, the singularity of *iei* is essential for its very existence since, after the brief moment of co-existence with *itai* until cremation as the period of transformation, *itai* as one-and-the-only body of the deceased is symbolically replaced by the birth of one *iei* as his/her visual representation.

The stripping-off of reproducibility and multiplicity from an innately reproducible and multipliable photograph is the reversal of the loss of “aura” in the mechanically reproduced works of art as Walter Benjamin argued:

Even the most perfect reproduction of a work of art is lacking in one element: its presence in time and space, its unique existence at the place where it happens to be. This unique existence of the work of art determined the history to which it was subject throughout the time of its existence. ... The authenticity of a thing is the essence of all that is transmissible from its beginning, ranging from its substantive duration to its testimony to the history which it has experienced. Since the historical testimony rests on the authenticity, the former, too, is jeopardized by reproduction when substantive duration ceases to matter. And what is really jeopardized when the historical testimony is affected is the authority of the object.

One might subsume the eliminated element in the term “aura” and go on to say: that which withers in the age of mechanical reproduction is the aura of the work of art. This is a symptomatic process whose significance points beyond the realm of art. One might generalize by saying: the technique of reproduction detaches the reproduced object from the domain of tradition. By making many reproductions it substitutes a plurality of copies for a unique existence. And in permitting the reproduction to meet the beholder or listener in his own particular situation, it reactivates the object reproduced.¹⁰

The process of a singular, original and authentic work of art turned into reproducible and multipliable works of art is reversed in *iei*-fication, in which an original *iei* gets made out of a copy (at least in the past when digital photography was not a common practice, a printed photograph instead of a negative was often used). The *iei* as an end result might look neither artistic nor unique, but rather be banal and even look blown-up due to the quality of the print, yet such a cookie-cutter look enhances its *iei*-ness. The *iei* at birth has no history other than the one carried by the print from which it was taken; however, it will gain the historical weight and secure its stable presence in the altar room as the very death of the person whom it represents becomes part of history. And the *iei*’s unique existence is fostered by its birth for a once-in-a-lifetime, non-repetitive event—funeral—since we only die once. And as the deceased’s body, thus one unique existence, is slowly heading toward disappearance through cremation, another unique existence comes to life visually as a reminder and replacement of the now-lost physical presence. And based on Benjamin’s argument, Satō further analyzes the ceremonial details in funeral in connection with this issue of aura:

Various ceremonies in funeral might represent efforts to hold back the outflow of the aura which barely remained in the face of the portrayed and enhance it. Through various ceremonies that “worship the reminiscence,” a mere portrait photograph becomes a one-and-only official “*iei*.” From such a photograph disappears reproducibility and multiplicity. It is possible that many copies of the same photograph exist, but there is only one photograph which is officially

¹⁰ Walter Benjamin, “The Work of Art in the Age of Mechanical Reproduction,” in *Illuminations* (New York: Schocken Books, 1969), 220-21.

recognized as the *iei*. This is how the *iei* acquires the cult value based on its singularity and becomes a sort of fetish.^{11 vi}

The reversal that we witness, then, in *iei* is not only from the loss to the regaining of aura, but also from what Benjamin calls “the exhibition value of the work” to its “cult value”:

Originally the contextual integration of art in tradition found its expression in the cult. We know that the earliest art works originated in the service of a ritual—first the magical, then the religious kind. It is significant that the existence of the work of art with reference to its aura is never entirely separated from its ritual function. ...

Works of art are received and valued on different planes. Two polar types stand out: with one, the accent is on the cult value; with the other, on the exhibition value of the work. Artistic production begins with ceremonial objects destined to serve in a cult. ... With the emancipation of the various art practices from ritual go increasingly opportunities for the exhibition of their products. ... today, by the absolute emphasis on its exhibition value the work of art becomes a creation with entirely new functions, among which the one we are conscious of, the artistic function, later may be recognized as incidental.¹²

The works of art, which initially performed ritual functions, possessed the cult value; however, with their mechanical reproduction and the resulting increase in quantity and accessibility, their exhibition value became dominant. The process of *iei*-fication, though not an artwork per se, indicates the reversal of this history through the exhibition value of snap photographs overridden by the cult value of an official *iei* photograph.

As a matter of fact, Benjamin points out the clash between these two values in photography:

In photography, exhibition value begins to displace cult value all along the line. But cult does not give way without resistance. It retires into an ultimate retrenchment: the human countenance. It is no accident that the portrait was the focal point of early photography. The cult of remembrance of loved ones, absent or dead, offers a last refuge for the cult value of the picture.¹³

Iei is, indeed, the embodiment of “the cult of remembrance” of the deceased, with its frame completely occupied by the medium close-up image above his/her chest. During the funeral, *iei* functions as a visual replacement of the deceased, whose remaining body is solemnly placed inside the coffin. While the little window attached to the cover of the coffin allows mourners to take a last look at the deceased’s face, it is the *iei*, taking the center stage on the altar, that these mourners face for a much longer duration of time, and potentially with more ease and comfort. The “familiar” face in a form of image is foregrounded, while the “familiar but different” face of the remaining body, deprived of liveness that defined who the person was, is boxed in and only given a limited access. At this moment, the relationship of the mourners with the deceased’s body could have reached the point where the encounter with a no-longer-alive body evokes a sense of fear and discomfort in the living. The ceremonial occasion such as a funeral might be, at least on the surface, exalting enough an experience to turn a blind eye to the bottom-line reality of the death as the very premise of the event. When the act of facing death comes in a

¹¹ Satō, “Konseki to kioku,” 46-47.

¹² Benjamin, 223-25.

¹³ Ibid, 225-26.

physical and inescapable form, the presence of *iei* as a more visible and accessible point of reference for the deceased might alleviate the pain of having to deal with the loss or absence that lingers even after the disappearance of the physical body of the deceased.

The use of *iei* is not limited to ceremonial purposes during a funeral, but could be extended to a more familial, personal, or interactive one long after it completes its official role during the formal farewell with the deceased. After the mourning period, *iei* will most commonly be placed in a family Buddhist altar room. Furthermore, the second essential attribute of *iei*, namely the death of the person on *iei* as a precondition, elucidates another function of *iei*; it “makes re-appear or represents what is absent ... [and] the person who looks at the *iei*—the one who was left behind—is able to interact with the dead through the *thing* called *iei*.”¹⁴ vii Put differently, “an *iei* photograph is a space where the dead and the living interact through the entanglement of the senses of sight and touch; in other words, it is a medium of communication between the afterlife and this life beyond distance.”¹⁵ viii *Iei* seen in this light marks the end of one form of life—a physical, human life—but also indicates the non-physical and non-human possibility of the continuation of life for the ongoing interaction between the deceased and the living. Indeed, the presence of *iei* as a space of interaction is one of the aspects I will explore upon looking into the role of *iei* in relation to Minamata disease. But before delving into the *iei* seen in this context, I shall explore another element of photographic representation, namely the relationship between death and photography.

Photography, death and time

A photograph as an embodiment of encapsulated time contains multiple levels of temporality: for example, the “past” when it was taken, which was then the “present” and will be eternally so within that photograph; or, the “present” moment of looking at it, which would be the “future” from the time it was taken as well as the “past” at the time of subsequent viewing. And when it deals with the passing of time, what is also crucial is the issue of death is inevitable, whether it is the death of the subject, the materialistic death of the printed photograph itself, or the death in the form of loss or change in the environment where it was taken. In her book *On Photography*, Susan Sontag expresses the relationship between photography and death as follows: “All photographs are *memento mori*. To take a photograph is to participate in another person’s (or thing’s) mortality, vulnerability, mutability. Precisely by slicing out this moment and freezing it, all photographs testify to time’s relentless melt.”¹⁶ The act of taking a photograph, then, is both the acknowledgement of the unstoppable flow of time and a rather symbolic form of resistance against it, however effective it might be. She further adds:

Photography is the inventory of mortality. A touch of the finger now suffices to invest a moment with posthumous irony. Photographs show people being so irrefutably *there* and at a specific age in their lives ... Photographs state the innocence, the vulnerability of lives heading toward their own destruction, and this link between photography and death haunts all photographs of people.¹⁷

¹⁴ Satō, “Iei to gishashin,” 57.

¹⁵ Ibid, 58.

¹⁶ Susan Sontag, *On Photography* (New York: Farrar, Straus and Giroux, 1977), 15.

¹⁷ Ibid, 70.

The act of photographing a person leads to the recognition of his/her eventual, unavoidable death, and also to the attempt to freeze-frame one brief moment out of the relentless flow, or “melt,” of time. Since the perspective that Sontag assigns for this recognition is that of the photographer or spectator, it is the image-maker or image-viewer, and not the subject of the image, that has to face other person’s past-presence. However, being an eyewitness to that person’s “mortality, vulnerability, mutability,” in turn, compels himself to acknowledge the same fate in himself. The “frozen” slice of life captured on a photograph might not always represent a happy, ordinary, even banal moment. Instead, as Sontag suggests that “[t]o catch a death actually happening and embalm it for all time is something only cameras can do,” the cruel camera eye “freezes” even the subject’s near-death moment into the eternal “present” of suffering—thus seizing death in the making.¹⁸

In contrast to Sontag’s focus on photographs as *memento mori*, one of the elements that Roland Barthes elaborates on is the nature of photography as what captures “that-has-been.” He also explores photography’s relationship with death and temporality in one of his final works, *Camera Lucida* (1980):

I call “photographic referent” not the *optionally* real thing to which an image or a sign refers but the *necessarily* real thing which has been placed before the lens, without which there would be no photograph. ... in Photography I can never deny that *the thing has been there*. And since this constraint exists only for Photography, we must consider it, by reduction, as the very essence, the *noeme* of Photography. What I intentionalize in a photograph ... is neither Art nor Communication, it is Reference, which is the founding order of Photography. The name of Photography’s *noeme* will therefore be: “That-has-been,” or again: the Intractable. In Latin ... this would doubtless be said: *interfuit*: what I see has been here, in this place which extends between infinity and the subject (*operator* or *spectator*); it has been here, and yet immediately separated; it has been absolutely, irrefutably present, and yet already deferred.¹⁹

Like Sontag, Barthes analyzes the photography’s relationship with the person or thing captured from the perspective of the photographer (*operator*) or spectator. That a certain photograph does exist is the undeniable proof of existence for what got captured on it; no subject, no photograph. Such an emphasis on existence is a resistance, if very modest, against *memento mori* (remember you must die) and the reiteration of the counter-message, which is “remember that you once lived.” And based on this notion, Barthes claims photography’s *noeme* (essence) to be “that-has-been” or “the Intractable”—the situation that was realized in front of the camera at a specific time and space, but was soon dissolved. While Sontag emphasizes how photography “testifies to time’s relentless melt” and death as the uncaptured but certain future, thus eyeing on what to come beyond the frame, Barthes stresses how it testifies to one’s existence, thus the moment in the past that continues to live within the frame. That said, he also recognizes the element of death inherent in photography, as he further argues:

All those young photographers who are at work in the world, determined upon the capture of actuality, do not know they are agents of Death. This is the way in which our time assumes Death ... For Death must be somewhere in society; if it is no longer (or less intently) in religion, it must be elsewhere; perhaps in this image which produces Death while trying to preserve life.

¹⁸ Susan Sontag, *Regarding the Pain of Others* (New York: Picador, 2003), 59.

¹⁹ Roland Barthes, *Camera Lucida: Reflections on Photography*, trans. Richard Howard (New York: Hill & Wang, 1981), 76-77.

Contemporary with the withdrawal of rites, Photography may correspond to the intrusion, in our modern society, of an asymbolic Death, outside of religion, outside of ritual, a kind of abrupt dive into literal Death. *Life/Death*: the paradigm is reduced to a simple click, the one separating the initial pose from the final print.²⁰

Barthes calls photographers “agents of Death,” the ones who visualize or record deaths that are set to happen at various temporal proximity. They do not necessarily bring about these deaths per se, but their act of visualizing or recording makes such deaths representable and accessible. Photography dispelled the air of sacredness that death was once veiled with, and now possesses the polarizing functions of engaging with life and death at once. He also points out the position of death in modern society where, outside of religion and ritual, namely what removes fear out of death, death revealed through photography is “literal”—undisguised, physical, and direct. In that sense, life and death are not as polarizing a concept as they might initially appear. The human body captured on a photograph exhibits multiple temporalities which the living being experiences—life captured as a still image’s present being a prologue to death as an out-of-frame future, or unseen death as an epilogue to life that left its mark visually. And such a relationship between presented life and unrepresented but insinuated death calls forth the dichotomy between presence and absence.

A photograph points to the subject’s concurrent presence and absence, both physical and temporal. While the location and time of capturing a photographic image belongs to one particular historical moment, the various locations, times and manners of viewing/consumption liberate it from the physical and temporal bounds, allowing it to encapsulate the intricate web of past, present and future within itself as a single image. For instance, W. Eugene Smith’s photograph “Tomoko and Mother in the Bath” that I discussed in Chapter 1 presents one single moment and location—the bathroom in the Kamimuras’ rented house on the cold winter day of late December 1971. The image of Tomoko in this photograph outlived the real Tomoko considerably; while she passed away a few years after the shooting, the photograph gained widespread recognition, and even after its withdrawal in 1999, still remains the most famous image of Minamata disease even today. And Tomoko’s death, namely her physical absence, assigned several different meanings to it. For many activists and general audience, it became the symbol of this horrifying disease—an even stronger one with the loss of Tomoko as a physical and tangible symbol. For Tomoko’s family and those close to her, it turned out to be a painful reminder of her continued “service” to the cause even years after her passing. The absence of Tomoko’s body enhanced the significance of her presence as an image; at the same time, however, such enhancement further emphasized her physical absence—that she can only be present as an intangible image—tormented those who got involved in her life as a person, not as an image. Such an eventual death of the subject and the subsequent change in meaning is usually associated with regular photographs. On the other hand, in the case of *iei*, the death/absence of the subject is the very premise, and its preparation involves the selection and alteration of an image out of such regular photographs. *Iei* comes into existence only after the subject’s death. In that sense, rather than Sontag’s suggestion for *memento mori*, Barthes’ recognition of a photograph as the means to document the past (which was then present) presence better describes the nature of *iei*. The death is no longer merely implied; it is in the foreground, represented through the image of a living person. Here is, again, the concurrent presence and absence of the subject, only this time the temporal movement is from the perspective of absence/death looking

²⁰ Ibid, 92.

back to the past presence. *Iei*, or the person in *iei*, speaks to the beholder that though s/he is physically absent, her/his shadow was left behind (影を遺す) in the form of an image—that the lack of physical presence does not exclude her/his possibility for existence.

Another issue of *iei* that stands out, particularly in relation to the Minamata disease patients, is the erasure or absence of pain and physical deformation, which many patients suffered. For instance, some *iei* for the congenital patients, such as Kamimura Tomoko, are also framed in a way that their physical deformation is not immediately perceivable; or, it is concealed.²¹ The act of capturing the Minamata disease patients as a photographic image involves two opposing physicality: the involuntary, uncontrollable movement of the patients' bodies and their still, composed bodies in *iei*. This was particularly true for the early fulminant (*gekishōgata*; 劇症型) Minamata disease patients, some of whom literally scratched off the concrete hospital walls due to excruciating pain. Being a still image, a photograph only presents its viewers a frozen moment, and in such a moment of visual solidification of a bodily movement, deformation is also captured relentlessly, as we see in Smith's photograph of Tomoko's deformed hand in Chapter 1 (Fig. 1.2.). However, in *iei* of the Minamata disease patients, the image of a non-deformed, non-disease-stricken body is often opted for as the postmortem representation of the deceased. The lost battle against the disease is erased, at least from *iei*, which is the official image to be remembered or presented. Instead, the stillness in *iei* seems to speak to the desire to revert their bodies back to the healthy, non-diseased state, or to remain in the beholders' memories with the bodies as they should have been if not altered by the disease. The idea of "resting in peace" in this case, then, seems to point to not only the patients who ended their struggle against the unfathomable disease, but also the bereaved who are at least relieved from the ongoing task of facing their beloved caught in the never-ending agony even in their *iei*. And as the above discussion on *iei* elucidates, some of its main purposes are the remembrance and commemoration of the deceased, thus for those who were left behind and not practically for the deceased him/herself; the preservation of the deceased's personality through the image that captures the sense of who he/she was; the recognition of his/her absence and also of his/her past-presence. In their *iei*, the images of the deceased Minamata disease patients follow those in regular *iei*—solemn faces, black funereal attires, rigid upper bodies. This assumption of *iei* conventions might be the message that the disease is not what sums up their lives—that is, minimizing their patient-ness in *iei* is an effort to emphasize parts of their lives as non-patients, as human beings.

Minamata disease and *iei*: commemoration and beyond

Again, in a domestic setting the *iei* is frequently found in a family Buddhist altar room, often placed high up near the ceiling as if to represent the deceased's current place "up there" in the afterlife looking down on the living. In addition to the remembrance and commemoration of the deceased, *iei* could also function as the continuation of life in the form of portrait, if I were to expand the term "life" to include something non-vital, intangible, and rather spiritual. The *iei* as the embodiment of life in a different form, can provide the remaining members of the patient's family a visible companion to speak to, about the equally ongoing nature of daily life and

²¹ The onset of the disease is something that needs to be taken into consideration upon thinking about photographic representation of patients. While adult and infantile patients suffered the disease posteriori, and thus spent certain lengths of their lives as non-patients, congenital patients were born with the disease.

struggle against the Chisso Corporation and the government, among others. At the stage of nursing the patients, their speeches might have often met the patients' groan and scream; now there is only silence, the silence that can be construed as either peace or grudge.

As if to replicate such an "interaction" between the deceased and the living beyond the silence of the former, thus seeming impossibility of communication, Tsuchimoto Noriaki's *Minamata: kanja-san to sono sekai* actively includes the *iei* of the deceased patients as a narrative tool, and also as the reminder of these patients as constituting part of "the patients' world." Tsuchimoto explains his methodology for making his films as follows:

[t]he method we selected was to visit all the households. And as the first entrance to such visits, we started with the households with the deceased patients. The fact that the remaining family members, eighteen years after [the outbreak of the disease], had gained back some cheerfulness in their daily lives gave us emotional comfort as we interviewed them. However, their recollections of the patients and their deaths were vivid as if it happened yesterday night, revealing how [such memories] never gets weathered. The details of story leading to the Chisso Corporation and further to the municipal, prefectural and national governments were clear. There existed the chronicle of individuals who independently struggled against a series of bold movement that aims to put "Minamata disease" out of people's minds and shroud it in darkness.^{22 ix}

What is expressed in the above statement is the fact that life goes on, but with Minamata disease and the attendant, lingering pain as its essential component. Moreover, Tsuchimoto does not fail to capture the "photographic" nature of the memory of Minamata disease strongly burned onto the minds of the remaining family members as he turns to such adjectives as "vivid" and "clear"—the vividness and clarity that could even enslave those who retain such memories.

a. Kama Tsurumatsu and Tsuchimoto Noriaki

In this documentary, the narrator/interviewer Tsuchimoto's visits to the diseased patients' homes often begin with the scene that contains the image of *iei* in different shot lengths. The first of such instances is the *iei* of a late fisherman. This scene, which is also the very beginning of the entire film, starts with the extreme long shot of a fishing boat, with two people at work. While the ambient sound of the waves creates the atmosphere of serendipity, the camera draws closer to these fishermen through the gradual shift to the long and medium shots that reveal the details of the work in progress and the bodily movement associated with it. Once the face of one of the fishermen gets framed in the medium shot, the non-sync voiceover begins, talking about how the public opinion against having his disease-stricken father verified as a Minamata disease patient, the pressure that even came from the municipal level, prevented his father from receiving proper treatment and recognition on time. What complicated the situation for this case is hinted by the intertitle at the beginning of the scene: "1970, the southern edge of the Minamata-disease-stricken region, Izumi-city, Kagoshima-prefecture." In other words, this patient was not even a Minamata citizen, and being well aware of the financial and social disasters this disease brought on to the city of Minamata in Kumamoto-prefecture, Izumi-city and its fishing industry were adamant about not getting its citizens verified as Minamata Disease patients for the avoidance of

²² Noriaki Tsuchimoto, "Hottan kara eiga made," in *Eiga wa ikimono no shigoto de aru: Tsuchimoto Noriaki shiron dokyumentari eiga* (Tokyo: Miraisha, 1974), 34. My translation.

reputational damages. As the fisherman recalls how some patients, unable to overcome such public opinions, died in madness and unrecognized, the scene switches from the sea to the inside his house. The camera initially frames the long shot of the altar room, where the Buddhist altar to the right is juxtaposed with the Shintō-themed hanging scrolls to the left, and the *iei* photograph in the black frame and with a black ribbon is placed in the center (Fig. 2.2.). With the camera slowly zooming in to this *iei*, it becomes clear that in front of this *iei* photograph three snapshots are placed inside the frame side by side. When the face on the *iei* gets captured in the close-up, the inserted title finally reveals the patient's identity: Patient No. 82, Kama Tsurumatsu (Fig. 2.3.). The close-up of the *iei* is then followed by the close-up views of the snapshots, with the camera panning from right to left. The first snapshot on the right shows Kama opening a magazine on the hospital bed, with his emaciated face and upper body revealed through his untidily worn *kimono* (Fig. 2.4.). Then moving to the right, the second snapshot in the center creates a striking contrast by presenting Kama as a stocky fisherman with his upper body unclothed. At this moment, the scene suddenly switches back to the fishing boat where the fishing net full of fish is captured in the medium shot. Again back to the altar room, the third snapshot on the left shows Kama on his hospital bed, raising his skinny arm with bent fingers. The scene concludes with the final return to the sea, bookended by another extreme long shot of the boat and paired by the voiceover that repeats the city official's words: "Can Izumi-city buy Kama-san's body?"



(From the left) Fig. 2.2. The long shot of the altar room. Fig. 2.3. The close-up of Kama's *iei*. Fig. 2.4. The close-up of one of the snapshots. All stills from *Minamata: kanja-san to sono sekai* (1971), dir. Tsuchimoto Noriaki.

This brief but striking sequence emphasizes the essential role of *iei* for the act of remembrance in a formal manner, highlights the challenge of how to represent the deceased in relation to Minamata disease, and also initiates the viewers to the narrative of suffering, prejudice, and perseverance woven with the images of the dead interlaced with those of the living. It also sets up the narrative pattern which Tsuchimoto often turns to for the rest of scenes that involve *iei*: the establishing long shot of the altar; the zoom-in to *iei* and the face of the deceased; the intercutting between *iei*, the family member talking about the deceased, and Minamata Bay. Each establishing shot of the altar and *iei* gestures Tsuchimoto's, and in extension the viewers', entrance into a deceased patient's personal space and story. And while it is the remaining family member that tells the life story of the deceased on his/her behalf, the zoom-in to and close-up of the face on the *iei*, sometimes more than once in one scene, connects the story of struggle with the person who struggled. The close focus on the face on the *iei* compels the viewers to see the deceased in the eyes; it also emphasizes the unhealed wound, not only for the family but also for the deceased as the former assumes the role of an eyewitness

storyteller.²³ This assumption of the deceased's voice gives the family member the air of authority and truth, as Bill Nichols points out that "Documentary relies heavily on the spoken word. ... the recounting of a situation or event by a character or commentator in documentary frequently has the aura of truthfulness about it. Documentaries usually invite us to take as true what subjects recount about something that happened even if we also see how more than one perspective is possible."²⁴ In this particular scene, the voiceover of Kama's son focuses on the social and political aspect of Kama's disease—namely, the city's intervention and intention to conceal the existence of Minamata Disease patients within its limit—unlike many subsequent eyewitness accounts that mainly reminisce the fierce suffering both patients and their nursing families had to endure, as if he would have the snapshots visually speak the language of pain. Another deviation from the pattern that we see in this scene is that, as opposed to other eyewitness narrations in which the family members are inside the altar room and speaking in relative proximity to the *iei* photographs, Kama's son does not share space with the *iei*. Instead, he is out fishing, as Kama would have been had the disease not killed him. That Kama's son is on a boat as a fisherman rather than at home mourning also suggests the potential for re-enactment. While Kama's son neither directly talks about Kama's struggle against the disease nor is framed side by side with the *iei*, he re-plays Kama's former self with his own body. Kama as a fisherman exists only as a flat image in the photographs; however, Tsuchimoto's intercutting of Kama's *iei* with his son fishing allows him to relive, if for a moment. In this symbolic act of revival, the life lost bares a different meaning and exhibits a potential for its continuation in a different form, and moreover, the emphasis on and celebration of Kama's life as a fisherman rather than his death as the subtitle of Tsuchimoto's documentary ("Patients and Their World") suggests. This sense of the patients' death as an unfinished process might actually be the reason why most of the *iei* captured in Tsuchimoto's documentary are placed near or below the altars, instead of being placed high above them according to the common practice. In the Buddhist term, the absurdity of the disease and death the patients incurred could have made it impossible for them to enter Nirvana (*jōbutsu*; 成仏) and attain peace. As the statement for such an ongoing postmortem struggle against unhealed and untreated wounds, the *iei* are kept near the ground, closer to the family members who continue to fight against the Chisso Corporation, the government, and those who support them.

What makes Kama's *iei* unique compared to other *iei* that appear in Tsuchimoto's documentary is that it is accompanied by the snapshots within the same frame (Fig. 2.3.). The contrast between the *iei* photograph and the snapshot in the center with the ones on the side visualizes the physical deterioration he had experienced, through his weight-loss and bedridden condition. Such a contrast reveals the fact that the death did not exist solely as the conclusion; it was a drawn-out process. These snapshots not only show the before-during-after state of Kama's battle with the disease, but also fill in the physical pain and deformation that is absent or concealed from the *iei*, revealing the "undead" state of Kama, which Ishimure describes painstakingly in her *Kugai jōdo* as I will discuss later. Moreover, the co-existence of *iei* and the snapshots within the same frame highlights their opposite attributes—the former as a singular, official photograph, and the latter as reproducible, unofficial photographs. This opposition, however, inversely points to the arbitrariness of such attributes since *iei* as a singular object was

²³ Seeing the deceased in the eyes is the concept that Tsuchimoto also emphasizes in his *iei* mural project for the Minamata Exhibition, as I will discuss later in this chapter.

²⁴ Bill Nichols, *Representing Reality: Issues and Concepts in Documentary* (Bloomington and Indianapolis: Indiana University Press, 1991), 21.

initially chosen out of numerous reproducible snapshots, and also since by becoming the accompaniment to the *iei*, these reproducible snapshots acquire a peculiar singularity of their own.

b. Kama Tsurumatsu and Kuwabara Shisei



Fig. 2.5. *Iei* of the deceased brought out to street. Shisei Kuwabara, *Untitled*, 1970, black and white photograph, in *Minamata jiken: The MINAMATA Disaster*, by Shisei Kuwabara (Tokyo: Fujiwara shoten, 2013), 113.

Such within-the-frame juxtaposition of photographs, while quite unconventional in the home setting, remains the same even when this *iei* is brought out onto the street. One of the photographs in Kuwabara Shisei's third photo book, *Minamata jiken: The MINAMATA Disaster* (2013), captures the scene of sit-in protest in which Kama's son holds his father's *iei* just as it was shown in Tsuchimoto's documentary (Fig. 2.5.). Kama's *iei* is joined by four others; however, no other *iei* demonstrates the similar commingling of life, death and death-in-the-making within the frame as does Kama's. But how do such photographs of the "undead" patients affect or challenge the viewers as indirect eyewitnesses? With this question, I shall turn to Kuwabara's photographic representations of Kama.



(From the left) Fig. 2.6. Shisei Kuwabara, *Untitled*, 1960, black and white photograph, in *Minamatabyō*, by Shisei Kuwabara (Tokyo: San'ichi shobō, 1965), 5. Fig. 2.7. Shisei Kuwabara, *Untitled*, 1960, black and white photograph, in *Minamata jiken: The MINAMATA Disaster*, by Shisei Kuwabara (Tokyo: Fujiwara shoten, 2013), 81.

Kuwabara included Kama's photographs in all of his photo books, although they are much fewer in number compared to those of Kamimura Tomoko and Matsunaga Kumiko. The scarcity of his photographs is most likely attributable to the fact that Kama passed away in 1960,

the year Kuwabara first entered Minamata, and therefore the opportunity to photograph him was quite limited. The first photo book *Minamatabyō* (1965) includes two photographs of Kama, the first of which is also featured in the second photo book *Minamatabyō 1960-1970* (1970). This first photograph titled “1960-nen, muzan na sugata de shibō” (“This patient died a miserable death in October 1960,” Fig. 2.6.) captures in the long shot Kama’s dry-boned body laid on the hospital bed, with only the middle of his lower body covered by *yukata*. In terms of composition, it resembles the snapshot to the right attached to Kama’s *iei*. However, due to the exposure of the entire body as well as the light from outside which casts a shadow on his face and body, thus emphasizing the bones that also appears as if protruding, the extreme loss of flesh becomes more evident. His tanned body lying on a white sheet also accentuates the degree of shrinkage his once-stocky body had gone through. While his left leg is stretched, his right leg is bent, with his right heel tied to the bedframe with a long strip of gauze. The function of this gauze is not explained, and though the close-up photograph of his body included in the second photograph provides the closer look at this gauze (page 85), the actual purpose is still unclear except the symbolic sense it gives out—that he cannot escape the hospital bed, that is, this disease. The caption on a separate page explains Kama’s background, his condition as a “living corpse”—thus the “undead”—and his death on October 13, 1960.²⁵ The second photo book features four of Kama’s photographs, including the photograph discussed above. Unlike the detailed caption in the first photo book, this time the caption simply and rather impersonally says “Kama Tsurumatsu (Izumi-city, Kagoshima-prefecture) died in 1960.” The second photograph (pages 82-83) captures his upper body in the medium shot, his wife and a nurse holding down his body, and another nurse making an injection. His face is distorted with pain, and his emaciated body is visually contrasted to the plump arms of the women holding him down, another symbolic gesture of binding him to his bed. The caption is, again, simply “Kama Tsurumatsu 1960.” Kuwabara becomes increasingly frugal with words in this photo book, as if to suggest that the limited textual information allows more time and attention to the photographs as the visual presentation of the issue. And since the readers cannot turn their eyes to the captions that share the space with the photographic image, they are forced into facing the horrifying reality of this disease as manifested onto human bodies.

How to represent severely affected (and deformed) patients, then, is one question that the photographs of Kama bring up, particularly in comparison to those of Matsunaga Kumiko that I discussed in Chapter 1. Again, Kuwabara’s intension was to photograph patients, whose images tended to be miserable and depressing, as “beautifully” as possible, and the photograph of Kumiko’s eyes (Fig. 1.6.) was its archetype. Capturing Kumiko beautifully was possible thanks to the minimal physical deformation she suffered and her being largely unconscious. However, Kama’s emaciated body does not fit the description of what is visually beautiful and pleasing to look at. Does this speak to the limitation of Kuwabara’s method, that after all only a small number of patients could be photographed “beautifully”? Or does it reveal his aim to challenge the conventional concept of “beauty” itself? The second point does not seem to be his intention since his main target readers were general audience with little to no knowledge, or even interest, in pollution and other social issues. What the photographs of Kama’s skeletal body do, however, is to bring the readers right to the reality of Minamata disease after the “softer” initiation with the “beautiful” photographs, such as those of Kumiko. This is particularly evident when considering the order and placement of photographs in Kuwabara’s photo books. His first photo book opens with a medium shot of Kumiko (page 1) lying on *tatami* mattress clothed, and then two medium

²⁵ Shisei Kuwabara, *Shashinshū Minamatabyō* (Tokyo: San’ichi shobō, 1965), 117.

shots of a congenital patient Tanaka Toshimasa follow (the first on two facing pages, and the second on the next page), again on *tatami* clothed. The bodies of these young patients reveal rather limited physical manifestation of the disease, and somewhat maintain youthful plumpness. Then next to Toshimasa's second photograph is placed the long shot of Kama's unclothed skeletal body, this time on a hospital bed. The image of Kama's body is even more shocking when juxtaposed with that of a healthier patient.²⁶ *Tatami* mattress under two young patients give a sense of homeliness to the environment, whereas Kama's hospital bed and white sheet reveals that he is trapped in an environment alien to an old-fashioned fisherman. Kuwabara's second book first features the close-ups of Tomoko and Kumiko's faces, then places the medium shots of Funaba Iwazō's crooked fingers and Sakagami Yuki's uncontrollable arm before the medium shot of Kumiko eating (Fig. 1.8.). The close-up of crooked fingers is one of the common compositions in Kuwabara's works, revealing the extent to which human hands, one of the most important tools for fishermen, were affected by the disease in a very visible manner. Another turn of a page and this time the readers witness how this disease also affected the entire body, robbing patients of flesh and the ability to walk. Again, Kama's photograph marks the first, and rare, moment the entire unclothed body is presented to the readers as Kuwabara leaves aside his usual "photographing beautifully" strategy for a moment and confronts them with the brutal reality of the disease which is harder to accomplish only with the "beautiful" photographs that tend to make ambiguous the physical effects suffered by patients.

The most significant change that happens in Kuwabara's third photo book is the disappearance of Kama's proper name. This book features one photograph of Kama's entire body (Fig. 2.7.), the above-mentioned photograph of Kama's *iei* (Fig. 2.5.), and a large group photograph in which Kama's son, now aged, holds the photograph of his father. When Kama's photograph is presented on the first page of the eleventh chapter titled "Minamatabyō sen'yō byōtō ya jitaku no kanjatachi" (水俣病専用病棟や自宅の患者たち; patients at the special Minamata Disease ward and at home) (page 81), the caption drops Kama's name. Instead, it simply states, "A 57-year-old severely-ill fisherman's boss from Izumi-city. He passed away three months after I took this photograph. The special ward. July 1960."²⁷ Unlike some other photographs which never accompanied patients' names to begin with, Kama's once-clearly-stated name disappeared, and now he is acknowledged by a cluster of facts without the most crucial information of his identity. Thinking about Kama's new identity as "the unidentified" in Kuwabara's work, I find it curious that Kuwabara decided to include the photograph which is compositionally very similar to Fig. 2.6. but not exactly the same, as if replacing his subject's past identity with a new image and severing the once-established link between the specific image and the proper name. This unwillingness to name Kama in the caption might be due to the end of the season of politics and activism for Kama's family, indicating the fact that his son moved on from his loss. However, Kama's new state of namelessness inevitably gives the impression that his presence itself was generalized, and through this process of generalization, also his suffering. Of course, no one artist or journalist could express each and every patient's story of suffering, and the representation of patients has been unavoidably limited. That said, rendering "someone specific" nameless could lead to a denial of, or disrespect for, his/her unique story with the disease, even if unintended.

²⁶ That Kumiko and Toshimasa's bodies are not as emaciated as Kama's does not necessarily mean that their conditions are much less severe; rather, it speaks to how quickly Kama's condition worsened.

²⁷ Shisei Kuwabara, *Minamata jiken: The MINAMATA Disaster* (Tokyo: Fujiwara shoten, 2013), 81.

c. Kama Tsurumatsu and Ishimure Michiko

A year before Kuwabara first went to Minamata to photograph patients and their families in 1960, Ishimure experienced her first encounter with Minamata disease patients, which she later narrates in her groundbreaking novel/reportage *Kugai jōdo* (苦海浄土; 1969). In fact, her moment of encounter with the severely ill Kama was her first soul-changing encounter with a Minamata disease patient. This encounter is included in the chapter titled “Yukime kikigaki” (ゆき女聞き書; Oral Account of Yuki; “What Yuki Had to Say”) as a prelude to Ishimure’s meeting with and exploration of the patient Yuki and her interiority in May 1959, four years after the official confirmation of the disease. The scene begins with the description of the hospital room, particularly the comparison between the view outside the window and inside the room. Outside the window is the height of spring, filled with life, vitality and scent, revealing the stark contrast with the world inside the hospital room, an “animalistic, cave-like” space of death and madness. What separates these two disparate spaces of life and death is the heat haze (*kagerō*; 陽炎) right outside the window. Defined as “the phenomenon in which, on a sunny day in spring or summer, as a result of the earth getting heated and the air density becoming uneven, the light passing through [the air] gets randomly refracted and appears to flicker (*yurayura to yurete*)” and originated in *Man’yōshū*, the heat haze (which is omitted in the translated version of *Kugai jōdo*, titled *The Paradise in the Sea of Sorrow*) functions as a screen that separates one space from another. Ishimure states as follows: “[o]utside the window there were layers and layers of heat haze ... from every window on this second-floor hospital where we could sweep such a view, the heat haze burgeoned forth all at once, and Minamata in May was the season of fragrance.”²⁸ This vigorous image of spring and liveliness in the world outside the window enables a painful comparison with the un-liveliness and smell of death that flourishes within the hospital room.

As Ishimure describes it, her encounter with patients is “one-directional” (*ippōtekina deai*; 一方的な出会い), another omission in the translated version:

Before arriving at [Yuki’s] room, I had countless one-directional encounters with patients. I call it one-directional because some of these patients had already come face to face with death that penetrated their bodies and souls by force, and as if to stare at death which was about to be theirs, these people opened their dilated eyes widely. Such half-dead but still-breathing people appeared truly puzzled, utterly desperate, and unconvinced.²⁹ x

Unlike the meeting of two parties that the term “encounter” generally implies, Ishimure’s “one-directional encounter” rather suggests her witnessing the dire state of patients, many of who are unable to return her gaze due to the severe physical and spiritual battle against death, often in

²⁸ Michiko Ishimure, “Kugai jōdo,” in *Ishimure Michiko zenshū Shiranui*, vol. 2 (Tokyo: Fujiwara shoten, 2004), 103. My translation. There is the English translation of *Kugai jōdo* by Livia Monnet. While it is beautifully rendered into English, I felt that the Monnet version does not always follow Ishimure’s original Japanese text line by line. For the purpose of this project, which is the in-depth analysis of Ishimure’s literary work, I provided my own translation which, though less literary compared to Monnet’s, follows Ishimure’s original expressions more closely. The original Japanese reads: “窓の外には見渡すかぎり幾重にもくるめいて、かげろうが立っていた...そのような景色を見渡せるこの二階の病棟の窓という窓からいっせいにかげろうがもえたち、五月の水俣は芳香の中の季節だった。”

²⁹ Ibid.

vain. Being in the state of undead, they no longer try to recognize other living beings, but instead gaze solely into the death which is about to engulf them. Death here is depicted as an active, personified (“penetrated”) force that relentlessly violates non-resistant patients, as if they were powerless preys that could only be “puzzled, desperate, unconvinced” of the very condition they were put under. After several of such one-directional encounters, Ishimure comes upon Kama Tsurumatsu through the half-open door to his hospital room:

He had a truly admirable fisherman’s face. He had a high nose, prominent cheekbones, and very sharp, long-slit eyes. On his sometimes-spastic cheeks still remained a slight evidence of his health. But his arms and legs resembled a piece of driftwood, curved off by raging waves with only the core of growth rings remaining and washed ashore. Still then, the sea breeze tanned skin swathed his skeletal arms and legs. The color of his skin still emanated the odor of salt air. That his death is coming rapidly and against his will is apparent at the first sight of his dark, taut skin, which has not completely faded in color.³⁰ xi

Kama’s current state is the cruel mixture of his past and present. His face is the testament to his past healthy, fisherman self, with his skin still retaining the color of sea, the color that does not belong to the institution that houses the diseased. Yet, his skeletal body, with literally only skin and bones, makes him undeniably a patient nearing his death. The past in this case is not distant in terms of temporality, as his still tanned skin attests, whereas psychologically speaking, the distance between the past and present selves is so wide that, as in the previous quote, patients cannot but wonder how they got to the present state of severely illness in no time. The disease suddenly and forcibly pulled fisherfolks, like Kama, out of their lives on the sea, and instead of freely handling the boats that helped them bring their daily bread (or “fish”), they are now bound to their hospital beds. Their being “bound to beds” is quite literal since, as I discussed earlier with Kuwabara’s photographs of Kama in the hospital room, some patients have their hands and/or feet tied to the bedframe so that they would not fall off their beds due to involuntary body movements, and also that it would be easier to control them when they are in a state of confusion triggered by the disease. In that sense, not only that their consumption of mercury-poisoned fish was unintentional and their falling into the disease was unexpected, but also their life as patients, including the loss of control over their bodies, was involuntary.

It was not only the ability to control their bodily movements that patients have lost; they have also lost the ability to speak. Ishimure describes how the atmosphere of the hospital has changed to something animal-like due to the not-so-human voices uttered by patients:

The human voice robbed of vocalization (*hassei*; 発声) and locution (*hatsugo*; 発語) due to the function of “a certain type of organic mercury” is stated as the articulation of “a cry resembling dog howls” according to the medical description. People let out their high and low voices exactly as such description from their rooms across the corridors, and with the last-minute vigor that they summon looming over the entire ward, the Minamata Disease Ward feels like a cave with animal-like smell.³¹ xii

No longer able to utter words, these patients not only had their basic communication incapacitated, but along with the above-stated loss of bodily control, also had their humanness in jeopardy. Unlike Kamimura Tomoko, a congenital patient who was born without the ability to

³⁰ Ibid, 103-04.

³¹ Ibid, 104.

speaking, adult patients had suddenly fallen into the state of speechlessness, sometimes as abruptly as overnight. Their humanly “reduced” states further add to the cruelty and criminality of this disease, especially considering that after the loss of speech they would not be able to express their agony by their own words. In many cases patients’ family members came forward as spokespersons to speak of the suffering they witnessed; however, the patients’ experience narrated through bystanders are unavoidably indirect and, though still meaningful as the testament, would need to be differentiated from what patients themselves testified as their own pain. In exchange for their speech, they were given the animal-like crying voice that cannot communicate anything other than misery and discomfort. In case of Kama, Ishimure notes another loss of essential ability—the loss of vision:

A small, worn-out, pocket-sized comic book that his arms equipped with deadwood-like elbows and joints was holding up appeared to slip off to this side of his cliff-like stomach should it be flicked, but it managed to hold itself on its position if lamently. His gaze still retained strength, looking so sharp and hostile as to jump onto and strike me from the other side of that little screen; however, should that small comic book on top of his rib suddenly fall down, his hostility would diffuse at once, and the color of his eyes turns to that of a quiet, young deer or goat, forlorn and mournful.³² xiii

He could not be reading the comic book. It was because his vision was lost along with his speech. He was just relying on the sign of life that he sensed, fully mobilizing human instinct that still remained in him while barely alive, in order to confront the intruder. He looked at me with his blind eyes as if looking at something truly abominable and horrifying. The comic book on top of his rib must be something like the mast that he held up high all his life, something life his remaining dignity. In front of such dignity displayed by this man nearing death, in front of his gaze onto the truly abominable, I deserved his contempt.³³ xiv

The above quotes are as good as the textual description of the above-discussed Kama’s photographs by Kuwabara Shisei (Fig. 2.6. and 2.7.) in which he is captured lying down on his hospital bed. The comic book here does not perform its intended role—visual (and some textual) entertainment for its readers—and instead functions as a mere object made of paper. For the blinded and muted Kama, this bundle of paper is the only means of protection available, an object that is small and light enough for his weakened arms to keep holding up as a “screen” between himself and anyone entering the room. Whether the comic book is standing or not makes a world of difference for Kama; his blind but still sharp eyes, once the comic book shall fall, would lose their force and become “forlorn and mournful.” The animal metaphor reappears here, but instead of an almost ominous sense implied by a dog howl and a cave filled with animal-like smell, “a quiet, young deer or goat” as the state that he would fall into makes this patient appear utterly powerless and pitiful. Ishimure points out that this comic book, at least to Kama, replaces the mast for the boat on which he spent a good amount of his life as the healthy man. Should the comic book play the role of the mast, then his body, onto which this mast stands, shall be equivalent of his boat. Instead of controlling his boat, his own body now has become its replacement, and instead of navigating through Shiranui Sea, his body, unable to stay on bed, lies on the solid, cold hospital floor as if trapped in a lull. Deprived of the ability to see

³² Ibid, 105.

³³ Ibid, 106.

and to speak, Kama is just quietly waiting for the arrival of the wind that lifts him up and moves him forward, or otherwise that of the “intruder” that plunged him into this chaos.

As signified by Kama’s “undead” condition nearing mental and physical collapse, he and the room embody the in-between state he is trapped in. Ishimure writes twice that the door to Kama’s room is half-open (*han biraki*; 半開き), through which the raw, animal-like breath (*nanika kaguroi, ikimono no iki no yōna mono*; なにかかぐろい、生きものの息のようなもの) and shiny eyes draw her in to what is inside the room.³⁴ The door that is half-open, thus neither closed nor open, makes what is kept inside a half-baked secret and a half-baked spectacle. He is not necessarily open to the public display, but the fact that it is not completely closed is enough to invite sensitive passersby like Ishimure to get themselves involved in the undead patient quietly waiting inside. Moreover, the animal-like state that patients have fallen into is another in-between, ambivalent condition Ishimure illustrates. And such a half-human, half-animal condition distinguishes the diseased from the healthy to the point that, as Ishimure explains, “clearly [Kama] was ashamed of and angry about the condition he was in. Rather than expressing his pain, he was expressing his anger. ... He must have been angry about and also feeling disgust against the entire world of the healthy that excludes himself.”³⁵ At this moment, in Kama’s eye, Ishimure represents the healthy, the visitor that does not stay, the world outside the hospital—thus, what shall be treated with contempt. This one-directional encounter instills in Ishimure the notion of the sin of being human, particularly those able-bodied and indifferent to the disease which is killing their neighbors. This section ends with the following statements: “Especially on this day [that I saw Tsurumatsu], I found it unbearable the sense of disgust for being human. Kama Tsurumatsu’s sorrowful, goat-like, fish-like eyes, deadwood-like figure, as well as his spirit that can never departure from life (*ōjōsuru*; 往生する), from this day on, have all moved in inside me.”³⁶ As if to take on such a sin of able-bodied humans, Ishimure takes Kama in spiritually, to embody the struggle which he could not fight himself, and to preserve the suffering he lived with and eventually died with. This act of housing Kama spiritually also renders Ishimure an in-between being positioned between the diseased and the healthy, and propels her to a career as a prolific writer and activist. She has no intention of letting go his spirit under the disguise of peaceful commemoration, since “[t]he phrases such as ‘please rest in peace’ are often used for the living to deceive themselves (*seijatachi no giman*; 生者たちの欺瞞). Kama Tsurumatsu’s dying gaze at this moment was precisely the gaze that would spiritually remain in this world and never be able to depart from life in peace.”³⁷ “Please rest in peace” (*Yasuraka ni nemutte kudasai*; 安らかにねむってください) is the phrase famously inscribed onto the cenotaph in Hiroshima Peace Memorial Park, and also onto the one commemorating the deceased Minamata disease patients in Eco Park Minamata (which is built above the Minamata

³⁴ Ibid, 104.

³⁵ Ibid, 106. The original Japanese reads: “あきらかに彼は自分のおかれている状態を恥じ、怒っていた。彼は苦痛を表明するよりも怒りを表明していた。...彼は自分をのぞいた一切の健康世界に対して、怒るとともに嫌悪さえ感じていたにちがいがなかったのだ。”

³⁶ Ibid, 108. The original Japanese reads: “この日はことにわたくしの自分が人間であることの嫌悪感に、耐えがなかった。釜鶴松のかなしげな山羊のような、魚のような瞳と流木じみた姿態と、決して往生できない魂魄は、この日から全部わたくしの中に移り住んだ。”

³⁷ Ibid, 107. The original Japanese reads: “安らかにねむって下さい、などという言葉は、しばしば、生者たちの欺瞞のために使われる。このとき釜鶴松の死につつあったまなざしは、まさに魂魄この世にとどまり、決して安らかになど往生しきれぬまなざしであった。”

Bay landfill).³⁸ Peacefulness is the sense that is perceivable in the images of able-bodied Kama in his *iei*, but is absent in his photographic and textual representations. And by highlighting the lingering resentment of the undead patient, Ishimure strongly rejects the idea of oblivion and focus on the imagined peace in the afterlife.

d. Sakamoto Kiyoko and Tsuchimoto Noriaki



(From the left) Fig. 2.8. The long shot of Kiyoko's *iei*. Fig. 2.9. The long shot of the living room. Fig. 2.10. The face of Kiyoko's mother in the foreground, and her *iei* in the background. Fig. 2.11. The extreme close-up of her *iei* at the end of the sequence. All stills from *Minamata: kanja-san to sono sekai* (1971), dir. Tsuchimoto Noriaki.

Numerous other *iei* appear in Tsuchimoto's documentary, but I shall return to the particular *iei*, with which I opened this chapter. One of the *iei* and their stories Tsuchimoto introduces in his documentary is the *iei* painting of Patient No. 21, Sakamoto Kiyoko. This *iei* painting is introduced to the viewers the same way the above *iei* of Kama Tsurumatsu has been. What marks the difference, however, is Tsuchimoto's subsequent interview with the mother in the living room framed in an extremely long shot, in which not only the mother and Tsuchimoto but also other children are shot. This is a strange space where death and life—represented also by the altar and the rest of living space captured all at once—co-exists in such a matter-of-fact way, where the ongoing nature of life even after the disease is manifested in a form of youthful and innocent energy represented by the young family members. Moreover, Tsuchimoto repeatedly includes Kiyoko's *iei* in the frame as if to emphasize her lingering presence in the Sakamoto household. For instance, when her mother talks about how filial she was to her parents, her mother is positioned in the foreground to the left while her *iei* occupies the same frame in the background to the right, and the camera's focus shifts from her mother to her *iei*, linking these two women who went through the suffering together (Fig. 2.10.). And at the end of the sequence, her mother's explanation of Kiyoko's mercury-destroyed brain is accompanied by the extreme close-up of her face in the *iei*, juxtaposing the story of her horrific death to her

³⁸ I will discuss Eco Park Minamata and the Minamata Bay landfill in Chapter 3.

somewhat emotionless face, with her eyes turned to the right and thus forever rejecting the viewer's gaze (Fig. 2.11.).

This is not the only *iei* painting included in this documentary, but its painted quality stands out more so than others. One of the reasons is its use of dramatic shadow on the face. In contrast to *iei* paintings which downplay the aspect of shadow to the point that they rather look flat, this particular *iei* painting emphasizes the shadow, especially on the left half of the face. The shadow symbolizes the young life being wasted, tainted by the disease. Another reason is its setting of the girl sleeping in a *futon* but her body appearing rigid and upright; the posture is simply not natural but rather staged, or forced. The presence of such an apparently painted *iei*, instead of the one subtly painted in a way resembling a photograph, makes me wonder how such “painted-ness” of the *iei* might interfere with its reception by the viewers. On this issue of the presentation of a person through photograph in comparison with painting in case of ancestor portraits, Geoffrey Batchen argues as follows:

[t]he indexical nature of the photograph, as a representation of the subject physically caused by the light reflected off that subject, helps lend the ancestor portrait this palpable sense of thereness, as if the subject literally inhabits the image. And this is the case even when that portrait is a drawing based on a photograph; what matters is that the source is photographic, that there is this direct, umbilical link between past person and present image. Thanks to this link, in moments of ritual commemoration Japanese ancestor portraits function in a way that is similar to that of an icon in the Christian tradition, becoming a still-living emanation of an otherwise absent family member.³⁹

The “thereness,” the “umbilical link” between past and present, “a still-living emanation” of the deceased: all these concepts are commonly present in both *iei* photographs and paintings. Particularly the first concept, thereness, again speaks to the ongoing nature of the struggle against the disease, as if death was just the beginning of another chapter of the person's “life as the deceased.” In that sense, I might assume that both types of *iei* shall have a very similar function. What the painted *iei* might do that the photographed *iei* would not, however, is suggested by visual studies scholar Maekawa Osamu's discussion on *uwanuri shashin* (上塗り写真), namely an overpainted photograph. He states that “this process was a method to slow down the time it took for the recipient to recognize the subject. It formed a gradual time (*ma*; 間) for remembering, and enhanced such remembering.”^{40 xv} Although the *iei* painting is not exactly an overpainted photograph, the slowing-down of the recognition and the enhanced remembering due to its “similar but not the same” nature might be what the painted *iei* urges to its viewers.⁴¹ This process, then, necessitates the viewers' active engagement with this visual representation of the person no longer alive, at least physically.

e. Sakamoto Kiyoko and Ishimure Michiko

³⁹ Geoffrey Batchen, *Suspending Time: Life—Photography—Death* (Tokyo: Nohara Publishing, 2010), 118.

⁴⁰ Osamu Maekawa, “Mono to shite no shashin / shashin to shite no mono,” *Bijutsu fōramu* 21 20 (2009): 117. My translation.

⁴¹ Obviously, generally speaking, painting allows more room for the creative interpretation of the subject by a painter, but in case of *iei* and its necessary process of modification, the definition of authentic representation becomes ever so ambiguous.

Just as the case of Kama Tsurumatsu, Ishimure's *Kugai jōdo* allows readers a glimpse of the premortem state of Kiyoko. In Chapter 1 *Ashibune* (葦舟; Reed Boat) of *Kugai jōdo* Part II titled *Kamigami no mura* (神々の村; Village of Gods), Ishimure narrates Kiyoko's story through her portrait and introduces the voice of her mother explaining how this portrait has come into being:

The woman who died at the age of 28 was named Sakamoto Kiyoko. Her portrait shows her being confined to bed, as she had been before her death. Her downcast gaze was always turned toward the left oblique direction, and her eyes were opened ponderously trying to look up at petals falling from the giant tree in the garden.⁴² xvi

I don't want to see a human figure like that, never again. Since she is my daughter, I have to watch her until her last breath. Even Hariti won't be able to. She will cry herself to madness. Because of that, I cut down the cherry tree. After my daughter died. She won't be able to enter Nirvana if cherry blossoms would bloom. She was shy and not sociable, and though I might sound like a doting parent, even to a parent she looked beautiful—she was just shy. She didn't like to be in a photo, and always hid herself in a corner. I gave up on the idea of finding her in a photo, but then I found out that she was being photographed at Kumamoto University. When they performed an autopsy on her. They generously enlarged the photo, and this is that photo. When they enlarged it, since her hands were in such pitiful, horrifying conditions, the painter was nice enough to hide them inside *futon*. He drew her as if she were sleeping in a good manner.⁴³ xvii

The above quote describes Kiyoko's bedridden, immobile state before death, and the quick note on her deformed hands suggests that her body under *futon* might also be in such a "pitiful, horrifying condition" that her mother wishes it hidden even in her painting. Her path to death, including the task of having to witness her turning into a horrifying figure, was so excruciating for her mother that at least in her *iei* painting—her final, official image to be remembered—she shall be represented as peacefully as possible. Here again, *iei* is assigned an essential role for the act of remembering, and especially remembering in a manner that the bereaved family would hope for. Kiyoko's general propensity to avoid being photographed makes this *iei* painting special for the purpose of maintaining her presence as an image, as if to fear that without any form of representation her existence itself might be nulled. The wish to hold on to her memory via her representation is contrasted with the wish to have her enter Nirvana and rest in peace, and her mother claims to attain the latter through the removal of the cherry tree, the object which she so cherished and thus which might spiritually bind her to this world. In fact, while Kiyoko's body lost mobility, her eyes managed to stay mobile and follow falling petals. The falling petals, especially of cherry blossoms, can be considered as the symbol of life being lost, and the dying Kiyoko might be comparing herself with the fleeting lives of these petals. She died, the cherry tree was cut down, and what remained was the *iei* painting based on the photograph taken before autopsy. How this painting came into being—from a photograph to a painting, from the image of the dead to that of the living—illuminates the process of giving life back to a now-inanimate

⁴² Michiko Ishimure, "Kugai jōdo dai 2 bu, Kamigami no mura," in *Ishimure Michiko zenshū Shiranui*, vol. 2 (Tokyo: Fujiwara shoten, 2004), 300. My translation.

⁴³ Ibid, 308.

body through alterations of medium, style and other aspects so that, at least in *iei*, life of the deceased goes on, and the past lingers in the present.

f. Minamata disease seen through *iei*

Overall, the *iei* in the home setting enables the active process of remembering and also symbolizes the co-existence of past, present and future within one space. In contrast to the home-bounded nature of *iei* in general, however, some *iei* find their ways out of this regular resting place into the streets, as we see in Smith's photographs. When such outing takes place, these *iei* necessarily gain another function; in addition to being a means of remembrance and commemoration for an act of endearment, it can also urge "non-forgetting," among other conundrums, on the part of the parties at fault, that is, the Chisso Corporation and the government in case of Minamata disease. The continued struggle for the recognition of physical and mental pain is carried out by the remaining family members on behalf of the deceased, making this battle as much for the living as for the deceased, or potentially more so for the former. Indeed, the presence of *iei* in the scene of protest is not limited to the case of Minamata disease. For example, both the Asahi and Yomiuri newspapers reported numerous occasions in which *iei* represented the absence, and thus forced silence, of victims, most famous of such *iei* being that of Kamba Michiko, the victim of the June 15 anti-ANPO demonstration in 1960.⁴⁴ In a vein similar to the Minamata disease protests, the coalmine-related struggles also often turned to the use of the *iei* of miners killed in various work-related accidents and mal-conditions.⁴⁵ In terms of the appearance of *iei* in the protests in relation to Minamata disease, for example, the Asahi and Yomiuri newspapers published articles on the final argument for the "Minamata trial" at the Kumamoto provincial court on October 11, 1972: the former on the pre-trial gathering among the plaintiffs and their supporters, and the latter on the overall flow of the event. Both articles turn to the term *iei* to capture the significance of this medium which was allowed into the court for the first time in the history of the "Minamata trial."⁴⁶ The refusal of the *iei* in the court might attest to how its presence itself could already be an emotional disturbance, particularly for the defendants, in the place where the objective truth could be valued over an emotional plea.

In the Minamata disease related protests, *iei* of the deceased patients were brought outside their homes and carried in the arms of the bereaved family members. Kuwabara Shisei's photograph of Kama's *iei* being held by his son as part of street demonstration (Fig. 2.5.) is one such example. Also in one of W. Eugene Smith's photographs (Fig. 2.1.), he captures using the fish-eye lens the crowd of people, mainly elderly, holding *iei* in their arms and wearing white

⁴⁴ For example, the morning edition of the Yomiuri newspaper on June 17, 1960, published an article titled "Zengakuren nado 3-mannin uchū no moshō demo: *iei* o sentō ni kyōjudan mo," and inserted a photograph of the *iei* of Kamba Michiko being held in the arms of one of the demonstrators.

⁴⁵ For example, the morning edition of the Asahi newspaper on April 9, 1960, published an article titled "Miike no kinchō Tokyo ni mochikomu: *iei* o sentō ni demo," and inserted a photograph of demonstrators marching with the enlarged *iei*.

⁴⁶ The Asahi newspaper article is titled "Hōtei ni 14-nin no *iei*: genkoku daihyō 'kaisha ni jūbun seisai o': minamata soshō saishū benron," and the Yomiuri newspaper article is titled "Kiite! 20-nen no kono kurushimi: Minamata 'Ibara no soshō' ima kecchaku e: 15 no *iei*, hajimete nyūtei: hitsū, jūshō kanja no umeki." The latter article clarifies that "the court, which kept refusing the carry-in of *iei* for the past forty-nine oral proceedings, finally accepted the demand of the plaintiffs on this day, and fifteen *iei* were lined up in court for the first time." There is a discrepancy in the number of *iei* presented in the court between these two articles.

sashes with the word *Minamatabyō* (Minamata disease) as they stand on the street. In the caption he explains: “Patients and relatives carrying photographs of their ‘verified’ dead.”⁴⁷ The relationship between the “carriers” and the “carried” of such *iei* varies—a married couple, a parent and a child, a child and a parent, siblings, relatives—but what these *iei* have in common is the black frame, the black ribbon, and the glass that covers their surface. *Iei* in this position possesses at least two forces. On the one hand, this image of the deceased could be a weapon that aims to emotionally appeal to, or attack, the “human” representatives of the non-human defendants—the Chisso Corporation as a legal entity. The deceased captured in *iei* “speak to” their victimizers through their forced absence and subsequent silence, namely their inability to speak. On the other hand, being held tightly in the arms, *iei* could also function as a shield that protects the protestors, who are the remaining family members. This shield-like function is also triggered by its unusual proximity to human bodies. At home, in general, *iei*’s position above the altar renders it something to look up to, instead of coming eye-to-eye with, and also aligns it much closer to the “other world” than to the bereaved family members, who belong to “this world.” Even though Tsuchimoto’s documentary reveals a different placement of many *iei* of the Minamata disease patients, which is unusually close to the family members, *iei* is still not treated as an object to be touched. Such limitation on the physical contact between *iei* and the family members further emphasizes the proximity they gain in a non-domestic environment. Besides, the act of holding *iei* in the arms is the repetition of the post-funeral pre-cremation ritual of the bereaved family member holding on to *iei*. The situations surrounding these two acts are of course very different, but what they share is the recognition of the power of the *iei* on its beholders.

Furthermore, the act of holding, or embracing, is necessarily connected with the sense of touch, a concept which brings in Maekawa Osamu’s idea of “materiality of a photograph.” Maekawa suggests four sets of materiality that a photograph possesses: 1) the materiality of a photograph itself; 2) the mode of presentation for a photograph; 3) the “weaving-in” of bodily elements to a photograph; and, 4) the physical vestiges on a photograph.⁴⁸ What I would like to focus in this paper is the second aspect, which he further elaborates on by stating that “[a] photograph with the same material can be presented in multiple ways. This materiality also regulates our, thus the recipients’, conducts, and a unique experience is formed based on it.”⁴⁹ ^{xviii} Maekawa’s suggestion of “haptic reception” of a photograph is particularly valuable for this discussion, since *iei* being held by the family members brings up the issue of a photograph and the sense of touch.⁵⁰ The act of holding *iei* in the arms, or embracing it, constitutes a different relationship between *iei* and its beholders, mainly the family members, from the one observed at home. Again, as I mentioned above, in the home setting as we see in Tsuchimoto’s documentary, many *iei* have found the place near the family members, but they are kept at distance from the surrounding human activities and treated as things to be looked at, not to be touched. However, once in the scene of protest, unlike the large unframed and un-ribboned *iei* photograph, or rather *iei* placard, of Kamba Michiko raised high in the air, *iei* of the deceased patients are constantly kept close to the bodies of family members, supported by their hands, arms and chests. This proximity or intimacy gives out the sense of symbiosis; the dead and the living lean on each other, beyond the presence of beating hearts dividing one from another. The

⁴⁷ Smith and Smith, 29.

⁴⁸ Maekawa, 117-20.

⁴⁹ Ibid, 117.

⁵⁰ Ibid.

concept of symbiosis is indeed crucial for Tsuchimoto's documentary filmmaking, as Japanese filmmaker Suzuki Shiroyasu points out:

I think that “symbiosis” (*kyōseikan*; 共生観) as a goal or aim for the documentary, first came into parlance with Tsuchimoto ... The filmmaker tries to take in and accept all the troubles, the conflicts, really the whole existence of the object being filmed. ... I think you can also see the effects of the Japanese attempts at a “symbiotic relationship” in the way the objects of the film are treated, or in the way the director refers to them. ... They elevate the object of the film to their own level, or are treating the relationship with their objects and the objects themselves with a degree of respect.⁵¹

Symbiosis here is placed upon the relationship between the interviewer and the patients (and their family members) in front of the camera, namely the filmmaker and the objects of his film. The filmmaking process does not mean the filmmaker's one-directional attempt to snatch the sensational images of this controversial disease; instead, he begins by “taking in” and “accepting” the objects and what they represent. The length of stay in Minamata and the long-term commitment with this issue which Tsuchimoto, and even Smith, exhibited indicates the symbiotic relationship with “Minamata” which they were willingly engaged in. The works of Tsuchimoto and Smith, then, are built on the layers of symbioses, between many forms of bodies, media, and human relationships.

What differentiates the bodies of the Minamata disease patients in the scene of protest, whether physical or “*iei*-fied” ones, is the visibility of bodily deformation. While the *iei* is “cleansed of” the effects of the disease, such an operation is not possible on the living bodies. As a result, these bodies could appear more disturbing to gaze at, instilling the sense of the subject being captured as “dehumanized,” though the obvious absence of the disease from the *iei* might be disturbing in a different manner. What they share, on the other hand, is the emotional impact on the people or the cause they are protesting against. They both make very visible what happened to the human bodies and lives as a result of mercury discharged into Minamata Bay. They also share the aspect of playing relatively supportive roles to the cause, which they themselves suffer or suffered, allowing the family members less affected by the disease to take the lead. In addition, the sense of objectification, particularly of the patients' living bodies, is undeniably present. Such an issue of objectification, however, added a positive twist in the discourse on the battle against the Chisso Corporation. As suggested by the two instances of patients' bodies being placed “on display” as well as the first photograph (Fig. 2.1.) of people holding *iei* as a mass, the strong sense of community is present where one opens up his/her body for others to “take in.” Such a sense of community is particularly activated in the scene of protest, where the disease and death as communal suffering is strongly emphasized. Moreover, the themes dominant in the domestic setting, namely remembrance and commemoration, appear to have been overpowered by another urge in the non-domestic environment, that is, the urge not to let people forget the past incidents and their consequences. In that sense, rather than the co-existence of past, present and future as in the case of *iei* at home, *iei* and also the bodies of

⁵¹ Abè Mark Nornes, “Documentarists of Japan: An Interview with Suzuki Shiroyasu,” *Documentary Box 2* (April 1993): 14-15. Quoted in Abè Mark Nornes, *Forest of Pressure: Ogawa Shinsuke and Postwar Japanese Documentary* (Minneapolis: University of Minnesota Press, 2007), 96. Justin Jesty expands on this concept of symbiosis in his article “Making Mercury Visible: The Minamata Documentaries of Tsuchimoto Noriaki” in *Mercury Pollution: A Transdisciplinary Treatment* (Boca Raton, FL: CRC Press, 2011).

patients in the scene of protest dwell on the past and present as the temporality that carries significance—it is about what happened, and what needs to be done, now.

The *Iei* mural “Kioku to inori”

There was one more occasion in which the deceased patients’ *iei* were taken outside their regular resting place and exhibited in public. As I discussed in Chapter 1, the Minamata-Tokyo Exhibition (*Minamata Tōkyō ten*), the first large-scale exhibition on the Minamata disease incident in a major city, was scheduled to take place in October 1996 in commemoration of the fortieth anniversary of the official confirmation of this disease. For this occasion, Tsuchimoto, a member of its planning committee, decided to collect portraits of deceased patients. He writes about his objective for the one-year stay in Minamata as follows: “I want to display the portraits of all the deceased patients at the entrance to the exhibition site, I want the participants to participate at the events after seeing them; this is what I planned. But in Tokyo, we only hear the total number of victims. We cannot see their faces. It was not a tragedy due to war or an air raid. Their *iei* must be carefully looked after at the homes of the bereaved.”⁵² What is emphasized here is the importance of putting a “face” to those deceased who were often reduced to mere numbers, both as part of the total number of the dead and as the patient number assigned to each one of the verified patients as a form of identification. Besides, this was an act of recovering their dignity and humanity, and also undoing the process of reducing them to “one of the many who died.” The idea of collecting the portraits of the deceased, creating a mural and exhibiting it at the entrance of the exhibition hall, came to Tsuchimoto based on the significant absence of collective imagery in the commemoration for the Minamata disease victims. As he points out:

I think there are various ways to remember tragedies of modern warfare as well as human-made follies and faults. In U.S. there is a stone monument onto which is inscribed the name of all soldiers that were killed in action in Vietnam, and [the image of] the mounds of hair, dentures and eyeglasses for the victims in Auschwitz is quite vivid. In terms of photographic exhibits, in Cambodia mug shots of people slaughtered by the Pol Pot group are displayed, and at “Himeyuri Peace Museum” in Okinawa there are photographs of female students who died. One reportage wrote that, after taking over the throne and when visiting Okinawa, the Emperor [Akihito] entered that museum with a smile, but then was bewildered as if he were taken by surprise. He might have felt that the girl in these photographs were gazing at him.

This is one example of an act of “looking at a photograph” reversed into “being looked at by a photograph.”

The fact that the portrait photographs of the [deceased] Minamata disease patients were never compiled until today seems to tell the social characteristics of the Minamata disease incident.⁵³ xix

⁵² Noriaki Tsuchimoto, “‘Kioku to inori’ no tame ni—sen’nin o koeru kanja no *iei* shūshū o mezasu,” *Minamata Tōkyō ten NEWS* No. 1 (March 6, 1995): 22. My translation. The original Japanese reads: “会場の入り口に亡くなった患者の肖像をすべて飾りたい、参加者はそれを見てから催しに参加してもらいたいと企画した。だが東京には犠牲者の総数しか聞こえてこない。その顔々が見えない。戦争や空襲の悲劇ではない。遺影は遺族の家で大切にされているだろう。” Tsuchimoto’s 2004 documentary *Minamata nikki: samayoeru tamashii o tazunete* (Minamata Diary: Visiting the Wandering Souls, 2004) documents his and his wife Motoko’s one-year stay in Minamata.

⁵³ Noriaki Tsuchimoto and Motoko Aoki (Minamata-Tokyo ten jikkō iinkai), “Gunzō paneru ‘Kioku to inori’ no seisaku ni sakidachi,” October 12, 1994. Himeyuri Peace Museum was established in commemoration of female

Despite Minamata disease's severity and role in history, its victims have not received an official commemoration like those who lost their lives in some major tragedies and disasters in world history. Other tragedies in Japanese history, such as Okinawa and Hiroshima, have attained the formal recognition realized through memorials and peace parks, possibly because the most obvious victimizers were not "one of us." But if victimizers and victims belong to the same nation (if different in terms of social classes), and the former has a strong tie to the highest governing authority of the nation (or rather such an authority being considered as one of the victimizers), just as the case of Minamata disease? In such a case, the act of denouncing the party at fault in a public sphere can be a grueling task. That is why the instance at Himeyuri Peace Museum quoted above is intriguing. While the American invasion was the direct cause of the utter devastation experienced in Okinawa, the Japanese military's sacrificing of the Okinawan land and its people as the only ground war fought on the Japanese soil ultimately extends the blame to Emperor Hirohito, and Emperor Akihito (his son) receiving the gaze of young female students killed in the battle of Okinawa as his surrogate is such a poignant image. The moment of bewilderment that the Emperor Akihito supposedly experienced upon such encounter—the sense of being looked at by the victims who figuratively observe the visitors to this physical space of exhibition—is what Tsuchimoto hopes to recreate for the Minamata-Tokyo Exhibition. Based on the visual markers of *iei* (posture, clothes, etc.), visitors would immediately recognize the nature of this mural as a collective presentation of the deceased's *iei*, and the realization that they are greeted by the dead (since *iei* is an official photograph of a deceased person) would inevitably affect their experiences at and impressions of the exhibition. And the "social characteristics" that Tsuchimoto refers to seems to imply not only the force against identifying patients as such coming from both the municipal level and bereaved families other than the *Soshōha* (訴訟派; the trial group) and *Chokusetsu kōdōha* (直接行動派; the direct negotiation group), but also the lack of official recognition of the deceased patients. In other words, the wish for concealment and oblivion urges the deceased to remain nameless and faceless in public. Tsuchimoto's project aims to break through such forces by identifying the deceased by names and faces, and to ultimately determine who to commemorate as the victims of this incident.⁵⁴ Unlike other monuments of commemoration that Tsuchimoto listed, this *iei* mural might look rather makeshift and lack the air of authority. At the same time, its mobility, and also reproducibility in a sense, affords the organization Minamata Forum the ability to stage the exhibition anywhere, thus allowing more visitors the opportunity to learn about this incident without having to visit Minamata, which is a remote place for most people in Japan—as the Minamata-Tokyo Exhibition was then turned into a mobile, circulating exhibition.⁵⁵

students turned volunteer nurses (called *Himeyuri butai*) who lost their lives during the battle of Okinawa in June 1945.

⁵⁴ Noriaki Tsuchimoto, "Gohyakumai no iei," *Asahi guraifu* (October 11, 1996): 12.

⁵⁵ I will discuss the Minamata Forum and its circulating exhibition in Chapter 3.



Fig. 2.12. The *iei* mural at the Minamata-Tokyo Exhibition. Anonymous, *Minamata-Tokyo ten*, September 28, 1996, digital color photograph, Mainichi shimbun, <https://mainichi.jp/graphs/20161004/hpj/00m/040/003000g/16>.

Tsuchimoto's *iei* mural titled "Kioku to inori" (記憶といのり; Memory and Prayer) has become one of the main exhibits at the 1996 Minamata-Tokyo Exhibition, and its essential component. Sociologist and a member of the planning committee, Kurihara Akira, describes the central role it played as follows:

The space with a group of *iei* shall be called "Kioku to inori," and though located at just one corner of the exhibition site, it has become the spiritual core of the Minamata Exhibition. Certainly, the Minamata Exhibition as a whole consists of the panels that explain the background of the Minamata disease incident and patients' struggles, photographs, videos, a sample of sludge, a sample of organic mercury's white crystal, banners, number tags marked "Shimin" (死民), fishing gears, anonymous postcards that criticize and attack patients, a model of Nichigetsumaru, and so on; none of these is indispensable. Still, I think that these diverse units swirl about in a Mandala form, or in a galactic form, and at its core exists the space of *iei* as a place of prayer.⁵⁶ xx

In fact, "Kioku to inori" did not remain an attraction solely for the Minamata-Tokyo Exhibition. As the Minamata Forum was formed after this exhibition as a nonprofit organization that manages the circulating Minamata Exhibition as well as other Minamata disease related events and activism, this *iei* mural traveled to many major cities in Japan with the exhibition.⁵⁷ Its lingering presence at the Minamata Exhibition, however, was not what Tsuchimoto initially envisioned. Instead, at first, he and the co-organizer of this project, his wife Tsuchimoto Motoko, saw the future of "Kioku to inori" as part of the city of Minamata, particularly the Municipal Minamata Disease Museum. They wrote in a personal letter to the mayor of Minamata and the museum director prior to the Minamata-Tokyo Exhibition:

This *iei* exhibit was organized by both of us. Although it was considered as the center of the Minamata-Tokyo Exhibition, we privately financed its production cost. ... since the *iei* exhibit is involved with the victims' spirits, we wanted to proceed [with its production] with our own will. So please understand that we are also allowed to decide its treatment after the exhibition for ourselves.

⁵⁶ Akira Kurihara, "Minamatabyō wa owatteinai—Minamatabyōten ni utsuru mono," *Sekai*, no. 698 (February 2002): 230. My translation. *Shimin* (死民; deceased people) is the term coined by Ishimure to denote patients, family members and those involved in the Minamata disease struggle as "the dead," or rather "the undead," by replacing the letter 市 (*shi*) of *shimin* (市民; citizen).

⁵⁷ Minamata-ten keishō junbikai, "Minamata-Tokyo ten jikkō iinkai no katsudō o hikitsugu 'Minamata Forum' no hossoku e," letter sent to Minamata Forum supporters, Summer, 1997.

Although incomplete, the two-thirds of the bereaved family members approved the purpose of “Kioku to inori” and shared the deceased’s *iei* with us ... We believe that the “500 *iei*” that we collected, as a result, can be considered a public property. ...

It is our idea to “return to Minamata what we got from Minamata” ... [because] we believed that it would be more meaningful if this [*iei* exhibit] shall be publicly owned by Minamata.

Therefore, we think it the most appropriate that the city shall put this to use as part of the lessons learned from Minamata disease, and would like to donate it [to the city].⁵⁸ xxi

Tsuchimoto’s wish to make “Kioku to inori” a public property of Minamata, and to have it exhibited at the Municipal Minamata Disease Museum did not come true. Publicly exhibiting *iei* of the deceased patients in Minamata was, and still is, a politically and psychologically sensitive issue, while doing so in Tokyo and other cities did not cause quite as much turmoil. What does it look like, and why can it be “disturbing,” then?

“Kioku to inori” is the exhibit to be seen, but in the process of seeing it, the visitors will soon realize that their gazes are also returned by the deceased. Nearly 500 prints of black-and-white *iei*, pasted onto large black sheets of paper, are mounted onto tall gray wheeled partition screens, which are then arranged into a cylindrical form, and this particular form that encircles the visitors generates the platform for reciprocal viewing.⁵⁹ Usually, at the site of exhibition, visitors *see* exhibits. At the Minamata Exhibition, however, while the visitors *see* the *iei* mural, they are also being seen by numerous *iei* mounted onto it. In other words, unlike Ishimure’s “one-directional encounter” with undead patients, here the visitors experience the “bi-directional encounter” with the images of the dead. To feel the gaze returned onto them functions as a sort of initiation rite, demanding the sense of commitment and determination upon proceeding with the rest of the exhibition and becoming voluntary witnesses to the Minamata disease incident.⁶⁰ Kurihara Akira writes his own experience of engaging with the *iei* mural as follows:

The *iei* of each person is exhibited with the proper name, and ... a brief introduction is attached. When I stand in front of the *iei* with proper names, though supposedly I am seeing these *iei*, I realize that I am being seen by them—the positions have been reversed. ... Being illuminated by the gazes of all the *iei*, my real self gets exposed. ... If the dead shall reveal their existence with proper names rather than as general “Minamata disease patients,” then those who stand in front of them also have to reveal themselves as individuals, irrespective of their being victimizers, victims, or bystanders. They have to enter the [spiritual] place where they dread and feel crushed. However, the gazes of the dead that reveal my true self also encourage me to accept who I am

...⁶¹ xxii

As Kurihara states, in this mural the deceased expose their identities as the Minamata disease patients—the identity which, for some or many, might have been rather an open secret. Publicly bearing this identity could be both a burden due to the weight of what it socially means to a

⁵⁸ Noriaki Tsuchimoto and Motoko Tsuchimoto, a letter to the Minamata mayor and the Municipal Minamata Disease Museum director, titled “Minamatabyō giseisha no goiei no kongo nit suite no onegai,” March 1, 1995. My translation.

⁵⁹ Noriaki Tsuchimoto and Motoko Tsuchimoto, “Iei wa Minamatabyō no rekishiteki isan no ichibu de aru,” *Minamata-Tōkyō ten NEWS*, last issue (August 27, 1997), 27. My translation.

⁶⁰ As part of the Minamata Exhibition’s flexibility, which I will discuss in Chapter 3, at the 2017 Minamata-Kumamoto Exhibition, the *iei* mural is exhibited at the end of the exhibition, thus functioning as the conclusion instead of the initiation.

⁶¹ Kurihara, 230.

Minamata disease patient, and also a relief from the social pressure to hide such an identity. And whether to identify oneself or one's family member as the Minamata disease patient has been a lingering issue since the onset of this disease, as the very existence of the term *kakure Minamatabyō* (隠れ水俣病; Minamata disease patient in hiding) suggests. Thus, *un*-hiding and exposing one's identity as the patient has come with the great fear of discrimination and social isolation for the patient him-/herself and the family alike. In that sense, the case of Kama that I discussed above in connection with Kuwabara's photobooks was reversed in this process of the disclosure and concealment of identity via the display of one's proper name or lack of, thus revealing the situation in which the once politically active bereaved family ceased to be as such as the overall Minamata disease activism gradually waned. The exposure of the deceased's proper names along with their gazes gives them a presence that surpasses their physical state as printed flat photographs, emotionally compelling visitors/viewers to quit keeping themselves hidden and anonymous. The *iei* mural, therefore, is another example of how the meaning of *iei* might be altered depending on its environment.

Moreover, the collective nature of the *iei* mural allows this piece to make a statement which is impossible to make for an individual *iei*. *Iei* as an individual object securely kept at home and protected by the bereaved family becomes part of the collective that together calls for the protest against the injustice they suffered and the commemoration of such suffering. Its collectivity—nearly 500 *iei* on display—ensures visibility of the enormous cost paid in human lives, and does not discriminate against age, gender or profession (the *iei* are organized by their residences). The process of making this mural is also a process of undoing *iei*'s status as original through Tsuchimoto's act of photographing *iei*, thus making a copy of copy-turned-original and rendering *iei* reproducible. Through this undoing process, the one-of-a-kind *iei* is returned to the initial one-of-many-copies status due to printing and development. However, the collective status adds a new meaning to each *iei* and another “one-of-a-kind” status to the *iei* mural as a whole. What is original and what is reproducible, in other words, are not as mutually exclusive as they appear to be; instead, they rather effortlessly switch back and forth between the two based on the larger context and the meaning they serve in society. This various state of *iei*, furthermore, opens up the diverse meaning possessed by death itself—death as an individual, death as the collective, death as a domestic matter, death as a public issue, just to name a few. And with the representation of death as a collective and a public issue, the *iei* mural generates a democracy of images where no one image stands out. Yet, the issue remains, as Tsuchimoto admits that “Ever since I first encountered Minamata disease ... I interviewed many patients; however, I have mainly documented so-called easy-to-film patients, especially those who fought in court. ... I did not shed light on the shadow in the lives of unknown patients.”⁶² The entry to the *iei* mural remains selective based on the bereaved families' will, which is partly influenced by the groups they belong to—and thus the politics of representation. Tsuchimoto aimed to make this mural a safe space for commemoration of the deceased beyond real life politics and all other contemporary issues. Such an aim, however, continues to be a challenge unless Minamata disease comes to conclusion in all senses and for all people involved.

⁶² Noriaki Tsuchimoto, “Kanja no iei o toritsuzukete—‘Kioku to inori’ no tabi,” *Kin'yōbi* 140 (September 27, 1996): 12. My translation. The original Japanese reads: “私は水俣病にはじめて接して以来...多くの患者を取材してきたが、いわば撮りやすい患者、とりわけ裁判を闘った患者を撮ってきた。...未知の患者の生活にある陰りにあまり触れてこなかった。”

In place of conclusion: embedded-ness

The *iei* as a still image embedded within the moving image or another still image, as seen in Tsuchimoto Noriaki's documentary film as well as W. Eugene Smith and Kuwabara Shisei's photographs, expands and further complicates the act of (re)presenting the diseased and the deceased in the context of Minamata disease. The *iei* captured within different media opens up a broader flexibility of coming in contact with this otherwise formal and rather inapproachable object by rendering it an image within another image, with film and photography as larger framing devices.⁶³ For example, Tsuchimoto's zooming in to the face on the *iei* and bypassing the black frame and ribbon, just as he did with Kiyoko's *iei* (Fig. 2.11.), allows a constructive downplaying of "*iei*-ness"—its gloominess, seriousness, formality—and a shift of focus to the person captured, particularly how a certain manner in which he/she is represented affects the way viewers "interact" with him/her. This embeddedness also includes the embedding of people and objects surrounding the *iei*, thus enabling the audience to observe how the bereaved have "lived" with the deceased as photographic representations. In addition, commercial (if independently produced) films and photographs as media with the potential for wide circulation enable the *iei*, which is mainly aimed for domestic use, to reach an audience otherwise unreachable and to tell the story of the lives which were sacrificed in the shadow of economic growth. Through the dissemination of the images of *iei* via the larger framing devices, viewers will experience the layers of temporality captured within a film or a photograph: the life and death of the person on the *iei* as a longtime past; the *iei*'s encounter with the filmmaker and photographer as the past; the moment of viewing as the present that would soon be the past; and the realization that "Minamata" is not an issue of the past, but it is about the present and the future of the disease and the patients who live with it. As Justin Jesty argues, the history of Minamata is the history of marginalization, silencing, concealment of the disease and its patients, and Tsuchimoto and Smith's works embody "the need to attend most carefully to the voices that are the faintest," including the silenced voices of the deceased on the *iei*.⁶⁴

Materialistically speaking, *iei* is no more than a piece of paper, plastic and glass that happened to have the face of the deceased printed on and framed within it. However, the "one-of-a-kind-ness" that it was bestowed within the creative process provides it with an aura as something beyond mere materiality. In most *iei*, the faces look straight in the eyes of the beholders, who might be compelled to refuse such gaze. At the same time, the glass surface of the *iei* reflects the faces of the beholders, revealing to them the fact that they are trapped in a maze of gazes in which they look at the deceased who looks back at them, and at the same time they look at the reflection of themselves, which also look back at them. The overlapping of the printed face of the deceased and the reflected image of their own faces is ominously suggestive of death as the common destination of every human being. But what should be emphasized again is that the *iei* is as much about death as about life itself. In an act of honoring the lives of the Minamata disease patients who ended their battles, at least as the living, the *iei* as the

⁶³ The different roles film and photography play as the framing devices is an important aspect which requires further examination in the future development of this project. The examination of Tsuchimoto's subsequent films as well as other photographers' works on Minamata will also be crucial in order to delve deeper into the cinematic and photographic representations of Minamata.

⁶⁴ Justin Jesty, "Making Mercury Visible: The Minamata Documentaries of Tsuchimoto Noriaki," in *Mercury Pollution: A Transdisciplinary Treatment*, ed. Sharon L. Zuber and Michael C. Newman (Boca Raton, FL: CRC Press, 2012), 139-41, 159.

narrative elements of Tsuchimoto and Smith's works strongly urge wider social acknowledgement of "Minamata" and its stories.

Chapter 3

Displaying Minamata: how new aesthetics and political meanings get generated

“If I went to Tokyo, I would be able to *see* my country—that is what I thought. But I could not *see* my country in Tokyo. If what I saw in Tokyo is my country, then what a horrible place it is! Just like the people in Minamata. No, a little different from them, and even worse. What a cruel place! Maybe they are going to abandon us to our fate. Such a scary place *that* country was. Where will I be able to find *my* country?”

—Ishimure Michiko, *Kugai jōdo dai 2 bu*¹

Introduction: two physical spaces of exhibition

In the previous chapters, I examined the artworks pertaining to Minamata disease which have been exhibited as an extension of the audience’s everyday life, in such a manner that s/he might even experience an unexpected encounter with this disaster, just like Kuwabara Shisei did while flipping through a magazine. In this chapter, I shall shift my attention to the physical spaces of exhibition that house these works for public display—the spaces to which visitors (instead of mere audience) would come with the intention of learning about the disease. Currently there are two permanent museums in Minamata. *Minamatashiristu Minamatabyō shiryōkan* (水俣市立水俣病資料館; Minamata Disease Municipal Museum), opened in 1993, is managed by the city of Minamata, while *Minamatabyō rekishi kōshōkan* (水俣病歴史考証館; Minamata Disease Museum), opened in 1988, is run by a support group named *Minamatabyō sentā Sōshisha* (水俣病センター相思社; Minamata Disease Center Sōshisha) which was established in 1974. In addition, there is also one temporary exhibition circulating from one city to another named *Minamata-ten* (水俣展; the Minamata Exhibition). As I discussed in Chapter 1, this circulating exhibition is organized by the Minamata Forum (水俣フォーラム), and its first occurrence was the Tokyo Minamata Exhibition in October 1996.² Although all these physical spaces of exhibition present Minamata disease and provide further knowledge on this “incident” (the term which the Minamata disease activists prefer to use), the messages each aims to convey to visitors explicitly and implicitly vary, despite that they often use similar objects and images as exhibits. They are both places of education, information, avocation, enlightenment and reinforcement; however, what they attempt to educate, inform, advocate, enlighten and reinforce with the audience depends on their own historical and ideological perspectives.

In the following pages, I will first examine the term “museum” through the concepts proposed by Duncan F. Cameron and Itō Toshirō, and then consider how, though simply translated as “museum” in their English names, the names for the public museum (*shiryōkan*; 水俣病資料館) and the private museum (*rekishi kōshōkan*; 歴史考証館) already attest to the way

¹ Michiko Ishimure, “Kugai jōdo dai 2 bu,” in *Ishimure Michiko zenshū Shiranui*, vol. 2 (Tokyo: Fujiwara shoten, 2004), 413. My translation.

² Each Minamata Exhibition is named by attaching the name of city where the exhibition is being held after “Minamata,” e.g. Minamata-Tokyo Exhibition.

they each approach the task of representing this disease. The consideration of how these museums characterize themselves via their names will also allow me to ponder what it means to exhibit (the memory of) a disaster based on Paul Williams' idea of memorial museums. Secondly, these two permanent museums will be put to close side-to-side analyses not only for how they function as the spaces of exhibition but also for how they themselves might be components of the larger communities they each represent. What would be crucial is to explore the very environments where they stand—the massive landfill on Minamata Bay which traps in mercury-soiled sludge for the not-so-infinite number of years, and the so-called “ground zero” of Minamata disease—as well as several memorial sites dedicated to all the deceased. In the conclusion, I will turn to the circulating exhibition as an alternative form of a temporary “museum,” and observe what such temporality/flexibility means for this exhibition and moreover for the Minamata disease education at large. Based on the above examination, I will argue that these two contemporary spaces of exhibition utilize exhibits, particularly artworks and artists related to this disease, so as to generate their own versions of the Minamata disease narrative, and have transformed themselves (and their exhibition) through their interactions with the historical present. The different version of the Minamata disease narrative they each represent is the clear confirmation that Minamata disease, instead of being singular in its meaning, defies simple definition, and no one attempt to exhibit it will be meaningful without the recognition of this essential complexity.

Museums, exhibitions, and exhibiting the memory of a disaster

First of all, what is a museum? According to the International Council of Museums, a museum is “a non-profit, permanent institution in the service of society and its development, open to the public, which acquires, conserves, researches, communicates and exhibits the tangible and intangible heritage of humanity and its environment for the purposes of education, study and enjoyment.”³ This definition implies that the very meaning of the term “museum” evolves as a society develops. In other words, it suggests that just as its definition, a museum should be the reflection of the larger societal and even historical context that it is part of, and should be characterized by adaptability to changes instead of rigidity. The urge for adaptability, or flexibility, over rigidity is what I can observe in Duncan F. Cameron's oft-cited essay “The Museum, a Temple or the Forum?,” in which he strongly advocates the renewed role of a museum as a forum, not as a temple:

... there is a real and urgent need for the reestablishment of the forum as an institution in society. While our bona fide museums seek to become relevant, maintaining their role as temples, there must be concurrent creation of forums for confrontation, experimentation, and debate, where the forums are related but discrete institutions. ... In practical and specific terms, I am proposing not only exhibition halls and meeting places that are open to all, but also programs and funds for them that accept without reservation the most radical innovations in art forms, the most controversial interpretations of history, of our own society, of the nature of man, or, for that matter, of the nature of our world.⁴

³ “Museum Definition,” International Council of Museums, accessed September 4, 2017, <http://icom.museum/the-vision/museum-definition>.

⁴ Duncan F. Cameron, “The Museum, a Temple or the Forum?,” *Curator* 14, issue 1 (March 1, 1971), 19.

Confrontation, experimentation, debate, radical innovation controversial interpretation—these terms characterize more than just adaptability. Rather, they reveal the boundary-breaking nature of Cameron’s proposal, which aims to break through the conservatism that led the field into stagnation. And he strongly advocates that museums should overcome their temple-like closedness and instead embrace the culture of openness to all. Indeed, many Japanese museums built in 1980s and 90s are plagued by just that conservatism that Cameron raise his voice against, and echoing his suggestion, Japanese museum studies scholar Itō Toshirō proposes a museum that is open to citizens (as opposed to intellectuals only):

What is expected from museums as public institutions is not to entrench lonely and individualized citizens as objects (*kyakutai*). Rather, it is to re-examine one’s own “space” (*ba*) out of passive participation (*ukemi no sanku*). It is to encourage, embrace and ensure the process of growth and conversion into the bearer of self-education. In order to achieve this process, the securing of the necessary space as well as the presentation of and assistance for the content and method of study shall be crucial.^{5 ii}

Itō suggests that museums, which have traditionally treated visitors as passive observers and isolated objects (*kyakutai*; 客体), should not only recognize the need for visitors to become active participants who are self-educators rather than mere receivers of information, but also provide the space and opportunity for its realization. Such autonomous visitors would no longer accept information as is, but challenge what has been presented with captions that instruct them on how to interpret the exhibits—while such interpretations actually should not exclude possibilities for alternative understanding.

Before I turn to the concept of memorial museums, I shall briefly discuss various Japanese terms associated with a museum as an institution. The term “museum” can be translated into several ways depending on the specific type of museum in discussion. While the transliteration *myūjiamu* (ミュージアム) provides a convenient way of naming a museum without having to assign any specificity, traditionally *hakubutsukan* (博物館) has been used as an all-encompassing term for a museum in the post Meiji Restoration Japan. At the same time, *bijutsukan* (美術館) was adopted for an art museum, and other varieties of specialized museums have been added to the list, such as *kagakukan* (科学館) for a science museum and *bungakukan* (文学館) for a literature museum. For the two museums in Minamata, the words *shiryōkan* (資料館) and *rekishi kōshōkan* (歴史考証館) are used. *Shiryōkan* (for the Minamata Disease Municipal Museum) shall rather be translated as a “resource center” or “archive,” since the term *shiryō* refer to documents, materials, and information, and its main aim is the collection, preservation and exhibition of documents, objects (not necessarily original), and data. The museums in Hiroshima and Nagasaki are each named *Hiroshima heiwa kinen shiryōkan* (広島平和記念資料館; Hiroshima Peace Memorial Museum) and *Nagasaki genbaku shiryōkan* (長崎原爆資料館; Nagasaki Atomic Bomb Museum). On the other hand, *rekishi kōshōkan* (for the Minamata Disease Museum) is a very unusual choice for the name of museum, so unusual to the point that there is no other museum with this word combination for its name. *Rekishi* refers to history, and *kōshō* refers to investigation, inquiry, or study. Therefore, *rekishi kōshōkan* shall be translated as a “place of

⁵ Toshirō Itō, *Shimin no naka no hakubutsukan* (Tokyo: Yoshikawa kōbundō, 1993), 168-69. My translation.

historical investigation,” which is indeed very appropriate given the mission and activities of this museum, as I will discuss in the later section.

Now that I will shift my focus to memorial museums, I shall pose one question: what does it entail to exhibit the memory of disasters and tragic events? As one way to tackle this question, I shall turn to Paul Williams’ concept of memorial museum to examine how he elaborates on the difference between history museums and memorial museums:

... memorial museums overlap with conventional history museums that sometimes depict genocide, atrocity, resistance, and persecution. However, history museums are different; they assemble their exhibitions in more neutral institutional settings, often alongside permanent galleries that showcase less volatile topics. The cases I have introduced involve some stark departures from conventional historical exhibitions. Some of these key aspects include: their site is usually integral to their institutional identity; they often maintain a clientele who have a special relationship to the museum (such as former members of a resistance, or the families of victims of persecution); they regularly hold politically significant special events (such as memorial days); they often function as research centers geared towards identifying victims and providing material to aid the prosecution of perpetrators; they are frequently aligned with truth and reconciliation commissions and human rights organizations; they have an especially strong pedagogic mission that often includes a psychosocial component in their work with survivors; educational work is stimulated by moral considerations and draws ties to issues in contemporary society in a way that is uncommon in standard museum presentations of history.⁶

When I apply the above definitions to the two Minamata disease museums, it becomes obvious that they function (or aim to function) as memorial museums. They focus on Minamata disease, they offer memorial services to the community, they are motivated by an urge to seek “truth” and cater their services to existing and potential patients. The Minamata Disease Municipal Museum even has an installation with patients as *kataribe* (storytellers; 語り部). Their basic missions and functions are similar; what is different is how they try to achieve them. And given the nature of Minamata disease as disaster, most of these memorial museums’ exhibits represent negative memories. Sociologist Ogino Masahiro points out the conflicting desires inherent in such memories:

Negative memories inherently come with two meanings. On the one hand, ominous memories trigger the desire to forget them soon. Even if it is impossible to completely forget them, we would like to avoid them as much as possible. Even when we cannot avoid them, we try to conceal the desire (to forget them) at the bottom of our hearts. ... However, negative memories also rouse the desire to document them, even if they are ominous pasts, or express them in various forms. ... Things that rouse negative memories create two ways of thinking: to preserve them as legacies (*isan*), or to remove them soon since they have “negative” effects. In addition, those who possess negative memories sway between the strong will toward preservation and the firm desire for oblivion.^{7 iii}

There is the desire to forget, and also the desire to remember. The main purpose of memorial museums is, of course, to remember, document and preserve, whereas what could potentially be an issue is the partial adoption of the first desire to forget or remove inconvenient facts from the

⁶ Paul Williams, *Memorial Museums: The Global Rush to Commemorate Atrocities* (New York: Berg, 2007), 21.

⁷ Masahiro Ogino, “Fu no rekishiteki isan no hozon—sensō, kaku, kōgai no kioku,” in *Rekishiteki kankyō no shakaigaku* (Tokyo: Shin’yōsha, 2000), 201-02. My translation.

representation. Another potential danger is that these two desires could get mixed up in a form of fabricating the past which one would like to “remember” through oblivion. And two Minamata disease museums are not immune from such desires. Upon comparing the two museums on Minamata disease, social anthropologist (and the occasional resident researcher at Sōshisha) Hirai Kyōnosuke discusses the production and distribution of knowledge at museums that convey the history of disasters:

French philosopher Michel Foucault argues that knowledge and power are mutually indivisible and that the production and distribution of knowledge is always political. In that sense, the museum exhibition shall also be considered as a political act. Through the communication of “correct” knowledge the power is exercised. The knowledge such as what is pollution, how much damage it caused, what caused it, what are the issues that still remain, shall be offered in a manner compliant with specific perception and value judgment. And those perception and value judgment become justified, the identities of people related to the pollution get defined, and what might be memorable there is instructed.

Paradoxically, the reason why museums as the power devices are powerful is because of their guises that the knowledge transmitted there is not a political construct. In the history of pollution exist diverse competing views. Even seemingly objective exhibitions on “pollution” are constructed in keeping with specific views and interpretations that are tied to the awareness of contemporary problems. However, in many cases, it is not revealed. Such concealed politics can be found not only in captions but also in seemingly non-political details including the structure of the building, the positioning of exhibits, exhibited items and the narration attached to images. But we are long accustomed to directly accepting the knowledge a museum offers as true and often refuse to consider its negative aspects.^{8 iv}

While the political nature of the Sōshisha and its Minamata Disease Museum is indeed part of their identity, the Minamata Disease Municipal Museum, which is no less political than the former, operates under a non-political guise. And this guise is in fact problematic because of this museum’s status as the official information center, and with this “official” status its discourse could be construed as authoritative, one-and-only interpretation of Minamata disease, especially by passive and unquestioning visitors who skip their trip to the Minamata Disease Museum. And this is exactly why it is important for visitors to be active, attentive, and questioning what are being presented to them in the museum setting—to realize the museum’s potential as a forum.

Comparison #1: the premises—Minamata Disease Museum and Minamata Disease Municipal Museum

“Minamata Disease Museum was founded in 1988, for the purpose of maintaining people’s life [and] culture before Minamata disease, sins of [the] Chisso company and the government, through collecting, preserving, and presenting the items.

One of the victims once said, ‘If things remain as they are, we will die to no purpose.’ The Minamata Disease Museum will strive to ensure that the victims have not suffered in vain. It is the Museum’s

⁸ Kyōnosuke Hirai, “‘Kōgai’ o dō tenjisubekika—Minamata no taikōsuru futatsu no myūjiamu,” *Myūjiamu to fu no kioku—sensō, kōgai, shitsubyō, saigai: jinruino fu no kioku o dō tenjisuruka* (Tokyo: Tōshindō, 2016), 148-49. My translation.

mission to continue to document and convey, in order that we may create a world in which Minamata disease will not recur.

To the extent that the Minamata Disease Museum takes as its theme the on-going nature of the Minamata disease incident and questions the way we live and the basis of our livelihoods, the Museum is not simply a place that displays artifacts and documents from the past.”

—Minamata Disease Museum / Sōshisha mission statement⁹

“The aim of the Minamata Disease Municipal Museum is collecting and preserving valuable materials about Minamata disease which is considered as one of the earliest pollution problems in Japan, and handing down the lessons and experiences of Minamata disease to future generations so they do not fade away. Through displays and storytellers, we exhibit and tell the history and present situation of Minamata disease and the hard situations that patients experienced, such as the suffering and discrimination, in order to prevent the reoccurrence of disastrous pollution like Minamata disease.”

—Minamata Disease Municipal Museum mission statement¹⁰

a. Minamata Disease Museum/Minamatabyō rekishi kōshōkan

Although their names are almost exactly the same in English except the word “municipal” that marks the public nature, the Minamata Disease Museum and the Minamata Disease Municipal Museum are very dissimilar in many ways. The establishment of the Minamata Disease Center Sōshisha, the organization that runs the Minamata Disease Museum, was part of the “Minamata Appeal” presented by the Minamata disease patients who participated in the first United Nations Conference on the Human Environment in June 1972.¹¹ The functions and roles of this center as proposed in the October 1972 statement “Minamatabyō sentā (kashō) o tsukuru tame ni” (in order to establish the Minamata disease center [tentative name]) were the following:

1. As the gathering place or cornerstone (*yoridokoro*) for patients and the base ground for the battle. And also as the place to create “an alternative world” (*mōhitotsu no kono yo*).
2. To discover potential patients and to aim for the establishment of a medical organization that is on patients’ side.
3. To have the function of the Minamata disease resource center.
4. To have a place of joint workshop for young patients.¹²

In other words, the Sōshisha is an organization with an all-encompassing capacity—community, medical, museum, education. As was already evident in the above statement, the objective of creating a “resource center” to preserve the history of Minamata disease and its season of politics from the late 1960s already existed from the onset. Also evident is the strong influence of Ishimure Michiko, as the concept “mōhitotsu no kono yo” (an alternative world) vividly indicates. In the statement, “mōhitotsu no kono yo” is expressed as follows:

⁹ “Minamata Disease Museum: Our Mission,” Minamata Disease Museum/Sōshisha, accessed September 24, 2017, <http://www.minamata-diseasemuseum.net>.

¹⁰ “Museum Guide,” Minamata Disease Municipal Museum, accessed September 24, 2017, http://www.minamata195651.jp/guide_en.html.

¹¹ I discussed the significance of this conference in Chapter 1.

¹² “Sōshisha no ayumi,” Minamatabyō sentā Sōshisha, accessed September 26, 2017, http://www.soshisha.org/jp/about_soshisha/history. My translation.

If a meeting place for patients and their families shall be created in Minamata, it will become a “place” of gathering not only for currently verified patients but also for numerous patients who would appear one after another from now on. It will clearly become the base ground for the battle of Minamata disease in order to break the oppression and tyranny of the victimizers, and also the place to create “an alternative world” in order to recover the traditional way of life of earning a living from the sea and earth.^{13 v}

“Mōhitotsu no kono yo” represents the yearning for the lost past, the return to a traditional way of living in harmony with nature, as if to resist the modernization and the disaster it brought to human lives, and this “alternative world” is what the Sōshisha envisioned it could provide patients with. The Minamata Disease Center Sōshisha was completed in April 1974, and its campus consisted of several small buildings, including the main office, resource center, gathering quarter, and workshop. And as an extension to various activities to support unverified patients through their struggles both in court and in everyday life, Minamatabyō rekishi kōshōkan (Minamata Disease Museum) was established in 1988 as the resource center for collecting, exhibiting and borrowing documents and other resources. Again, its name, which includes the terms “history” (*rekishi*; 歴史) and “investigation” (*kōshō*; 考証), represents the hope to “capture the Minamata Disease incident historically and appraise the age we live in through the Minamata Disease incident.”¹⁴ As Hirai Kyōnosuke points out, its construction was nothing but hand-built (Fig. 3.1.). A steel-frame, slate-roofed, one-story wooden house with the approximate gross floor area of 230 square meters was converted to a museum with the nationwide donation, the interest-free loan in the amount of 5,000,000 yen, and specialists and supporters as volunteers. The exhibition was also hand-made in a sense that Sōshisha staff members created the exhibits themselves based on interviews with victims, and researchers’ feedbacks.¹⁵ One of its founding members, Endō Kunio, recalls how they made panels from the documents and photographs they had collected, picked up the experiment hut for cats (Fig. 3.2.) being used at the Chisso Hospital and then discarded in the field, created handmade glasses to experience the constriction of the visual field, and placed on display the miniature partition net donated by the Kumamoto prefecture.¹⁶ The hand-built nature of the museum came with added benefits. Thanks to its rather makeshift manner of exhibition, its exhibits could be easily removed and transported to other locations for the purpose of traveling exhibitions throughout the nation between 1990 and 1994—following the path of the Marukis’ Genbaku Panels tours in the 1950s and preceding the circulating Minamata Exhibitions that take place starting in the late 1990s.¹⁷ While this museum opened its door to the audience from all walks of life, its location

¹³ “Minamatabyō sentā (kashō) o tsukuru tame ni,” Minamatabyō sentā Sōshisha, accessed September 26, 2017, http://www.soshisha.org/jp/about_soshisha/history/establishment. My translation.

¹⁴ Toshio Yoshinaga, “Minamata rekishi kōshōkan no kaikan ni yosete,” *Kenchiku bunka* (February 1989): 90. My translation. The original Japanese reads: “水俣病事件を歴史的にとらえ、私たちの生きている時代を水俣病事件を通して検証しよう。”

¹⁵ Kyōnosuke Hirai, “Undōsuru hakubutsukan—Minamatabyō rekishi kōshōkan no taikōteki jissen—,” *Kokuritsu minzokugaku hakubutsukan kenkyū hōkoku* 36, no. 4 (March 2012): 536. My translation.

¹⁶ Kunio Endō, “Minamatabyō rekishi kōshōkan no kokoromi,” *Gekkan shakai kyōiku* 48 (November 2004): 36. My translation. Before turned into a museum, this building was being used as the mushroom factory which provide young patients not only the employment opportunity but also the occasion for physical activities/rehabilitation until 1983. The hut for cat experiment eventually led to the confirmation that the mercury-containing waste water being discharged from the Chisso factory indeed caused Minamata disease—the fact which Chisso kept from public until it was revealed during the first lawsuit against Chisso that started in 1969.

¹⁷ I will briefly discuss the works of Maruki Iri and Toshi in the conclusion.

(Fukuro, the area where many existing and potential patients belonging to various groups reside; also hard-to-reach for non-locals), its members (activists, many of who were socialists) and the historical contexts (ongoing struggle in court, divisions into and conflicts between different patient groups), among other factors, made it difficult to attract local Minamata citizens. As its current Board member Nagano Michi told me, its neighbors treat the center and the museum as a kind of open secret, largely ignoring its presence and avoiding to recognize its work unless they have concerns over physical conditions which resemble the symptoms of Minamata disease—and at that moment, they would secretly come confide in her and seek further assistance.¹⁸ Even today, the museum mainly caters to visitors from outside the Kumamoto prefecture.



(From the left) Fig. 3.1. The exterior view of the Minamata Disease Museum. Fig. 3.2. The fishing boat and gears as the first set of exhibits to the left, and the experiment hut for cats to the right. Fig. 3.3. The real *On* banners on display. Fig. 3.4. The original manuscript of Ishimure's *Kugai jōdo* and other handwritten documents. All photographs from the Minamata Disease Museum website. Anonymous, *Minamatabyō rekishi kōshōkan*, 2016, color digital photographs, <http://www.minamatadiseasemuseum-jp.net>.

The exhibits that consist of objects, documents, photographs and panels are roughly placed from the oldest to the most recent, and the rectangular-shaped building is divided into smaller sections with partitions and glass cases. Since the themes for each section are not clearly indicated, it is rather challenging to determine which exhibit belongs to which theme; however, according to Hirai, the exhibition can be largely divided into 5 major categories—"the rich sea and life" (*yutaka na umi to kurashi*; 豊かな海と暮らし), "crime by the corporation" (*kigyō no hanzai*; 企業の犯罪), "the period for the investigation into the cause" (*gen'in kyūmeiki*; 原因究明期), "various damages" (*tayō na higai*; 多様な被害), and "from confrontation to *moyai naoshi*" (*tairitsu kara moyai naoshi e*; 対立からもやい直しへ). The final category was added at the time of renewal in 2005, and as if to visually distinguish it from the pre-existing categories, color photographs as opposed to black and white are being used.¹⁹ Although the budgetary limitation might have been one of the major factors, the continued use of the existing exhibits proves the

¹⁸ Michi Nagano, personal conversation with author, October 27, 2015.

¹⁹ Hirai, "Kōgai' o dō tenjisubekika," 161, 163. *Moyai naoshi* is the movement which aims to reunite patients and other citizens who came into conflict over Minamata disease.

consistency in the messages which Sōshisha as the exhibitor has been conveying to the visitors since it opened. At the same time, the sudden change in how exhibits are presented, alongside the abrupt shift in the essence of arguments from the victims' suffering to the municipal-government-led campaign to re-connect victims and citizens, leaves a somewhat jarring sense of disconnect between the past and the present of Minamata as if the last section was added by force.

Hirai further points out two aspects that distinguish this museum, especially from its counterpart:

First, the life of Shiranui Sea fisherfolks before the outbreak of Minamata disease is highlighted. At the large space immediately after the entrance, one fishing boat is exhibited along with numerous fishing gears ... What is particularly memorable is the photograph titled "fish are staple diet." In this photograph taken in 1961 at the front yard of a fisherman family, three women unknowingly distributing contaminated fish and four children happily observing the scene are captured. It appears that the fisherfolks' rustic relationship with nature and idyllic life depicted in this corner has the objectives of symbolizing the victims' infallibility as well as criticizing the contemporary industrial capitalistic society. At the same time, this corner introduces the historical background of discrimination and prejudice against fisherfolks. Another one is that the processes in which human lives were disregarded, the corporation's profits were prioritized, and the government evaded responsibility, resulting in the delayed response and support and the further spread of Minamata disease, are strongly condemned from the victims' standpoint. ... The captions to panel exhibits are not presented as neither quoting what the victims said nor representing them. However, based on the tone of voice as well as the moral consciousness lurking behind it, it is clear that the narrator is the one who understands their feelings and support them. Such captions in a condemning tone dramatically express the victims' sorrow and anger, and urge visitors to pay attention. Otherwise, I can construe them as an attempt to counter the discourse of the government that denies its own responsibility, including the exhibits at Minamata Disease Municipal Museum. On the other hand, since the exhibits place too much focus on inquiring into the responsibility of specific individuals and groups, and could appear self-righteous and even lessen the arguments' reliability.^{20 vi}

This museum's emotional proximity to patients, and its inclusion of their experiences into the exhibits, can be its strength as well as its limitation. The founding members of the Minamata Exhibition, upon comparing these two museums in early 1995, point out the slight nuance in captions which results in significant differences in impression on the audience's part. While the municipal museum states that the patients "consumed a large amount of fish," the caption used at the private museum depicts the same act as their "licking their lips over freshly caught fish and distilled spirit," thus attempting to portray the daily life based on the rich co-existence with Shiranui Sea.²¹ The limited representation of fisherfolks' lives at the Minamata Disease Municipal Museum makes the Minamata Disease Museum exhibits more valuable as a window into the pre-disease past through writing and photographs. Of course, what also needs to be taken into consideration is that victims who were fisherfolks were not necessary monolithic in terms of their conditions or views on this disaster. Moreover, victims who were *not* fisherfolks are often excluded from representation. Hirai's second point above is also what Endō expresses as one of the challenges the Minamata Disease Museum faces:

²⁰ Ibid, 161-62.

²¹ "Minamatabyō rekishi kōshōkan," *Minamata Tōkyō ten NEWS* No. 1 (March 6, 1995): 8-9. My translation.

There are limitations on what we can communicate through panels and real objects at the Minamata Disease Museum. Therefore, we are facing several challenges. First, the method of exhibition is based on the left-wing narrative and thus intentionally inducing the audience's consciousness, which is rather banal at this point. Secondly, there is only so much that we can communicate through the exhibition of panels, photographs and real objects. Thirdly, since the very site where Minamata disease occurred is nearby, we need to create another narrative when we regard the Inter Shiranui Sea field itself as a museum.²² vii

As is clear from its mission statement, the Minamata Disease Museums represents the disease from the perspectives of patients from certain groups/backgrounds as well as their activist-supporters. Endō admits that in terms of the exhibition stance, the museum “portrays the meaning of the Minamata Disease Incident based on criticism of the Chisso corporation and the government as its defender [and thus] leads the audience’s consciousness toward the victims considerably.”²³

Since it opened in 1988, the Minamata Disease Museums has gone through some minor renovation, or adjustment, as well as the removal of exhibits due to external reasons such as the case of Smith’s “Tomoko in Her Bath,” but it remained largely unchanged. The obvious strength of this museum, particularly in comparison with the Minamata Disease Municipal Museum, is the abundance of real objects. The white coveralls worn by patients for the trip to Stockholm in 1972, like the one worn by Shinobu and captured by Smith (Fig.1.5.) as well as the flag with the word 怨 (*on*; grudge), whose production was led by Ishimure and which often appear in the demonstrations as the symbol of *Soshōha* patients (Fig.3.3.), are the remainder and reminder of the season of politics in the 1970s. Another remainder and reminder of the disease from the physical/environmental aspect is the mercury-containing sludge collected from Minamata Bay and packed inside a tube as tall as the ceiling. In addition, Sōshisha also “exhibits” another real object similar in nature to the *iei* that I discussed in Chapter 2—*ihai* (mortuary tablet).²⁴ One of the buildings on the Sōshisha campus is the quarter for gathering (*shūkaidō*). While this quarter is used for meetings and accommodation for visitors, it also houses the non-religion-specific altar where all lives lost due to Minamata disease are enshrined. Among the *ihai* housed inside the altar is the one for Tsuchimoto Noriaki. Just like *iei*, *ihai* is a reproduction (the material for the tablet itself) turned into the original by adding the deceased’s information, and while it does not present as direct a connection with the deceased as the *iei* or the remains, from the religious standpoint, it is regarded as more significant in the process of commemoration. Its prestigious status comes from its symbolic function of housing the spirit of the deceased, while *iei* is the representation of the deceased through image. Given this context, it is suggestive that Tsuchimoto decided to keep his *ihai*, thus his spirit, in this very altar in the company of other *ihai* for patients and supporters.

The encounter with real objects affects visitors in a manner that reproductions cannot, providing them with a memorable experience which they will take away. Environmental

²² Endō, 38.

²³ Ibid, 36. The original Japanese reads: “展示スタンスは...加害企業チッソやそれを擁護した行政への批判から水俣病事件の意義を訴えている。...かなり被害者側に意識誘導しているともいえる。”

²⁴ *Ihai* is in a sense the deceased’s name tag, with his/her (posthumous) name, death anniversary and age at death, but it is often treated as something precious, as it is clear from its being positioned higher than the funeral photograph and the remains. This is because *ihai* is considered to house the spirit of the deceased.

sociologist Maruyama Sadami, upon comparing two Minamata Disease museums, emphasizes the strong impressions the real objects leave on the audience:

Above all else, when we observe and appreciate exhibits, the real objects leave the profound impression. ... In terms of the contents (of the Minamata Disease Museum), they pursue the policy of exhibiting the real objects as much as possible, and so they exhibit real fishing gears, real agreements, and even real hate mails which some patients received when they gained attention through the long process of various discrimination and prejudice. The real objects possess the profound power to appeal [to the audience] ... the municipal museum did not have a stock of real objects, and therefore they had no choice but to use models, etc.²⁵ viii

In fact, what I remember distinctively upon entering this museum for the first time is the smell of the sea. It is rare to associate a museum with any odor, and for the purpose of preserving the exhibits, museums with sufficient funding are well equipped with a system of ventilation/air circulation. That being said, the first group of exhibits at this museum—a fishing boat and gears that belonged to the families of fisherfolks—proclaims its presence to the audience’s sense of smell even before they encounter these objects visually (Fig. 3.2.). An accidental byproduct of the underfunded, underequipped facility, the smell of the sea deeply ingrained in fisherfolks’ gears is the silent but powerful reminder of the now-lost life on the sea, Ishimure’s “alternative world” that now exists only in memories and is evidenced by the lingering smell. When an exhibit affects visitors’ sense of smell, it also affects them psychologically. The smell could impart the hint of proximity, particularly in the often innocuous museum setting, by adding a sense of reality that this exhibit once existed in the world outside and in constant contact with people. Another original of historical significance, the experiment hut for cats, has a connection with the very beginning of Minamata disease—the phenomenon often called *neko odori* (cat dance) in which cats in this region suddenly started “dancing” to death. Where the municipal museum presents the video of cats bursting into a frenzied “dance” as part of its exhibits, this museum places the real experiment hut for cats, which was deserted in the field as if to camouflage or deny the role it played in the discovery of what caused Minamata disease.²⁶ The former attempted to make up for the lack of a real object with the virtual representation of *neko odori* captured at the Kumamoto University medical school, whereas the latter presents the hut itself along with the caption, “[Chisso] concealed that the cat #400 developed Minamata disease, and kept maintaining that its factory did not cause the disease. If the result of the experiment had been made public then, the history of this disease would have been completely different.” The presentation of a real object without the visual representation of the event associated with it—the hut without the moving image of a “dancing” cat in this case—might not provide visitors with the visual knowledge of what this “dance” looked like, but instead allows them an opportunity for the direct encounter with a witness of history. And such encounter with a one-of-a-kind

²⁵ Sadami Maruyama, “Minamatashi Minamayabyō shiryōkan no keii to igi,” *Mizu jōhō* 18, no. 6 (1998): 4-5. My translation.

²⁶ As another example of an object with historical significance that was deserted and then rediscovered, the fishing boat Daigo Fukuryūmaru, which experienced nuclear fallout from the U.S. Castle Bravo thermonuclear weapon test at Bikini Atoll on March 1st, 1954, was decommissioned in 1967 and deserted at the waste disposal site next to Yume no shima (the waste disposal site which was turned into park and sport facility). After it was rediscovered, the movement to preserve arose, and as a result the Daigo Fukuryūmaru Exhibition Hall was built in Yume no shima Park, where it is restored and exhibited.

object is what makes the physical (rather than virtual) visit to a museum a worthwhile endeavor in this information-filled age of the Internet.

And the discussion of the one-of-a-kind original naturally leads me to the ultimate historic original this museum exhibits: the original, handwritten manuscript of Chapter 1 “Tsubaki no umi” (椿の海; The Sea of Camellia), the first section titled “Yamanaka Kuhei shōnen” (山中九平少年; The Boy Named Yamanaka Kuhei) from Ishimure Michiko’s *Kugai jōdo* (Fig. 3.4.). Unlike the rest of exhibits in this museum, this manuscript and two other handwritten excerpts from *Kugai jōdo* are “enshrined” inside the air-tight square-shaped display box, accompanied by the black background and the light above to silhouette of the partly stained white manuscript papers.²⁷ The location of this display box at the end of all the Minamata disease related exhibits, and close to the exit, signifies the role *Kugai jōdo* continued to play in the Minamata disease struggle: the book depicts this particular disease and people affected by it, but the story deeply resonates with the larger state of economic development and environmental issues triggered by it. This placement also creates a natural gateway into the adjoining bookstore/library. The highly-elevated status this group of writings enjoys is especially evident when another group of Ishimure’s handwritten manuscripts on display is brought into comparison. These manuscripts from her lesser-known works are placed inside inexpensive frames for clerical purpose (as opposed to visually stunning ones for the artistic purpose) and rather casually hanged on the wall in the viewing area of the bookstore/library. Whether they have the title *Kugai jōdo* branded on them or not, along with the manner in which they are exhibited, creates a hierarchy among Ishimure’s “originals” and influences the degree of awe they inspire in the visitors. The condition of the paper—the stained *Kugai jōdo* manuscript and the relatively pristine manuscripts of other works—also visualizes the history each carries with it, and thus adds an air of authority to the visibly aged object. In that sense, the aura attributed to Ishimure’s work is actively created as much as inherent in the work itself, and the manner in which items are being exhibited is the direct reflection of its significance. At this moment, I would like to revisit Benjamin’s point on the cult value of an art object discussed in Chapter 2:

Originally the contextual integration of art in tradition found its expression in the cult. We know that the earliest art works originated in the service of a ritual—first the magical, then the religious kind. It is significant that the existence of the work of art with reference to its aura is never entirely separated from its ritual function. ...

Works of art are received and valued on different planes. Two polar types stand out: with one, the accent is on the cult value; with the other, on the exhibition value of the work. Artistic production begins with ceremonial objects destined to serve in a cult.²⁸

²⁷ This manuscript experienced the risk of deterioration due to aging and being stored in the un-air-conditioned environment for an extended period of time. Makoto Inano, “Minamatabyō no shiryō pinchi—hōzon kankyō waruku henshoku ya mushikui mo,” *Asahi shimbun*, November 7, 2010, <http://www.asahi.com/economy/SEB2010103000002.html>. In addition, according to the Sōshisha blog entry dated September 30, 2010, the case in use for Ishimure’s original manuscript, which is equipped with the dehumidification system, was initially custom built for the exhibition of W. Eugene Smith’s photographs. “Yūjin Sumisu shashin o kōshōkan ni tenji shimashita,” Gonzui: Sōshisha kōshiki burogu, last modified September 30, 2010, <http://soshisha.blog59.fc2.com/category12-1.html>.

²⁸ Walter Benjamin, “The Work of Art in the Age of Mechanical Reproduction,” in *Illuminations* (New York: Schocken Books, 1969), 223-24.

The one-of-a-kind nature of Ishimure's manuscript leads to its enshrinement at this museum, and in this case, the process of a ceremonial object being turned into an art object is reversed as her literary work has become a sort of ritualistic item in the Minamata disease struggle. As a matter of fact, Ishimure, who is often considered as synonymous with the Minamata disease activism, is one of the activists who strongly supported the establishment of the Sōshisha organization and continues to do so through short texts asking for monetary support written by her and mailed out to those on Sōshisha's mailing list. Given the way Sōshisha and its museum maintains and strongly publicizes its tie to this famed author, the original manuscript as the carnal (due to her handwriting) representation of her voice could be seen as an embodiment of the author, and this museum as the place of the "Ishimure Michiko" ritual. Based on the manner of writing in which she narrates the patients' voices by assuming their psychological states, her works were often considered shamanistic, and Ishimure as an author gained an almost ritualistic standing.²⁹ The Minamata Disease Museum's "enshrining" of her original manuscript, even if mainly for the purpose of preservation, utilizes her existing shaman-like status and further enhances it. And as I will discuss further when I turn to the Minamata Disease Municipal Museum, such a gesture of enshrining *Kugai jōdo* and its author unavoidably puts two Minamata Disease museums into direct competition.

Further expanding on this thought, the Minamata Disease Museum, or *Minamatabyō rekishi kōshōkan* (the center for historical investigation of Minamata disease) to be more accurate, might function as much as a place of ritual as a forum open to discussion, as Cameron suggests. Hirai's description of the commentary on exhibits by Sōshisha staff members indicates one aspect of this museum as a forum:

The commentary is not one-directional, but interactive. The staff seek opinions and feedbacks for the commentary from the visitors. And they change the content of the commentary depending on the visitors' reactions. Sometimes they even seize the opportunity to exchange information and to debate. The content of "Minamata disease" to be narrated at *Rekishi kōshōkan* is not predetermined; instead it is born out of spontaneous communication. At this museum, the visitors are treated not as the passive and uncritical receivers of the exhibits' messages, but as subjective beings that actively create moral and ethical meaning. And the *Rekishi kōshōkan* staff, through such interactions, have been gradually improving their commentaries so as to better communicate the victims' conditions, to foster better understanding of the background and problems of this complicated incident, or to raise the visitors' awareness of this disease. They might even change the exhibits themselves in order to reflect on the visitors' opinions and expectations.^{30 ix}

The non-predetermined commentary not only allows spontaneity and flexibility of interaction on the side of Sōshisha staff, but also enables visitors to be active participants, an autonomous subject which the Minamata Disease Municipal Museum cannot afford its visitors to become. The less-than-professional, handmade nature of this museum's exhibits provides an unintended advantage by facilitating relative flexibility when it is appropriate or necessary to remove or modify them, and therefore to adjust the commentary accordingly. Moreover, the unscriptedness and non-uniformity of the commentary reflects Sōshisha's aim to open up the discussion of

²⁹ As Ishimure's editor and collaborator Watanabe Kyōji explains, initially her descriptions of the patients were considered as *kikigaki*, namely what she heard from the patients themselves; however, it turned out that she was writing them based on her imagination—as if she were a shaman, as some claimed. Kyōji Watanabe, *Mōhitotsu no kono yo: Ishimure Michiko no uchū* (Fukuoka: Gen shobō, 2013).

³⁰ Hirai, "Kōgai' o dō tenjisubekika," 166-67.

“what is Minamata disease” beyond the Minamata Disease Municipal Museum’s narrative which is straightforward but tends to obscure the responsible parties, particularly the city, the prefecture and the government, as well as the fact that Minamata disease is ongoing.

b. Minamata Disease Municipal Museum/Minamatashiritsu Minamatabyō shiryōkan

The second museum I would like to bring into discussion is the Minamata Disease Municipal Museum managed by the city of Minamata. This “resource center” (*shiryōkan*) began its planning phase in 1989 and opened its door to the public in 1993. A public museum to commemorate Minamata disease was unthinkable in the past, when the city and its citizens mainly preoccupied themselves with denying and ignoring this disease and its patients in an effort to protect Chisso. Maruyama Sadami explains the historical background for the establishment of this museum as follows:

Minamata citizens finally came to recognize that they could no longer suppress Minamata disease, and decided instead to make a change in direction by actively engaging in the city development based on their unique status as a city that experienced this disease. It was around when the cleanup of sludge from Minamata Bay began that this new movement started in full swing. The discharged water from Chisso had been flowing off from the depth of Minamata Bay, and since mercury concentration was too high down there to remove sludge, first the area of approximately 50 hectares was closed off, and after any contaminated sludge with over 25ppm (of mercury) outside this area was brought inside it, the area was landfilled. Around the time when this cleanup process was about to finish, the projects for the revitalization (*saisei*) and environmental creation of the region started to take off, first at the initiative of the Kumamoto prefectural government working together with the municipal government. ... The memorial ceremony for the Minamata disease victims came to be properly performed on May 1st, the day this disease was officially confirmed. ... [The construction of] the museum itself was done as part of the National Land Agency’s project for the formation of regional uniqueness (*chiiki kosei keisei jigyo*). The museum was designated to this project in 1989, and opened in 1993. It costed 610,000,000 yen [to build], but they were allowed to raise quite a bit of loan and finance by subsidy.³¹ x

The revitalization of the city, environment, and even citizenry was a significant challenge, and a renewed approach to Minamata disease was sought out as a way to break the impasse. The disease has turned from something that tarnished the city’s reputation, and thus something to be concealed, to what makes the city unique in this environmentally conscious century—after all, not many other cities have experienced a disease of this enormity. What needs to be emphasized here, as Hirai rightly points out, is that “the municipal museum was established at an initiative of the prefectural government, utilizing the business fund for the revitalization of the regional economy, and was not born based on the request of the local community.”³² This renewed approach to the disease was suggested and executed by the prefecture—that is to say, it was forced by the political superior, instead of coming autonomously from within the local community, for which confronting its own past is no easy . And as this is a municipal museum, the perspective it represents is of its citizens, especially those “innocent” citizens who might not

³¹ Maruyama, 4.

³² Hirai, “‘Kōgai’ o dō tenjisubekika,” 156.

be actively criticizing and discriminating patients but have mainly remained silent. This “innocent bystander” perspective is particularly utilized in the 2016 renewal of the exhibits, where the exhibition incorporates numerous panels that contain general questions to the visitors without pointing out the responsibility of the parties at fault, as I will discuss further upon analyzing this museum. The superficially non-political (as opposed to the overtly political Minamata Disease Museum) nature, the ease of access and free admission make this museum a popular destination for social studies field trips for elementary and junior high school students in and out of the Kumamoto prefecture.

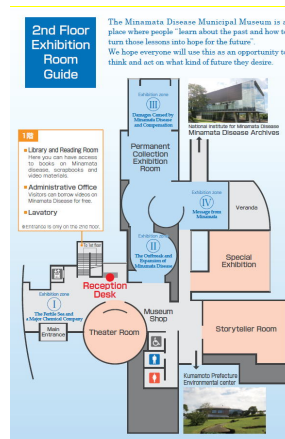


Fig.3.5. The post-renewal floor map of the Minamata Disease Municipal Museum. Minamata Disease Municipal Museum, *2nd Floor Exhibition Room Guide*, accessed May 4, 2018, http://www.minamata195651.jp/guide_en.html.

One of the advantages of this museum, which is part of the tripartite educational centers nestled between the Minamata Disease Archives (*Minamatabyō jōhō sentā*) and the Kumamoto Prefecture Environmental Center (*Kankyō sentā*), is its facility and presentation. Particularly in comparison with the underequipped and underfunded Minamata Disease Museum, this museum boasts a modern building structure, professionally-prepared exhibits and panels, audiovisual displays, and a spacious room for *kataribe* (eyewitness-storyteller) to share their experiences with visitors. Its location on top of the hill overlooking Minamata Bay also provides a stunning view of the sea, thus helping to appeal to the regeneration of the once deadly local fishing grounds. After signing in at the reception desk, visitors are invited into the theater room across the hallway where a short video titled “Minamata: kioku to inori” (Minamata: Memories and Prayers) on Minamata disease and how the city has been working on regenerating the once-contaminated sea as Japan’s first environmental model city (*kankyō moderu toshi*; 環境モデル都市) will be played. The title of the video is exactly same as Tsuchimoto’s *iei* mural “Kioku to inori,” though no reference to this work is made. According to the construction plan, the purpose of this video is “to communicate the overview of Minamata disease for visitors with limited knowledge of this disease ... to present the wonderful nature in Minamata with audio and images, impress visitors with the tragic nature of the disease that occurred, and to invite them into the permanent exhibition.”³³ The emphasis on the “tragic nature” of the past effectively steers visitors’ attention away from how the delay in intervention by the city and prefecture

³³ Minamatashiritsu Minamatabyō shiryōkan, *Minamatashiritsu Minamatabyō shiryōkan no shisetsu gaiyō* (Minamata: Minamatashi, 1992), 1.

further spread the disease and resulted in the increase in the number of patients and into what they *did* to contain the damage.

Although video monitors are set up at almost every section of the main exhibition hall, starting the tour of this museum with this video presentation might instill in visitors the impression that the city *has been* and *is* environmentally conscious and actively engaged in helping patients. The main exhibition hall can be roughly divided into five sections: the history of Minamata disease, the science of the disease, organic mercury in the world, measures toward the disease, and efforts for the future. The first set of exhibits on the hall is the diorama of the region accompanied by pointers that indicate the number of verified patients per area as well as three video monitors at the eye level. In these video monitors, some outspoken patients, who were also *kataribe* for this museum, play the role of tour guides and narrate to viewers the traditional ways of living for Minamata fisherfolks. A couple of items of fishing gear are being displayed near these monitors, but compared to the large-sized diorama and eye-catching monitors, the presentation of this gear feels rather understated. One noticeable pattern is this museum's effort to cater the exhibits also to younger visitors. Hirai comments on the positioning of the monitors throughout the hall as "[t]he clumsy black-and-white images on the monitors, paired with their slightly low positioning, arouse in visitors the sense that they are peeking into what they should not be."³⁴ Though this is true from the adults' perspective, for young visitors who might not have earlier exposure to the images of Minamata disease patients, this low positioning allows them easier access to audiovisual aids. Along with the added captions for young visitors in order to explain the issues for each section in a manner comprehensible even for them, this museum makes marked attempts to provide a place of learning for younger generations as well. Hirai's comment might be rather pointed toward the ineffectiveness of such efforts, since without a positive outcome, even well-meaning attempts end up being a mere gesture. In terms of the photographic representation of the disease, while shying away from the works of W. Eugene Smith, the museum presents nearly a dozen of Kuwabara Shisei's photographs throughout the exhibition, including the portrait of Matsubara Kumiko, which is indeed exhibited before the above-mentioned diorama, thus functioning as the very first exhibit. A large amount of exhibition space is reserved for the scientific explanation of the disease as well as the sludge removal from and the landfill of Minamata Bay. As Hirai points out, the highly specialized explanation of the disease, most likely incomprehensible for the majority of visitors, helps to heighten the scientific credibility, or even authority, of the exhibition, while at the same time it urges a view of the disease and patients as the objects of medical interest.³⁵ The display of knowledge too specialized for the target audience might be alienating, and the sense of alienation at a museum of this nature is against its mission.

Some of the criticisms this museum has received is its making ambiguous (or concealing) the responsibility of the multiple levels of government (city, prefecture, national) by largely focusing on the recovery measures taken a decade after the confirmation of the cause of Minamata disease in September 26, 1968, as well as its using the exhibition for the city's PR efforts.³⁶ As Hirai states, although historical documents such as the petition (from fisherfolks to Chisso), contract and verdict are exhibited, the captions provide no explanation of their historical contexts, and as a result, the exhibits will not communicate one of the most important lessons of

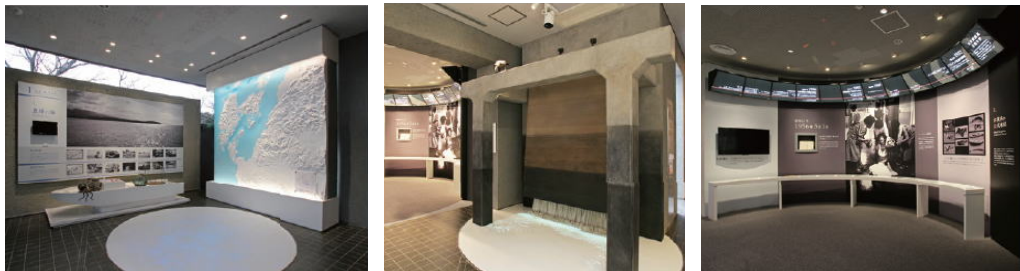
³⁴ Hirai, "'Kōgai' o dō tenjisubekika," 153.

³⁵ Ibid, 154.

³⁶ The Minamata Disease Municipal Museum, *Minamata Disease—Its History and Lessons—* (Minamata, Kumamoto: Minamata City Planning Division, 2015), 7.

the Minamata disease incident—that the government’s evasion of responsibility triggered a delay in taking action and an expansion of the damage.³⁷ In addition, this museum’s lack of real objects, as exemplified by the copious use of reproduction, and heavy reliance on newspaper articles as exhibits, is suggested as possible aspects of improvement. For example, upon visiting the museum in 1995, the Minamata-Tokyo Exhibition preparation committee member wrote that many of the newspaper articles being used as panels were difficult to read; moreover, “all the exhibits, though nicely done, lack clarity of message in terms of ‘what they aim to communicate,’ and some expressions regarding clinical pictures as well as the current condition of Minamata Bay are misleading.”³⁸ This point, again, refers back to this museum’s covert intention to underplay the government’s responsibility for the widespread illness and its “collusion” with Chisso.

The lack of real objects is the common thread in terms of artworks on exhibit for the pre-renewal phase as well. Clearly the above-mentioned photograph by Kuwabara Shisei is a reproduction, as there is strictly speaking no “original” photograph. In fact, while more than half a dozen works of Kuwabara are on display in the main exhibition hall, his name is nowhere near emphasized in a celebratory manner, as if it were too unknown to mention. On the contrary, Ishimure Michiko receives a significant degree of attention, with not only the panels about her literary history but also a small video monitor, on which her lecture is on loop playback, occupying the corner on the artistic expression born out of this disaster. Another artist being celebrated here is Tsuchimoto Noriaki, again with several panels on his works as well as a hand-written (thus original) banner. What is noteworthy is that the panels for both artists came straight out of their retrospectives organized at this museum; in other words, the exhibits (panels) initially designed for one-time use have acquired a permanent presence. The shift in status from special (thus temporary) to permanent was possible because these special exhibitions were mainly composed of reproductions (panels, books, videos), and such flexibility in the degree of permanence is afforded, somewhat ironically, thanks to the absence of real objects. Positioned side by side with “the measures toward the disease” section where the aid and recovery efforts by the government are emphasized on yet another specialized-term-filled panels, at first glance these panels on artists seem to exist outside any political implications. However, placing two well-known artist-activists and Sōshisha supporters on display gives out a sense of their approval to the discourse which this museum puts forth. And such “approval” might be what the museum operators (namely the municipal and prefectural governments) seek in order to legitimize their claims.



³⁷ Hirai, “‘Kōgai’ o dō tenjisubekika,” 155.

³⁸ “Minamatashiritsu Minamatabyō shiryōkan,” *Minamata Tōkyō ten NEWS* No. 1 (March 6, 1995): 7. My translation.



(From the upper-left image) Fig. 3.6. The first exhibit in the former entrance hall. Fig. 3.7. The diorama of the Hyakken drainage. Fig. 3.8. One section from the main exhibition hall. Fig. 3.9. The section on the Minamata Bay revitalization and *Moyai naoshi*. Fig. 3.10. The section titled *Eien no kioku* (Eternal Memories). All photographs from the Minamata Disease Municipal Museum website. Anonymous, *Museum Guide*, accessed May 4, 2018, color digital photographs, http://www.minamata195651.jp/guide_en.html.

Just as the Minamata Disease Museum has periodically modified its exhibits in order to reflect the contemporary state of the Minamata disease struggle and to maintain them as accurate and ethically correct as possible, the Minamata Disease Municipal Museum also underwent a large-scale renewal to address the criticisms it had received, some of which I mentioned above. In April 2016, in recognition of the sixtieth anniversary of the official confirmation of Minamata disease on May 1st, 1956, the main exhibition hall of this museum reopened after a half year closure for renewal. The exhibition got expanded into the entrance hall (Fig 3.6.) where the floor-to-ceiling diorama of Shiranui Sea welcomes visitors. The stylized blue-and-white color scheme for the diorama gives out the impression that the once mercury-contaminated sea is now purified, even appearing heavenly due to the absence of other colors. The diorama of the region and three video monitors that used to be the first set of exhibits inside the main exhibition hall were replaced by another diorama—this time, not of the geography but of the original Hyakken drainage from which Chisso kept discharging untreated mercury into local fishing grounds (Fig. 3.7.).³⁹ The shift in the first exhibits that the visitors encounter from something that involves patients' faces (Kumiko's photograph and video monitors) to the dioramas which, though important for the learning about the disease, are devoid of human elements in a direct manner, might imply the museum's intension to de-center patients as points of focus and re-set the argument to the city of Minamata as the martyred land—a move that facilitates the transition to the PR efforts for Minamata as the environmental model city at the end of the exhibition. The placement of the Hyakken drainage diorama concretizes the non-human culprit, particularly the one visible to the public, while lessening the impact of the human element—those who had a clue as to what triggered the disease but kept silent or willfully ignored. The exhibits are in chronological order, starting from the life before the disease, its outbreak, later development including the explanation of the disease and how patients have been compensated, to the present and future of Minamata. The color scheme chosen for the earlier sections is rather dark and somber, and paired with the black-and-white photographs and footages from the 1950s and 60s, sets up an atmosphere that what has been exhibited is part of a long-gone past—a sense of disconnect between Minamata *then* and Minamata *now* (Fig. 3.8.). The bright colors are finally incorporated in the small section on the medical explanation of the disease, and again in the section on the compensation, and at the end of the “now and future” section, the entirely white background and colorful displays depict the bright future of the reborn Minamata (Fig. 3.9.).

³⁹ The site of this drainage is at one of the entrances to the Eco Park Minamata that houses this museum, although the original drainage no longer exists.

And the final section, the exhibit “Eien no kioku” (永遠の記憶; Eternal Memories; the circular section positioned left to the exhibition zone IV in Fig. 3.5.; see Fig. 3.10.) inside the circular partition, displays the deceased patients’ *iei* (funeral photographs) and other photographs of their antemortem selves. There is a strong resemblance between this exhibit and Tsuchimoto’s *iei* mural “Kioku to inori” (記憶といのり; Memories and Prayers) at the Minamata Exhibition which I discussed in Chapter 2 in terms of the circular formation of the partition, the title (the word “kioku” is used for both), the use of *iei*, the black-and-white color scheme, and so on.

Tsuchimoto’s work is not officially cited, even as inspiration, for this mural; however, the connection between two exhibits is undeniable, and this exhibit shall be considered as the professional, beautified version of the non-professional, handmade *iei* mural by Tsuchimoto. Just as the Minamata Disease Museum’s underfunded exhibition is outdone, at least visually, by the Minamata Disease Municipal Museum’s professional work, so the structure of a privately-funded project is outdone by the municipal museum.

The aspect of the exhibition that particularly caught my attention, as I mentioned above, was the repeated use of general questions to the visitors based on the “innocent bystander” perspective as part of the exhibits. For instance, in the third section on the official recognition of Minamata disease, a panel with the question “If you had lived in Minamata then and your family members had become patients, what would you have done?” is placed at the end, and the fifth section on the expansion of damage is concluded with the question panel “Why didn’t the discharge of mercury stop and the damage further expanded?” Moreover, the ninth section on the social damages caused by Minamata disease, which introduces the struggles of patients and their families in a manner very similar to the exhibit at the Minamata Disease Museum on prejudice, poses another open-ended question, “If you were a patients’ family member/Minamata citizen/Chisso employee/local residents at that time, what would you have done?” And finally, in the “now and future” section, the introduction of how the city of Minamata undertakes the task of environmental improvement is paired with the question, “What kind of future would you create?” This series of questions, rather than reflecting on its own past conduct of sacrificing patients for the sake of economic growth, makes ambiguous the city’s responsibility and places it in the more comfortable position of an innocent bystander and purveyor of an environmentally safe future. This ambivalent position the city pursues upon exhibiting itself in conjunction with the disease that bears its name weakens the message that the museum attempts to convey. Furthermore, both the original and renewed exhibition at the Minamata Disease Municipal Museum fit well with Itō Toshirō’s description of the majority of museums that opened in the 1980s and 90s:

The majority of museums that opened in the last decade have exhibits which “frequently used audiovisual aids, were beautifully finished, but required an enormous cost to maintain” done by exhibition specialists. They are characterized by the exhibition method that combines theme exhibits, secondary materials (indirect materials) and audiovisual aids. Their completely-controlled exhibited stories are, however, composed on the assumption of a one-time visit. As a matter of fact, the Q&A-style exhibit with images as a typical exhibit is no more than a children’s game. No matter how “approachable and easy to comprehend” such an exhibit might be, its extreme limitation on selection other than the set answer makes it boring, even suffocating. Out of the story that forces [visitors] to always remain passive, the sense of accomplishment and

fulfillment will rarely arise. Therefore, it will be difficult to feel inspired enough to revisit [the museum].^{40 xi}

Although visually stunning, the exhibits in those museums in questions are rather empty in terms of content. In other words, the exhibition method does not have correlation with the messages it aims to convey. And the seeming lack of content in the modern, professionally-done exhibition proves to be the polar opposite of the content-heavy but visually outdated and unimpressive exhibition at the Minamata Disease Museum, and even that of the Minamata Exhibition—the opposition which is partly based on whether the exhibitors/curators are attempting to compel visitors to think or blindly accept the exhibits “as is.” The renewal of the exhibition hall as well as the series of questions at the Minamata Disease Municipal Museum are an overt attempt to incorporate the former thought-provoking component by the city of Minamata. However, this attempt was made mainly through the unquoted adoption (or imitation) of the other Minamata disease related exhibitions, and thus again failing to create the exhibits worth re-visiting.

One noticeable change in the post-renewal museum is the exhibition of real objects, including the original manuscript of Ishimure’s *Kugai jōdo* as the highly-publicized main attraction. Another newly-added real object, the black banner with the letter *on* (grudge), is an important artifact originating from the 1970s Minamata Disease struggle led by Ishimure; however, its presence also at other Minamata Exhibitions and its status as one of limited yet many reproductions makes this object real but not as unique. On the other hand, the handwritten manuscript of Ishimure’s masterpiece in the fourth section, “Uncontrolled Factory Effluent,” is certainly one-of-a-kind. Purchased from the Osaka Human Rights Museum Liberty Osaka, this piece is carefully enshrined inside the insulate, climate-controlled exhibition case and accompanied by a recording of Ishimure reading that very text. The presence of Ishimure’s original manuscript at the Minamata Disease Museum since its onset, particularly as the gratuitous gift from the author, was the public display of her approval for its arguments. By acquiring their own original manuscript, the Minamata Disease Municipal Museum probably sought to secure a similar sense (or semblance) of approval from this leading voice of the Minamata disease activism. Again, the original manuscript on display at the Minamata Disease Museum is from Chapter 1 “Tsubaki no umi,” the first section titled “Yamanaka Kuhei shōnen.” The manuscript on display at the Minamata Disease Municipal Museum, on the other hand, is also the same chapter, but this time it is from the fourth and last section titled “Shinihata” (死旗; The Banner of Death). The voice recording might have been originally intended to make her text accessible to younger visitors and the visually impaired. However, the recorded voice of the famed author, now aged and slowly culminating her career, as the companion to her handwriting dating back to the late 1960s when she freshly took up her pen, provides the unintended confirmation of time that passed, thus proving the longevity not only of this author’s career and her first work but also of the Minamata disease incident itself. Moreover, the pairing of Ishimure’s text with her reading voice appears to reflect the museum’s desire to include as many “originals” as possible to the exhibition, even the voice recording of the one-and-only Ishimure Michiko. The status of voice recording as original is itself not so simple as its recorded status makes it reproducible and thus the manner of its existence is not so original. Yet, just as in the case of *iei*, its placement in a particular context imparts new-found singularity to this voice recording.

⁴⁰ Itō, 175-76.

As I wrap up the discussion on the Minamata Disease Municipal Museum, let me go back to Hirai's argument again:

The biggest problem of the exhibition at the Minamata Disease Municipal Museum is that it forces Minamata disease victims into a passive position in which they become only the objects of observation, and fails to convey their experiences and memories at all. Its exhibits speak of who Minamata disease victims are, what kinds of experience they went through, what is their identity. Nevertheless, it did not grant these victims the right to speak up. Rather, it has controlled the discourse and image of Minamata disease by not allowing victims to speak of their experiences and memories. ... As long as it speaks of the victims' identity, the museum that exhibits "Minamata disease" should recognize those victims as the most important audience and needs to seriously consider how the way they are represented at the museum would be perceived by them and also affect them.⁴¹ xii

Currently victims are placed in a passive position in the representation of their struggles and current situation; they are treated as objects (*kyakutai*) instead of subjects (*shutai*) with autonomy. The urge to under-represent this population is understandable considering the perspective from which this museum's Minamata disease narrative is being told. On the other hand, since this is the *municipal* museum, the citizens they serve include the victims, even those who fought court cases in the past. For the sake of true reconciliation, however, it is essential to open up the space for victims from any groups (there are a large number of patient groups in Minamata) and also to let them represent themselves, instead of representing them through the museum's own lens.

Comparison #2: the environment

The two Minamata Disease museums in discussion are also diverse in terms of the environment in which they are situated: the deep-set residential area where many poor fisherfolks used to live and the massive landfill under which mercury-packed sludge is trapped. To begin with, the name "Minamata" has been accompanied by a negative image since the outbreak of the disease, and the municipal government has been struggling to escape this negative stereotype through economic recovery and other measures. As for that matter, Minamata's visibility and accessibility through public transportation has been a crucial issue for decades. In the scene in which the group of *Soshōha* patients heads to the Kumamoto district court to attend the first trial against Chisso in 1969 in the sequel to *Kugai jōdo*, Ishimure includes the following observation:

—Let's make Minamata the stop for limited express trains!

The slogan for the civil movement that aims to improve Minamata's image comes to my mind. It is touching, but also makes me feel uneasy at the same time.⁴²

Having a limited expression station is the symbol of the city's prosperity and/or potential, and such recognition would help ameliorate its tarnished image. This equation of recognition in

⁴¹ Hirai, "'Kōgai' o dō tenjisubekika," 156-58.

⁴² Ishimure, "Kugai jōdo dai 2 bu," 464. The original Japanese text reads: "—特急も止まる水俣へ。水俣をイメージアップさせたいという市民運動のスローガンが思い浮かぶ。いじらしいような、むずがゆいような心持ちがする。"

terms of public transportation and positive reputation is still current, as the successful attraction of the Shinkansen stop to Minamata (Shin Minamata station) with the opening of Kyushu shinkansen line in March 2011 reflects a similar motivation. Just as Ishimure observes, it is touching to realize how Minamata citizens outside the structure of explicit victims and victimizers (Chisso, patients, etc.) have also suffered prejudice simply because they were born in this infamous city, and also to learn about their efforts to implement positive changes. At the same time, it comes with an undeniable sense of unease since the blame, if publicly unspoken, is often cast on victims who dared to speak up. The improvement of Minamata's image is achievable partly by deeming someone (or something) unfavorable, and through this process victims are inevitably turned into victimizers. There resides the fundamental issue that in related parties' psyche, victims and victimizers are interchangeable depending on the perspective from which the Minamata disease incident is being narrated. The attempt of improving Minamata's image is also an issue which can be directly linked to its stated intent to become Japan's first environmental model city (*kankyō moderu toshi*) in 1992 and the official recognition of its status in 2008.⁴³ Since the Eco Park Minamata, the large park that sits above the massive landfill is at the core of this reborn environmentally-conscious Minamata, for the second comparison I shall begin with the environmental observation of the municipal museum.

a. Eco Park Minamata and the landfill



(From the upper left) Fig. 3.11. The signboard for the Minamata Bay Reclaimed Land Work Outline Chart of Pollution Prevention Project. Fig. 3.12. The Minamata Memorial near the Minamata Disease Municipal Museum. Fig. 3.13. The Memorial Cenotaph for Minamata Disease Victims. Fig. 3.14. The map of Eco Park Minamata. Eco Park Minamata, *Eco Park Minamata Map*, accessed May 4, 2018, <http://minamata-kouen.com/index.html>.

⁴³ "Kankyō moderu toshi," Kumamoto-ken Minamata-shi, accessed December 23, 2017, <http://www.city.minamata.lg.jp/148.html>.

The Minamata Disease Municipal Museum is part of Eco Park Minamata which is built above the massive Minamata Bay landfill. Hirai discusses as follows:

Since 1977, the nation/state and the Kumamoto prefecture worked on dredging sludge in Minamata Bay that contains organic mercury at high concentration and maintaining the landfill, spending approximately 48,500,000,000 yen. When the landfill was completed in 1990, upon considering the plan on how to utilize the site, the then-Environment Agency determined on the installation of the Minamata disease resource center as the symbol of the revived Minamata. In the same year, the Kumamoto prefecture and the city of Minamata launched “the Environmental Creation Development Project in Minamata” (*Kankyō sōzō Minamata suishin jigyō*; continued until 1998) as the project which promotes the community planning centering on the environmental revival and creation maximizing the lessons from Minamata disease (the creation of environmental model city based on love and peace), and positioned the information transmission through the museum as one of its pillars.⁴⁴ xiii

Here again, we encounter the narrative of improving Minamata’s general image through the recognition of Minamata disease and promoting how the city is working on environmental recovery and protection; instead of the “Chisso castletown” it was known as, its environmental consciousness is foregrounded under “love and peace”—the sweet words aimed to halfheartedly disguise the politics behind. And the large sums of money the national and prefectural governments invested, rather than being a sign of good will, appear to be an effort to silence the criticism against their not reacting promptly at the onset of the disease back in the 1950s. Indeed, media studies scholar Ikeda Richiko further elaborates on Hirai’s points:

Also in Minamata, by foregrounding “environment” and “revival,” unresolved issues that need to be discussed have been forced to the background.

One of those issues is that of the landfill. There had been the history of countless landfill/earth filling in Minamata. All over the city, carbide residue including heavy metals discharged by Chisso had been used as substitute for cement. ... There also remains the vast expanse of land called the Yahata residue pool where mercury and heavy metals have been buried along with carbide residue.

... “Eco Park Minamata” is built above the land where Minamata Bay was reclaimed by sludge containing organic mercury. Since untreated mercury sludge has been landfilled under this land, some people call it “interim storage facility,” meaning that it is a temporary storage for hazardous substance.

At Myōjinzaki [the area where the museum is situated], there is also the land created by landfill prior to the most recent one. This is the land created by Chisso landfilling industrial waste such as carbide residue ... various hazardous substance must have been buried here, and something even more hazardous than what have been under “Eco Park Minamata” might be buried here. There are even those who doubt that the “Eco Park Minamata” landfill might have been done in order to steer our attention away from the issue of previous landfills. ...

On the 58.2-hectare landfill site where polluted sludge including organic mercury that caused Minamata disease has been dredged, flowers and trees have been planted and sports facility has been installed. They are nicely maintained, and at a glance there seems to be no issue. However, this is the land where untreated mercury has been simply trapped inside the bank protection surrounded by steel sheet pile cells, which are expected to last only 50 years. Moreover, it has

⁴⁴ Hirai, “‘Kōgai’ o dō tenji subeki ka,” 151.

been more than 20 years since the end of landfill construction in 1990, and the lifespan of these cells is already less than 30 years.^{45 xiv}

As Ikeda argues, the landfill itself is not necessarily a new phenomenon in Minamata; Chisso at the height of its reign utilized the city of Minamata as a large dumping yard where they executed the “out of sight, out of mind” method, concealing substances whose existence is inconvenient. In that sense, the Eco Park Minamata functions as a massive “blindfold” for what might potentially be more hazardous than mercury, and it also embodies the continued “collaboration” between the city and Chisso.⁴⁶ Moreover, the Eco Park Minamata epitomizes the crucial contradiction that the “peace,” “health” and “future” emphasized by what is placed on the surface of the landfill and the “hazard,” “deadly substances” and “ominous past” hidden underneath. Not only that, this instance reveals how inconvenient truths could be conveniently covered up, and also how such a cover-up effort could be marketed as the government’s good-will project. The map of Eco Park Minamata (Fig. 3.14.) simply lists the points of interest for visitors without providing any background of the site itself. Indeed, even its website (<http://minamata-kouen.com>) presents no explicit recognition of why and how this landfill came into being—Minamata disease and the portion of Minamata Bay being contaminated by mercury.

Instead of a public notification of the history of the landfill, the signboard titled “Minamata Bay Reclaimed Land: Work Outline Chart of Pollution Prevention Project” (Minamatawan umetatechi—Minamatawan umetatechi oyobi shūhen chizu; 水俣湾埋立地 水俣湾埋立地及び周辺地図), which quietly stands near the hydrophilic revetment (the leftmost spot on the map) provides the historical background and explains how the land has been utilized in Japanese and English (Fig. 3.11.). But here again, the historical context of Minamata disease is not communicated in its entirety, and instead, the description is altered in favor of the Kumamoto prefecture and the government. The contents for both texts are roughly the same, although there are a few decisive alterations in expression from Japanese to English. The Japanese text begins with the sentence “Where you are standing is the land reclaimed from the sea” (あなたが立っているこの場所は、海を埋め立ててつくられたものです). While similar expressions appear twice in the beginning and toward the end of the historical background section of the Japanese text, it only appears once in the English text, toward the end of the same section. The rhetoric of repeating a similar expression (where you are standing ...) twice attempts to compel visitors’ emotional response to the statement, especially by suggesting their physical proximity to the very land in discussion. The emotional appeal continues onto the next sentence where this section ends by stating that “By visiting this land built upon people’s suffering and the sacrifice of living creatures, we hope all will recognize the importance of environmental protection” (人々の苦しみや生き物たちの犠牲の上に作られたこの地で、訪れる人の全てが環境を保全することの重要性を理解してもらえるよう心から願っています). In the English text, which reads “Considerable damage to the lives and health of the local residents was experienced here,” the intensity of the appeal is rather toned down, with the words “suffering” and “sacrifice” being replaced by a more objective expression of “damage,” and “people and living creatures” has been simplified to “local residents.” The expressions pertaining victims and victimizers are also carefully adjusted. The

⁴⁵ Richiko Ikeda, “Media to shite no ‘kataribe’ ga tsutaeru fūkei,” in *Kūkan to media*, eds. Hideki Endō and Kentarō Matsumoto (Kyoto: Nakanishiya shuppan, 2015), 185-86. My translation.

⁴⁶ As a matter of fact, alongside the Hyakken Pier (百間埠頭) is positioned a large-scale lumberyard owned by a subsidiary company of Chisso, which became the JNC Corporation in 2011.

victims are described as “Local residents who consumed large amounts of contaminated fish and shellfish” (このメチル水銀により魚介類が汚染され、それらをたくさん食べた水俣周辺の住民), while the fact that the majority of patients, especially in the beginning, was fisherfolks is left unexplained. Likewise, Chisso as the main victimizer is described not as the subject but instead as the place where the problematic substance was being discharged—“methyl mercury contained in the water discharged from the Chisso Corporation Minamata Plant” (in Japanese) or “waste water containing mercury discharged from the Minamata Plant of Chisso corporation” in English. The avoidance of making Chisso the very subject of the action being taken, and instead using the passive voice to make either “mercury” or “waste water” the subject, this signboard makes ambiguous who is responsible. Furthermore, the Kumamoto prefecture and the national government, whose responsibility the court publicly determined in the 19xx ruling, are completely ruled out as the additional parties at fault. Much like the Minamata Disease Municipal Museum does, this signboard urges visitors to learn from the tragic past without openly recognizing how the delayed reaction by Chisso, the Kumamoto prefecture and the government contributed to the worsening of this disaster. While the signboard states that “The Kumamoto prefecture, which thought that the ‘Minamata disease’ would further spread if left as it was ... began the reclamation work” (in Japanese; in English, it reads “to protect the health of the residents, the prefectural government implemented the Pollution Prevention Project from 1977”), how it prioritized the wealth brought to the city by Chisso over the health of fisherfolks who comprised a majority of patients go unnoticed. This signboard is another reminder of how history can be rewritten, if ever so subtly, depending on whose perspective it represents, and this is the danger possessed not only by the city of Minamata and the Kumamoto prefecture but also by Sōshisha and its Minamata Disease Museum as the representative of a certain faction of patients.

In order to further elaborate on the erasure of the historical context and the creation of ubiquity at Eco Park Minamata, I shall turn to Ikeda’s argument on how geographer Edward Relph’s concept of “placelessness” is applicable to Eco Park Minamata:

“Eco Park Minamata,” which spreads over [the] hazardous land, is ruled by what Edward Relph calls “placelessness” taken over by “the place of inauthenticity.” Such as gardens and sports facilities as places of relief for citizens and *Michi no eki* and the rose garden for sightseeing, “Eco Park Minamata” consists of ubiquitous recreational facilities and sightseeing spots. And this has become “the bleached-out space” whose history and significance is invisible unless one dares to seek it out.

Relph describes “placelessness” as “the weakening of distinct and diverse experiences and identities of places” (Relph, *Place and Placelessness*, 6)” and “the casual eradication of distinctive places and making of standardized landscapes that results from an insensitivity to the significance of place (Relph, *Place and Placelessness*, ii).” The place which possessed diverse meanings prior to the human intervention becomes a commonplace due to the appearance of ubiquitous buildings not related to the “history” of that place, such as a shopping mall, family restaurant and fast food store. ...

If it remains as is, “Eco Park Minamata” will continue to be a space of “placelessness.” The Minamata Disease Municipal Museum ... might also become a theme-park-like space. If the historicity of the place comes to be neglected, [the museum] is at risk of becoming a PR hall to impress upon visitors the Minamata that “overcame” Minamata disease and “revived.”⁴⁷ xv

⁴⁷ Ikeda, 186-87. *Michi no eki* (Road Station) is a government-designated rest area found along roads and highways through Japan.

To erase the distinctiveness of this place—and there are few other places on earth that possess similar histories to Minamata disease—the city of Minamata and the Kumamoto prefecture made Eco Park Minamata as ubiquitous as possible, with the *Michi no eki* facility adding the final touch to the sense of having-been-there-before. In other words, falling behind sightseeing and recreation, the learning about Minamata disease is placed rather low in priority as the suggested activities for visitors to engage in. The Eco Park Minamata as “the bleached-out space” (*hyōhakuka sareta kūkan*; 漂白化された空間) ruled by “placelessness,” as Ikeda puts it, wipes the history of suffering off the very place where it all started and creates the semblance of peace and harmony on the reclaimed land. The Minamata that “overcame” the disease and “revived” is an image without substance as long as it remains an empty claim from just one side, especially the side for which such an image is not only beneficial but in fact essential.

While the Eco Park Minamata remains mostly Minamata-disease-free other than a few sites, it does offer two memorials for the deceased Minamata disease patients, although their presence is rather subtly advertised and can be easily overlooked. These two memorials are the Minamata Memorial (Fig. 3.12.), established in October 1996 in commemoration of the fortieth anniversary of the official confirmation of the disease and designed by Italian architect Giuseppe Barone, and the Memorial Cenotaph for Minamata Disease Victims (*Minamatabyō irei no hi*; 水俣病慰霊の碑; Fig. 3.13.), established in May 1st, 2005, this time for the fiftieth anniversary. The Minamata Memorial is located near the Minamata Disease Municipal Museum, and comprises the glass fountain named the Foundation of Prayer (*Inori no fonsui*), terraces of different levels, and the stainless steel spheres scattered over the terraces named the Memorial Spheres (*memoriaru bōru*). According to the municipal museum website, this memorial functions “1) as a prayer and requiem for those sacrificed to Minamata disease; 2) as a pledge, based on the experience of Minamata disease, to never allow the repetition of such disease; and 3) so as to pass on the lessons of Minamata disease to future generations.”⁴⁸ At a first glance, I found it challenging to find any direct connection between the disease and this memorial, with the objects being presented appearing rather universal in terms of symbolism and no apparent specificity or necessity as of why this work of art *had to be* the Minamata Memorial. It is rather innocuous, so much so that it will not be harmful to any party involved in the Minamata disease struggle due to its ambiguity of message. It can be the MINAMATA memorial, but it can also be a mere soothing object placed in a park. And the designer Barone’s own comment reflects the impression I received: “Rather than as a place with special purposes, terraced place, notice or symbol, I hope that this piece of art in its entirety will be fully utilized by people simply taking a walk, resting, losing themselves in thoughts and reminiscing.”⁴⁹ According to Barone, visitors are not necessarily expected to ponder over the disease which made Minamata nationally (in)famous, and this line alone seems to prove the lack of necessity for this memorial to be placed in Minamata for commemoration of the deceased. Moreover, the brief description of each component of this memorial often turns to the same expressions—past, present, future—with the emphasis on future. In other words, the above comment again conforms closely to the objective of the entire Eco Park Minamata: to suppress the place specificity and make it feel ubiquitous.

⁴⁸ Minamata Disease Municipal Museum, “Museum Guide.”

⁴⁹ “Shisetsu an’nai,” Minamatashiritsu Minamatabyō shiryōkan, accessed January 6, 2018, <http://www.minamata195651.jp/guide.html#2>. My translation. The original Japanese reads: “特別な目的の場所や階段状の場所、掲示、シンボルなどではなく、作品全体として人々が単純に散歩や休憩、考え事や回想したりすることでこの作品が生かされることを望んでいます。”

However, once a year on May 1st, the day Minamata disease was officially confirmed in 1956, the place specificity suddenly climbs up on top of the Eco Park Minamata's list of priorities as it becomes the venue for the official Minamata Disease Victims Memorial Service (*Minamatabyō giseisha ireishiki*). I noted "official" since, just as there are two museums that present or exhibit Minamata disease, there are also two memorial services in commemoration of the victims. While I will introduce another memorial service later in this chapter, here I shall discuss the municipally sponsored service, especially in relation to the locations where it was being held. The first service was organized in 1992 on the landfill as part of the above-mentioned "Environmental Creation Development Project in Minamata," and then after a four-year hiatus, the service has become an annual event after 1997. The former Sōshisha member, Hirotsu Toshio, analyzes the significance of the year 1992 as when politically active patients were losing their force due to the stagnation of the Minamata disease activism since the late 1980s and increasingly in need of support from the municipal and national governments, and also when the city of Minamata came to the recognition that the redress issue for unverified patients needed to be dealt with as part of community planning and rebuilding.⁵⁰ In that sense, even the act of commemorating the deceased cannot escape the quagmire of politics. Moreover, the year 1997 coincides with the opening of the Eco Park Minamata in June of that year, and it is not difficult to imagine that the hosting of the memorial service would have helped to foster the impression that the city is the officiator of such an event of commemoration, and also the one agency that determines who is to be commemorated. And this aspect of "who is to be commemorated" is crucial in connection with the register for the names of the deceased Minamata disease patients which was being stored inside the Minamata Memorial. As Tsuchimoto Noriaki points out, as of 1995, despite the repeated request by the city to list the deceased's names on this register, due to the hesitation and lack of cooperation from the bereaved families, there were only about a hundred names that were listed, while by 2003 the number increased to 302.⁵¹ Moreover, Endō Kunio states that these 302 are merely 20 percent of the entire verified deceased patients, and the agreement clauses include that their names shall never be made public, based on the lingering fear of discrimination.⁵² In other words, this register, which is the basis for determining who is to be commemorated, is quite limited in substance and has become a mere façade. Other memorials have victims' names inscribed as the physical and symbolic gesture of public remembrance, but in Minamata, the names are secretly written down in the register, which is not public. The fact that the fear of discrimination still prevents the act of official recognition speaks of how, behind the municipal efforts to reconcile with its past, Minamata disease is yet to dispel its negative image, particularly in the minds of the discriminated.

The Minamata Memorial retired from its role as the official memorial site in 2006 when the Memorial Cenotaph for Minamata Disease Victims, established in the seashore facing Minamata Bay, took over this role on May 1, 2006. At this point the venue for the annual memorial service was also moved to the open space in front of the cenotaph, in the same manner

⁵⁰ Toshio Hirotsu, "Minamatabyō ireishiki ni tsuite (shūsei genkō)" (unpublished manuscript, 2000), Microsoft Word file. My translation. Though not explicitly pointed out or argued, it is interesting to find out in Hirotsu's document that while the Minamata Disease Victims Memorial Service (*Minamatabyō giseisha ireishiki*) did not begin until 1992, the Minamata Disease Memorial Service (*Minamatabyō ireishiki*), without "Victims," existed since 1964.

⁵¹ Noriaki Tsuchimoto, "Kiroku eiga sakka no 'genzai' ni tsuite," in *Minamatagaku kōgi dai 2 shū*, ed. Masazumi Harada (Tokyo: Nihon hyōronsha, 2005), 101. My translation.

⁵² Endō, 39. He also notes that the names of unverified deceased patients are allowed to be listed.

as the memorial services in Hiroshima and Nagasaki. As a matter of fact, it is not only the manner with which these services are organized that the city of Minamata borrowed from these two world-renowned cities of catastrophic past. On the cenotaph in Minamata is inscribed the following Japanese text: “水俣の海に在るすべての御霊よ 二度とこの悲劇は繰り返しません 安らかに眠りください” (All the souls in the sea of Minamata / We shall never repeat this tragedy / May you rest in peace). The last two lines of this text bears a very clear resemblance to what is inscribed on the cenotaph in Hiroshima Peace Park. While there are slight alternations in expression upon translation into English, the Japanese texts are quite similar:

Minamata

We shall never repeat this tragedy / May you rest in peace

二度とこの悲劇は繰り返しません / 安らかに眠りください

(Nido to kono higeki wa kurikaeshimasen / yasurakani onemuri kudasai)

Hiroshima

Let all the souls here rest in peace / for we shall not repeat the evil

安らかに眠って下さい / 過ちは繰返しませぬから

(Yasurakani nemutte kudasai / ayamachi wa kurikaeshimasenu kara)

Both cenotaphs by themselves avoid the clear indication of who “we” are; in fact, in the Japanese texts, the subjects are omitted and it is assumed that “we” shall be the appropriate pronoun based on the sentence endings. The “evil” (which, more precisely, is “mistake” in Japanese) in the Hiroshima cenotaph becomes “tragedy” in the Minamata cenotaph, thus depicting a different picture which elicits the question on for whom Minamata disease is a “tragedy”—for victims, the city, Chisso, the prefecture, the national government? The responsible parties are not specified, and the range of victims is so enlarged that it rather defocuses the history of patients struggling through the verification process. It is true that the purpose of this cenotaph is neither to reawake past animosity nor to stir up controversy. On the other hand, making the expression so vague and general causes this cenotaph to lose its specificity to this particular historical event, just as in the case of Minamata Memorial. Paired with small bells to the left and the display of numerous *senbazuru* (thousand origami cranes) handmade and donated by students visiting this site in the back, this cenotaph appears legitimately official just like cenotaphs and/or peace monuments in other Japanese cities with tragic pasts. However, this legitimacy does not afford specificity or originality, and as a result, this cenotaph remains replaceable.

b. Fukuro, the “ground zero” of Minamata disease



(From the left) Fig. 3.15. The map of the city of Minamata. Shisei Kuwabara, “Minamata and the Shiranui Sea Area,” in *Minamata jiken: The MINAMATA Disaster* (Tokyo: Fujiwara shoten, 2013), 173.
Fig. 3.16. *Otomezuka*. Fig. 3.17. The cenotaphs standing next to *Otomezuka*.

In addition to (and also in opposition to) the official memorial site and service organized by the city of Minamata, there is the memorial site named *Otomezuka* (Fig. 3.16.) and the annual memorial service hosted by patients, their families and supporters, including those related to Sōshisha. Before examining these “unofficial” form of commemorative event in Minamata, I shall first introduce the environmental context of this site. This area called Fukuro, which is further divided into Modō and Yudō, is one of the two areas where, together with Tsukiura from where emerged the very first Minamata disease patient, approximately 70 percent of patients lived, and more than 30 percent of the living patients still reside (see Fig. 3.15.).⁵³ Two of the reasons for such high concentration of patients in these two areas are their proximity to the Hyakken drainage where Chisso kept discharging untreated mercury for decades, and also their being the areas where the majority of poor families of fisherfolks lived. As I go through the Fukuro area today to visit the Minamata Disease Museum, I see houses after houses, most of which are not so newly built and relatively small in size. Fukuro as a low-to-middle-class residential area presents a striking comparison with the Minamata Bay landfill and the Eco Park Minamata that sits above it. While the former might have mostly remained unchanged, including the lingering sense of discrimination against patients which only became less explicit, the latter experienced a complete makeover with the emergence of the entirely new land and the radical change in view as a result. This aspect of the change in “view” or lack thereof is indeed reflected in the principle each of the museums seems to observe, with the Minamata Disease Museum thriving on the accurate and truthful description of the history of Minamata disease and its activism (if from patients and their supporters’ perspective) and the Minamata Disease Municipal Museum putting more emphasis on the present and future of Minamata that overcame the disease and was reborn.

Such a “ground zero” area for Minamata disease is where *Otomezuka* (Mound for a Maiden) is quietly situated. Much like other memorial sites for Minamata, this *Otomezuka* is

⁵³ Hidehiko Tamashiro, Mikio Niigaki, and Shin Futatsuka. “Mechiru suigin nōkō osen chiiki jūmin no shibō kōzō,” *Minzoku eisei* 51, no. 4 (1985), 172.

dedicated to all lives lost to Minamata disease; however, unlike other publicly funded sites, it was privately funded by actor-activist Sunada Akira in 1981.⁵⁴ Deeply impressed by Ishimure's *Kugai jōdo*, he became the main organizer for the supporter group “Tokyo Minamatabyō o kokuhatsu suru kai” (東京水俣病を告発する会; Association for the Prosecution of Minamata Disease) and traveled from Tokyo to Minamata on foot asking for donation for patients with other supporters in the late 1960s to 1971. After traveling around the country performing the monodrama titled *Ten no io* (天の魚; Fish in Heaven) based on a chapter from *Kugai jōdo* in 1971, he settled in Minamata in 1972, and starting in 1979, he performed another monodrama *Umi yo haha yo kodomora yo* (海よ母よ子どもらよ; The Sea! Mothers! Children!) around the country asking for donation in order to build *Otomezuka*. That is to say, Ishimure communicates the voices of Minamata disease victims in writing, while Sunada does so through performance. While *Otomezuka* commemorates all lives claimed by this disease, its name *otome* (maiden) specifically refers to Uemura Tomoko, the congenital Minamata disease patient who passed away in 1977 at the age of 21. As I discussed in Chapter 1, Tomoko, not only as a living person but also as an image after her death, played a crucial role in the Minamata disease activism, and her father Yoshio continues to play an organizing role for the annual memorial service at *Otomezuka* as the leader of *Minamatabyō kanja gojokai* (Mutual Aid Association for the Minamata Disease Patients) that fought the first court battle against Chisso back in the late 1960s. The duration of this event, which counted the 37th occurrence by May 1st, 2017, depicts a different picture for how this “unofficial” memorial service has been an organic (if still not completely unpolitical) component for particular groups of patients and supporters, in comparison to the official/municipal memorial service which is mainly born out of political necessities and cannot completely deny its performative aspect. Maybe in reflection of its underfunded nature, *Otomezuka* is constructed by simply assembling large pieces of untreated/natural stones in a mound form, and likewise, two cenotaphs standing nearby (Fig. 3.17.) are blocks of stones standing tall with plates curved in on the front. *Otomezuka* and cenotaphs are in a sense replaceable since they are basically just stones; however, what they accomplished is the creation of the gathering place for patients and supporters beyond the May 1st event, whereas neither the Minamata Memorial nor the Memorial Cenotaph for Minamata Disease Victims, being rather catered to visitors, manage to offer more than a site to visit once (and not re-visit). Since *Otomezuka* stands in the grounds of the Sunada residence, after his passing in 1993 his wife has been acting as the mound keeper, again adding to the already heavily personal nature of this site. And this proximity is crucial since the fact that the place of living and that of commemoration are the same means that the act of commemoration, instead of being a special once-a-year event, would itself become part of every life, and the continued commemoration indicates the determination to live with the deceased and to respect them by saving them from oblivion.

Wrapping up the comparison

In concluding his argument, Hirai Kyōnosuke states that experiencing both museums is the best way for visitors to realize that no one form of exhibition can rightly depict the entire

⁵⁴ Tsuchimoto Noriaki captures Sunada reciting the poem in ritual white gown in *Minamata: kanja-san to sono sekai* (1971).

picture of Minamata disease; due to the depth and complication of its history, in order to attain an overview of this phenomenon as comprehensive as possible, it is essential to open our minds to any and all parties involved, even to Chisso. However, given the large volume of visitors the Minamata Disease Municipal Museum receives, he suggests that the solution for the community severed by Minamata disease might be found only by the museum run by public administration constructing an exhibition that better reflects the voice of victims. In order to achieve this objective, the Minamata Disease Municipal Museum should realize its potential as a forum (as Duncan Cameron proposes) where people from different positions, such as victims, supporters, citizens, researchers, shall interact with and enlighten each other, and it is clearly indicated that exhibition, instead of being simple enumeration of absolute facts, is the expression of how someone interprets historical past.⁵⁵ Currently the Minamata Disease Municipal Museum merely functions as a “temple,” despite the curators’ attempt to invite open conversations. In order to enable interactivity among visitors, the museum and people being represented, the city of Minamata as its operator need to open up this museum to better incorporate diverse voices, and again, let the under-represented speak up for themselves, rather than “representing” them through its perspective. Another suggestion Hirai makes, with the recognition that the Sōshisha’s Minamata Disease Museum has already put it into practice, is to assume the entire community as eco museum. Ogino Masahiro defines eco museum as “the notion of considering a community itself as a sort of museum and attempt revitalization of community exhausted by the shift in its industrial structure.”⁵⁶ Sōshisha, as one more way to distinguish itself from the Minamata Disease Municipal Museum, actively organizes the tour of Minamata based on the notion that visitors need to see the town beyond the closed museum space so as to gain further understanding of the disease. The learning from “live museum” in community leads to the openness of mind to understand Minamata disease beyond its textbook or guidebook explanation.

In place of conclusion: Minamata Exhibition and the Circulating Exhibition

The two permanent exhibitions on Minamata disease discussed above are in contrast with another temporary form of exhibition, with the Tokyo-based NPO Minamata Forum organizing the circulating exhibition and bringing exhibits to where the audience awaits.⁵⁷ Started by a group of activists who agreed with Sōshisha’s mission but found its manner and contents of exhibition limiting and not effective enough, the Minamata Forum hosted the first Minamata Exhibition in Tokyo in October 1996, and then traveled to more than a dozen major cities to host the Minamata-(city name)-Exhibition, including Osaka, Nagoya, Fukuoka, and most recently Kumamoto in 2017. This organization’s affinity with Sōshisha naturally suggests that the Minamata Exhibition also represents the disease from the perspective of patients and supporters, especially those who are politically active. According to the executive director Jitsukawa Yūta, the Minamata Forum is not always the sole organizer of the Minamata Exhibition; instead, depending on the size of the host city and the circumstances around realizing the exhibition in

⁵⁵ Hirai, “‘Kōgai’ o dō tenjisubekika,” 169-73.

⁵⁶ Masahiro Ogino, “Bunka isan e no shakaigakuteki apurōchi,” in *Bunka isan no shakaigaku: Rūburu bijutsukan kara Genbaku dōmu made* (Tokyo: Shin’yōsha, 2002), 13. My translation.

⁵⁷ I discussed the Minamata Forum in terms of W. Eugene Smith’s “Tomoko and Mother in the Bath” (in Chapter 1) and Tsuchimoto Noriaki’s *iei* mural (in Chapter 2).

that particular city, it could be organized by 1) the local government, 2) an execution committee comprised of individual volunteers, 3) the assembly of several different organizations, and 4) the Minamata Forum directly.⁵⁸ In other words, each Minamata Exhibition, though same in terms of the exhibits, is unique depending on its organizers and their decisions on how *their* Exhibition should be the proof of openness. For instance, the 2017 Minamata Disease Exhibition in Kumamoto, which was co-organized by the consumers' cooperative Green Co-op and the Minamata Forum and held in the branch of the Kumamoto Prefectural Art Museum, divided the exhibition into four rooms (on three separate floors), thus creating the flow of visitors moving between different exhibit halls—the flow which could both provide moments of rest and confuse visitors where the next room might be located. On the other hand, the 2013 Minamata-Fukuoka Exhibition, solely organized by the Minamata Forum at the JR Hakata Station Building, unfolded the entire exhibition in one large space, thus containing the traffic to horizontal movement and allowing visitors to focus on the exhibits, though the volume of information could potentially be too overwhelming to take in at once. The diversity of organizers and other participants as seen in each Minamata Exhibition also makes the Minamata Forum as the main organizing body unique from the city of Minamata and Sōshisha as the organizers of two Minamata disease museums in Minamata, and this uniqueness is partly made possible by their flexibility backed by the temporal aspect of circulating exhibition—one of the benefits of not having a permanent space of exhibition.

Flexibility and temporality can be both advantageous and disadvantageous. Particularly with regard to the exhibits, most of which are panels, the flexibility afforded by their packability ensures the ease of transport and also of set-up since they will fit into any space provided. In fact, the lack of original artwork (for example, Maruki Iri and Toshi's *Minamata no zu* is the scaled-down reproduction printed onto a couple of panels) in turn makes the handling of these exhibits less complicated. Additionally, it would be more accommodating to minor repairs and modifications to be applied to the exhibits. And in terms of temporality, the fact that the Minamata Exhibition only runs for approximately one month urges visitors to catch the event while the limited engagement lasts. The flexibility and temporality, however, could also affect this event in an adverse manner. The exhibits are frequently packed and unpacked and no major replacement has been done since the first 1996 Minamata-Tokyo Exhibition; therefore, they show signs of age, especially the panels. While some panels are hung on the exhibition venue's wall, others are hung on the tall gray wheeled screens with the lights attached on top, creating additional wall spaces for the sake of exhibition. The gray surface of these screens, the cords from the lights, and packing tape keeping these lights in place (and not necessarily applied neatly) are all exposed to visitors' view. The lack of professionals specialized in exhibition display and the heavy reliance on non-professional volunteers affect the way the exhibits are presented, and therefore the way they are perceived by visitors. The aging of the panels is indeed an issue, which the Minamata Forum attempted to address by raising contributions in the amount of 28,900,000 yen (approximately \$263,000) for the complete renewal starting in March 2017. As part of the renewal plan, the following items are suggested: 1) the reduction in the number of panels that explain the historical context; 2) the addition of panels that introduce anecdotes and folklores borne out of the Minamata disease incident; 3) the construction of replicas and models; and 4) the modification of the overall exhibition design in light of the

⁵⁸ Yūta Jitsukawa, "Undō to shite no tenji: 'Minamata fōramu' to 'Minamata-ten,'" *Tenji tsūshin: rekishi, saigai, ningen* 2, no. 2 (August 2002): 10. My translation.

increased emphasis on visualization in society at large.⁵⁹ The 2) above seems to be in line with Hirai's suggestion to use the space of exhibition for the opportunity to introduce the voices of people involved in the Minamata disease struggle in various capacities, although perhaps the Minamata Forum is not willing to feature the perspectives of Chisso and the city of Minamata. Furthermore, the incorporation of audiovisual elements, though potentially more appealing to the younger generation of visitors, might financially weigh on the organization and also result in the decreased quality in the content of exhibits due to too much attention paid on how they look, instead of what they are intended to communicate. The final point of the flexibility that could be both advantageous and disadvantageous is the pieces of black paper that cover certain *iei* on Tsuchimoto's *iei* mural. While the choice to shut the *iei* from exhibition in some cities allows the bereaved family the freedom of concealing the deceased's face from the public in the form of self-censorship whenever necessary without completely withdrawing from the project, and thus managing to respect Tsuchimoto's will. At the same time, the very option to cover the *iei* urges us to face the reality that the discrimination against the Minamata disease patients and their families is still far from over.

With its advantages and disadvantages counting in, the Minamata Forum and its Minamata Exhibition suggest potential paths for improvement and renovation for both Minamata disease museums. As Itō Toshirō argues, “exhibition is the piece of work (*sakuhin*; 作品) that a museum creates.”⁶⁰ For the museums that represent Minamata disease, the materials out of which to create exhibitions might be quite similar; however, the completed exhibitions present wholly different messages. This fact already indicates how, after all, these exhibitions are representations of their organizers and curators' perspectives rather than the historical event itself. That is exactly why it would be beneficial for the municipal museum to open up its space to the voices of groups that are currently under-presented, or potentially even mis-represented. The monopolization of the effective exhibition venue and the narrative to be communicated would, in the long run, cause the overall history of the Minamata disease to be skewed, which needs to be avoided at all costs especially since patients and supporters who belonged to the first generation of Minamata disease activists are slowly dying out—and also since the clock is ticking for the Minamata Bay landfill.

⁵⁹ “‘Minamata-ten’ tenjibutsu rinyūaru ni gokifu o onegaishimasu,” Minamata Forum, last modified July 14, 2017, <http://www.minamata-f.com/support60.html>. My translation. As of July 14, 2017, they have raised 22,350,000 yen out of 28,900,000 yen.

⁶⁰ Itō, 40. The original Japanese reads: “展示というのは博物館が創りだすひとつの作品でもあるわけです。”

Conclusion

Minamata and beyond: voices against discrimination woven together

I anticipate this documentary to be a “luminous film.” It does not mean upbeat. On the other hand, it is not a film so dark and miserable that the audience cannot but sympathize [with the subjects]. The world of patients who live beyond such [difficulty], fighting by way of living, and acting by bringing [the Minamata disease incident] to court in search of judgment, would appear luminous to those who see it. In that sense, [this documentary] will be a film that emits light like an illuminant.

—Tsuchimoto Noriaki, *Kanja no sekai kara no gyakushōsha*¹

Once upon a time, there was a strange disease called Minamata disease in southern Japan. Neither medical cure nor political solution has been found, and even now, more than half a century after its first emergence, this disease is still ongoing. The Minamata disease narrative is yet to reach its definite conclusion, and in the meantime, many who fought in the 1960s and 1970s at the height of its political season passed away—including Ishimure Michiko, who was quietly called to her eternal rest on February 10th, 2018. Its unexpectedly elongated life as an unresolved environmental pollution incident came with the side effect of its being regarded as the forerunner for other subsequent incidents of similar nature, and as a result, it attained the position as a sort of mentor for those that followed. This position has become even more evident after the 2011 Tōhoku earthquake and tsunami on March 11th, 2011 (also known as “3.11”), especially the Fukushima Daiichi nuclear disaster as its man-made-disaster component. After this contemporary incident, people affected by the Fukushima disaster found alliance in Minamata for the fight against the government and the corporation (東京電力; Tōkyō denryoku, or Tokyo Electric Power Company). Sōshisha has been particularly active welcoming people involved in the 3.11 activism to Minamata and also participating workshops and forums on environmental issues, voicing the current states of Minamata disease and its patients as the reminder of the long-lasting impact of scarred environment onto human bodies. Such alliance, however, predates the occurrence of 3.11. As one instance, the Minamata disease patients, some other underprivileged/discriminated groups and respective supporters were united under the name *jinken* (人権; human rights), and this union of otherwise potentially insignificant forces helped anti-discrimination struggles gain momentum and increase awareness. Buraku is one of those groups that joined forces with the Minamata disease patients against deep-rooted social stigma and discrimination.² In fact, the anti-discrimination educational board of my hometown

¹ Noriaki Tsuchimoto, “Kanja no sekai kara no gyakushōsha,” in *Eiga wa ikimono no shigoto de aru: Tsuchimoto Noriaki shiron dokyumentari eiga* (Tokyo: Miraisha, 1974), 29. My translation. This article was first published in the November 2, 1970 issue of the Kumamoto nichinichi shimbun.

² The Buraku Liberation and Human Rights Research Institute defines *buraku* as follows: “Buraku is a Japanese word referring to village or hamlet. The word began to acquire a new connotation after the administration in Meiji era (1868-1912) started to use ‘Tokushu Buraku’ (special hamlet) in reference to former outcaste communities. The intention was to negatively distinguish former outcast communities from other areas. At present the word ‘Buraku’ is usually referred to as communities where discriminated-against Buraku people reside. On the other hand, the term ‘Tokushu Buraku’ has been figuratively used from time to time in distinguishing a different society from a so-called

Kurume (in Fukuoka prefecture of Sothern Japan; approximately 3.5 hours from Minamata by car), the city known for numerous buraku areas and anti-buraku incidents, established ties with Minamata since the 1980s to learn from the patients and supporters' histories of struggle, so much so that the visit to the Minamata Disease Municipal Museum and Eco Park Minamata is now part of the curriculum for fifth graders for human rights education, one year before they visit Nagasaki for the learning of another world-class disaster. While on the surface these two issues (environmental disaster and discrimination based on one's birth) share little, the fact that fisherfolks' low social standing invited patients' social ostracism does connect Minamata disease with buraku issues.

In addition, similar alliance among various social issues can be seen in the museum setting as well. For instance, Minamata disease is included in Ōsaka jinken hakubutsukan (大阪 人權博物館; Osaka Human Rights Museum), where the histories of struggle for the wide range of underprivileged/discriminated groups are exhibited with panels, visual materials, interactive activities and some real objects for the purpose of heightening awareness of these groups which were frequently suppressed and whose expressions went unnoticed more often than not. The exhibitions on Minamata disease appear twice, once in the section on doctor Harada Masazumi's involvement with the congenital patients, and again through W. Eugene Smith's photographs, which marks the end of the permanent exhibition. In this museum, each group or issue is given equal weight irrespective of its historical significance or degree of damage; in that sense, there is no "discrimination" based on how known it might be. Such equality of representation is noteworthy considering that even in the context of museums specialized in Minamata disease, as I discussed in Chapter 3, not all exhibits are given equal weight, and better-known aspects, such as Ishimure Michiko, receive celebratory treatment compared to lesser-known ones. Further expanding on the issue of museum exhibition, I shall turn to painters Maruki Iri (丸木位里; 1901-1995) and Maruki Toshi (丸木俊; 1912-2000), famous for their collaboration work *Genbaku no zu* series (The Hiroshima Panels; 1950-1982). The Marukis worked on the painting *Minamata no zu* (The Minamata Panel, 1980), which now shares the space not only with *Genbaku no zu* but also the panels on Auschwitz and the battle of Okinawa in Maruki bijutsukan (原爆の図丸木美術館; Maruki Gallery for the Hiroshima Panels), and its reproduction is also part of the Minamata Exhibition, being presented side by side with other artworks on Minamata disease.³ The common thread in the Marukis' collaboration works is the lives of the innocent under attack by incomparably stronger forces—the lives being sacrificed for "larger causes." The Marukis traveled around the nation (and eventually overseas) with their *Genbaku no zu* to narrate to people in cities of various sizes the horror of the atomic bomb in Hiroshima, even when Japan was still occupied by the allied forces (which ended in 1952) and any information on the atomic bombing was strictly prohibited. The Marukis' *Genbaku no zu* tour was an early form of circulating exhibition, which Tsuchimoto later realized as *Junkai jōeikai* (around-the-sea screening) bringing his documentary films to residents in the small islands of Amakusa across from Minamata beyond Shiranui Sea, and the Minamata Forum followed suit with their Minamata Exhibitions. The Marukis' concurrent roles as artists, exhibitors and eyewitness-

ordinary society as well as in describing Buraku areas, resulting in fostering discrimination against Buraku people." "What is Buraku Discrimination?," Buraku Liberation and Human Rights Research Institute, accessed March 10, 2018, http://www.blhri.org/old/blhri_e/blhri/buraku.htm.

³ Justin Jesty discusses the significance of the Marukis' works in the following article: Justin Jesty, "Casting Light: Community, Visibility and Historical Presence in Reportage Arts of the 1950s," *Quadrante: Areas, Cultures, and Positions* no. 10 (March 2008): 187-253.

storytellers (*kataribe*) added the organic unity and authenticity to their exhibition, thus making their claims more compelling—much like Sunada Akira’s monodrama, which should also be considered a form of exhibition, became strongly inspirational for the audience.

Minamata disease has been communicated with the audience in diverse forms of exhibition (*tenji*). And while every exhibition delivers a different narrative based on a diverse perspective held by exhibitors, and no single exhibition can encompass the entire picture of this deeply complicated disaster, many different exhibitions, when taken in together, will enable us to see it more holistically (if not completely so) beyond otherwise one-dimensional, limited-in-perspective representation afforded by one exhibition. In that sense, it could be very limiting and misleading to attempt to understand this disease just through a couple of famous photographs by W. Eugene Smith, such as “Tomoko and Mother in the Bath.” Furthermore, the flexibility in the definition of “exhibition” beyond the physical space of museum allowed me to recognize that the more diverse the means of keeping alive the history and memories of Minamata disease, the higher the likelihood of such exhibitions reaching to the audience, especially those who might not be actively seeking to learn about it. In addition, as the recently developed relations with the 3.11 incident reveals its potential, the collaboration with other issues of environmental disaster can revitalize the interest in and significance of this more-than-half-century-old disaster, allowing to visit Minamata anew. And in these collaborations, Minamata as documents of bodies and memories live not only in the past, but continue to live on into the ongoing present, just as Kuwabara Shisei’s capturing of the 3.11 aftermath in 2011 necessarily brings back the images he captured in Minamata back in the 1960s. Despite the wish of patients, family members and supporters, the political, medical and/or social solutions to this disease are still far from being attained, and the continued exhibition of this disease is already the evidence that it is yet to be “cured” in any way. However, maintaining the visibility of Minamata disease through various forms of exhibition prevents this important historical lesson from being swept away into oblivion. Out of sight, out of mind. Yet the act of showing would activate the act of seeing, and this reciprocal visual relationship keeps weaving the Minamata disease narratives.

The original Japanese texts

Introduction

Minamata disease *as* exhibition, Minamata disease *in* exhibition

ⁱ 初めに手足の先がしびれ物が握れぬ、歩けない、歩こうとすれば、ツッコケル、モノがはいえない。いおうとすれば、ひとことずつ、ながく引っぱる、甘えるようないい方になる。舌も痺れ、味もせず、呑みこめない。目が見えなくなる。きこえない。手足がふるえ、全身痙攣を起こして大の男二、三人がかりでも押さえきれない人も出てくる。食事排泄も自分でできなくなる。

Chapter 1

The documentation of the body as a record of “life as patients”

ⁱ 水俣病の胎児性の子どもたちが、なにゆえ、非常にうつくしい容貌であるかと、子どもたちに逢う人びとはいう。それは通俗的な容貌の美醜に対する問いばかりでもない。

松永久美子をはじめとして、手足や身体のいちじるしい変形に反比例して、なにゆえこの子たちの表情が、全人間的な訴えを持ち、その表情のまま、人のこころの中に極限のやわらかさで、移り入ってきてしまうのだろうか。

ⁱⁱ 娘のお襦袢を替えてやる部屋は、家の戸口から最も離れた納戸の奥にある。...誰もこの部屋をのぞかない。

そんな光の奥に閉ざされている部屋の中で、十六年あまり裾の世話をしてもらっていても、やっぱり娘はその度に、不自由な手をつっぱらせて両の大腿を閉じあわせ、ちぢこめ、隠そうとする。...

ーおしめ替えるときに、一番きつかったですよ。本人も親の私もですね。月のものまであるごつなつて。先に死なんばならんですよね、親は。誰のお世話になって、下の世話ばしてもらおうとでしょうか。...拭いてやりながら、涙のせきあげるときのありますと。

ⁱⁱⁱ 今日、マスコミのニュースの中に公害の記事はめずらしくない。しかし、一九六〇年頃の紙面から「水俣」や「公害」の文字を見出すことは、地元紙の熊本日日新聞や西日本新聞それに全国紙の熊本県版を除いて難しい。それに、いま公害問題を写真で撮ることはいわば常識になっている。しかし、当時において水俣病を写真で追及しようとする発想には不安があった。

^{iv} 患者さん一人ひとり、患者さんの親族、保護者の同意がなければ、いまでは院長の決断ひとつでは撮影できない時代になっています。個人の権利、プライバシー、肖像権、いろいろ厄介な問題があります...しかし当時は写真が、どんな影響を撮られる側に与えるかという怖さが、写される側に薄かったといっています。いまは皆さん含めて、勝手に撮られたら、なぜ撮るの？どこに使うの？とおそらく思われるでしょうが、当時は写真を撮られると、むしろにこにこ笑われる、喜ばれるような時代だった。...

この半世紀の間、日本の写真界が黄金の時代だったのはなぜか。...要は撮り放題、撮りっぱなしだったんです。個人個人のプライバシーだとか、肖像権というのはほとんど顧みないで、発表しっぱなしだったともいえる。

v 意識不明のまま生ける屍のような漁民やその家族たちの不安な生活の現実を前にして、カメラはその異常な現実をどのような視角の映像で切り撮ればよいのか当惑せざるをえない。…水俣の悲劇は殺人や事故とは異なる別の側面、資本主義の矛盾に迫る政治的、社会的な問題としてとらえなければならない。そのためには水俣病を告発する必要がある。その告発する写真の映像とはどのような映像なのか。

vi その容貌のみずみずしさは、もはや俗界の人間のものではない。この女神のような少女を写真でどのように映像化するか。…現実の病人としての彼女には、素直なところカメラを向けたくない。…水俣での写真は、ともすれば暗く重い映像に終わる。印刷媒体を通して写真のページを手にする読者は水俣病に関心の深い人とはかぎらない。水俣の事情を知らない読者に、むしろその写真のところでページを繰る手を止めさせたい。刺激性の強い衝撃的な写真では、その効果が高いことはいうまでもないが、それは一過性の効果で、人の心を打つとはかぎらない。被写体が衝撃的であればあるほど、逆にソフトな写真がより効果を増す場合もある。写真を見る人が、それを突き放してしまえば、その写真の生命はそこまでといえる。より引きつけ、また共感を抱いてもらった上に、さらに、余韻の残る映像を送り出す必要があるように思う。ドキュメント（記録）の写真では被写体は現物であり現場でもある。写真を撮る映像の送り手側が映像を加工することは事実を歪めるのではない。生の材料を高度な映像表現で料理することで、受け手側が拒否反応を示さずに原作者のメッセージを受け取ってもらえることになる。報道写真は、ともすれば表現技術がおろそかにされがちであるが、それはまちがいである。記録写真の事実性は、写真がたんに写されていれば良いというものではない。

vii TV 番組に水俣病を選んで、…患者多発部落・湯堂に初めて入った日、私は部落の人々の嫌悪の眼を知らされた。丁度、水俣病は後遺症のようにあつかわれ、全く部落の中に封じこまれていた昭和四十年の二月であった。ワイド・レンズで部落の全景をとっていると、一軒の庭先で主婦たちがさわぎ出した。私はそこにいた患児に気づかなかったのだが、人々は無断でとったとして激しく私たちを責めた。私は弁解の言葉もなくそれをきいた。その後から、完全に私は思考力もことばもまともでなくなってしまった。つまり壊れたのである。「水俣病をとる資格はない」という直感から、「映画をとる力はない。もうやめよ」という自分の声がとめどないのである。どこにカメラをむけることも出来ず、舟つき場の石垣の上に立ちつくした。…

そのうちに伏し眼がちに見る海の底にすきとおって、しじまに光る、茶わんのかけらがあつた。…「これに焦点が合うかな？」と言い出したことがきっかけになって、二人で海底のセトモノを黙々とあれこれ時間を費やして何カットも撮りつづけた。…それを撮ることでしか私たちは始まらなかったのである。つまり、足ぶみの記録でしかなかったのだ。しかしそのことでのみ、辛うじて映画作家としての根底からの挫折に耐えることができたのである。この体験からしか、今日までの水俣病とのかかわりも生まれなかった。

viii 映画で彼女を撮ることは極めてやさしい。何故なら、それに対し、何の拒否もかなわぬ無反応の人間だからである。私は、それ以前の、多くの映像をもって仕事をする人同様、彼女を撮ることになった。たしかに私は、この少女が、水俣市民の無関心の中で風化を強いられている様に対する痛みをもって、その姿をとるこの意味を身にあかしとし怒りをこめながら撮影した。しかし、彼女が、まじろぎも拒否もしない無痛覚のままアップに耐えた時から、私は言いしれない気持の動揺を、ついに作品完成までおさえることもしづめることも出来なかった。何故？何のために？どの地点にたって私は撮っているのか？という自問の有無を、彼女自身が私に迫るという構造に、おのずとそうなるのである。

ix 私が職業として映画を撮っていることは、私は素手素面の人間でなく、その機能を付着させつつ、さらに人間としていかに裸身にいたるかの自覚を深めることを自分に課する。

x カメラのある状態とは平常ではなく、かりに平常としても撮るものと撮られるものの関係を生み、それが相互に一つの緊張を生み出す。

^{xi} 記録映画が、人を盗み、肖像を切り撮り、人の言葉を採る・・・そうした物理的武器、レンズ、フィルム、テープ等を私が一方的に独占し、それを力としてもっている存在である以上、『被写体』の人間と私とは同列平等ではあり得ない。

^{xii} 記録者は対象と対決することによって、記録者自身が否定され、破壊され、そこから新しく生まれかわる状況を記録していくのが、映像記録の原則だと思う。つまり、今自分がカメラをまわしていることは、相手にとって、そして自分にとって何を意味しているかを問いつめてゆくべきだ。ここでこそ記録者としての主体性が問われるのであり、カメラが加害者であることを忘れてはならない。

^{xiii} 私が特にあいたいのは、その四階の成人水俣病室に十年余寝たまの松永久美子さんと二階の胎児性患者病室にいる山本富士夫君である。二人はその病気の最も残酷ないみで典型的患者である。...

私がリハビリテーション・センターにいき松永久美子さんと山本富士夫君を“目撃”しに行くのは、交流不能な、つまり拒否に近く遠くへだたった世界にひとり生きる人間に会うためである。水俣病とは何かの原点に搏たれるべくして近づくのだ。この二人はともに、私のなれ、なじんだ水俣病のある生活をゴソッとそぎ落す慄然たる存在なのだ。

^{xiv} 当時、水俣で写真を撮っていた塩田武史さんの紹介で上村さんたちと知り合い、何度か通って母子を撮らせてもらうことになりました。1971年12月、大事な写真を撮るのだ。お風呂での撮影をユージンが提案し、お母さんが応じてくれました。...初めてのこどもが生後2週間で痙攣し水俣病になっていたのです。会社は道徳的責任はあるが法的責任はないと、言いのがれをしていました。「私の大切な子供に、こういうことが起こってしまった」とにかくそれを伝えたい。そういう気持ちを込めて撮ったのがこの写真です。...一種のポリティカルな訴えでもありました。言葉で表現できないし、していません。あの姿、あの思い、あの母子の関係、命に対してのステイトメント、それを世間に主張しようじゃないかという暗黙の了解がありました。...智子さんはすぐまわりのことが分かっていたと思います。だから、「智子よ、ごめん。こういうきついことさせて」と、お母さんがとても気にして、「ちょっと無理してるな、許してな、頑張ってや」って・・・。

^{xv} 妻の良子が風呂の中で智子を抱えている写真のことですが、写真はすぐ一瞬で終わると思っていました。智子は体を緊張させて曲がろうとしなかったそうで、風呂から上がったからは、ぐったりしていたようです。これが有名になって、日に日にたくさんの報道の人が来るようになったのでございます。家族も公害撲滅のために役立つものならと思い、協力してきました。多くの人に活用していただきました。私の知らないところで数多くの写真が使われていることも知っておりました。

ところが「あれだけ写真が使われれば、お金が大分儲かるだろうな」という近所の人の声を聞きました。びっくりしました。お金を儲けるなんて考えてもいませんでした。

...亡くなってからはもう智子をゆっくり休ませたいという想いが強くなりました。

そんな私たちの気持を聞いて、わざわざ京都から来てくれらして、智子の写真に関する決定権を私たちに返して封印してくださったのです。

^{xvi} 智子さんとお母さんはユージン・スミスの「入浴する母子像」で世界的に有名になりました。それは智子さんを良子さんがお風呂に入れている写真です。聖なるマリア像に例えられもしました。世界中の何億という人がこの写真を見たことでしょう。智子さんは一言もものを言わなかったけど、彼女の存在は何億という人々に大きな影響を与えました。それはわたしたちが百万語を尽くしても語り得ない説得力を持っていました。そればかりではありません。智子さんは一言も喋れなかったけれども、全てを理解していました。

「患者たちが裁判に勝った日、だれかが“智子ちゃんが笑った日”という見出しを書いた。智子ちゃんにはそれもかなわず、おそらく知ることさえなかった。一九五六年生まれの上村智子は健康な母親の子宮の中で水銀に冒された。彼女が外界を知覚するのかどうかはだれもわからない。智子はかわいがられ、

無視されることがない。家族のものは、生けとし生きるものは生きつづけなければならないのを知っている」とユージンは『MINAMATA』という有名な写真集の中に書いています。

あの洞察力の非凡なユージンをしても智子さんが何でも分かっていることを見破っていなかったのです。

xvii 智子と母親の入浴の写真を目撃したとき、思わず戦慄が走った。打ちのめされたのである。これは日本人には撮れない映像であることに、まず驚嘆させられた。これが劇のドラマや演出される写真であれば濡れ場であっても容易に撮れる。だが、一般の庶民の実生活の場で、仮に半裸であったとしても撮影はきわめて難しい。日本の風土では撮れない。またあえて撮らない。いわば“聖域”としてきた。儒教思想が育んだこの聖域に、スミスはカメラを持ち込んだのである。異邦人でなくては撮れなかったカメラ・ワーク。それが新鮮な発想から生まれたこの一カットの与えた衝撃だったのである。

xviii この宴のヒロインもまたはなやかに着飾っていた。正確には着飾られている、と表現すべきであろう。入念な化粧で博多人形を思わせる。父親の好男は膝の上に、二〇歳をむかえる娘の智子を始終抱きかかえていたようである。

上村家での撮影は、一枚の「記念写真」を考えてきた。宴の終りに智子を囲んだ集合の記念写真を撮ってみたいと思ったのである。とりたてて新味のある手法でもないが、集合写真に、何かを語りかける表情と言葉があるとしたら、一枚の写真がもつ映像の力は小さくないはずである。...

「成人の日」の智子は、むしろ一枚の映像で勝負をしてみたかった。

xix 時折、むかいの上村家の無心な子供たち...のはしゃいだ声に交って、声にならない声が—うめき声とも声帯の感情ともいうべき声がきこえる。...上村智子ちゃんはまだ十四歳になった。女のあかしもはやばやと来ようというのに、眼は虚空をにらみ、その眼は白い部分だけにむき返り、手の指は鶴のように内によれまがり、固着し、足はなえて、坐ることも出来ない。この有機水銀毒の作用の特徴として脳細胞をとかし消失せしめて、人間から人間をうばっているものの、胃と腸と心臓のいとなみはその直接の毒性からのぞかれている。したがって胸部、腹部はまだ人間であることをうかがわしめるものの、短小の頭蓋、骨だけの足、ねじれた腰をそれらと重ねあわせると、形容しがたい残酷な人体となって私たちに迫ってくる。だが、この少女は、さだかではないが人の声を追い、それに応答するように表情がちらりとゆれるのである。母親と父親のひざにあって、感情のゆれの淡い切れはしを、親特有の解釈でくみとり、あやしめ、語りかける。...見舞いの人と子供との間にあって、魂の翻訳をしているのを見ると、私は私もいつかこの子に語れる日もあるだろうと思うことで、心の凝縮が融ける思いがするのである。

xx 智子ちゃんを見ているとね、こわいからねえ、もう。最初はもうつらくて、カメラのなんの持ち出す段ではなかったですよ。ところがねえ...話しているうちに、[母親]に抱かれている智子ちゃんの声が、おこっているのかと思っていたら、なれた人間がくると喜んでいるんだということがわかってきて、そしたら智子ちゃんの顔、ものすごく美人に見えるときがあるんだなあ、もうハッとすくらしい。だんだん、そう見えてくるようになった。まあ、そんな風な、美人にみえてきたときでないとカメラはむけられたもんじゃない。

xxi 驚いたのはその宣伝にです。あのユージン・スミスの智子さんとお母さんの“母子像”の写真の大氾濫でした。品川駅から会場まであの大きなポスターが張り巡らされていました。駅には若者がいて熱心にフォーラムのチラシを人々に配っていました。チケットにもあの「母子像」の写真です。これが都会風、現代風の大量宣伝なのでしょう。しかし、駅でチラシを配るということは捨てる人も落とす人もいます。あの都会の品川駅です。当然踏みつけて行きます。ポスターだって雨風に打たれれば剥げ落ちます。わたしもそうですが、何人もの水俣病を知る人が顔をしかめました。都会風の大量宣伝には水俣は馴染みません。この都会の若者たちは全くの善意です。一生懸命、この水俣展を成功させようとしているのです。でも、ちょっと違うのです。この写真は上村夫婦にとっては単なる写真ではないのです。

この写真があちこちで貼られているということは、両親にとって智子さんは亡くなって一〇年以上も経っているのに、まだ、働いているのです。

xxiii 1. 私、アイリーン・スミスは「上村智子さんとお母さんの入浴する写真」を上村さんご夫婦にお返しします。

2. これはこの写真に関する決定権が上村さんご夫婦に帰属することを意味します。

今後、この写真に関して依頼がありました時には、以下（別紙）の説明をし、写真の使用をお断りいたします。

Chapter 2

Commemoration and mobilization: the reproduction of and representation in *iei*

ⁱ 死は、ひとの存在様態を大きく変える現象である。ひとは生きている間は身体を通して人格を発現しており、その身体を含めて総体的な形で、他者との交流が図られることとなる。しかし死によって、従来の身体が機能しなくなり、やがて消滅もしくは隠蔽されていくなかで、死者の人格は、人々の記憶を元に新たに形成され共有されていくこととなる。

生前の身体から乖離し、記憶をもとに死者の人格は形成されるため、従来の身体に代わって、死者を表象するためのさまざまな媒介を必要としていく。…死者儀礼においては、複数の人々が参与することが多いため、さまざまなメディアに死者の人格を重ね合わせ、死者と生者との関係が構築されていくのであった。

ⁱⁱ 死者の肖像画や写真のこと。しかし死者の姿があらわれているものすべてを遺影とするのではなく、葬儀や追悼、顕彰などある意図や状況のもとで作られ、使用されるものをさすと考えられる。…一般に遺影が作られるようになるのは肖像写真を撮るようになった明治期以降であろう。また写真だけでなくモノクロで写真のように精巧に描く写真画も多く用いられてきた。

ⁱⁱⁱ 明治期までの絵額と、肖像画や写真の遺影と決定的に異なる点は、遺影が生前の現身であることから、死者のイメージは他界における死者の存在から生前の似姿に変化していったことである。それは絵額においては死者を他界にいるものとして死後の時間に位置づけていたものが、遺影は死の位置づけが過去の生前の記憶に大きく変化した点である。

^{iv} 今は死んでしまっただけで現存しない人物の肖像であること…その肖像イメージを見るもの——あるいは祀るもの——が、その像主にまつわる何らかの記憶を有していること…その人物の死を悼んでいることが必要であり、その〈悼む〉気持ちが、単なる肖像と遺影との分岐点にある。

^v まずは葬儀の前に、死者の写った複数の写真から、適当なものが選ばれる。その写真は、しかるべき加工—引き伸ばし、修正など—が施される。さらに額装され、黒いリボンを掛けられて、葬礼の祭壇に安置される。告別式が終わると、棺とともに遺族の一人が火葬場に持参し、火葬の後、自宅に持ち帰られ、後飾りの祭壇に忌明けまで安置される。忌が明けると、その写真は仏間など、家のしかるべき場所に飾られることとなる。こうした写真の選択から葬儀へという一連の過程を経て、単なる肖像写真は、はじめて「遺影」という身分を付与されるのである。諸儀礼が単なる肖像写真を一点限りの「遺影」にするのである。そうした遺影写真からは、写真メディアにつきものの複製性、複数性は隠蔽され、ただ一点のものとなる、礼拝的価値を回復するのである。

^{vi} 葬送における諸儀礼とは、人の容貌に辛うじて遺ったこのアウラが流れ出すのを堰き止め、それを増幅させるものであるのではなからうか。「追憶を礼拝する」諸儀礼を通じて、単なる肖像写真は、一点限りのオフィシャルな〈遺影〉と化す。そうってしまった写真からは、複製性や複数性は消えさる。同

じ写真は、何枚も存在する可能性はあるものの、遺影として正式に認められた写真は一点のみとなる。このようにして、遺影は一回性に基づく礼拝的価値を手にし、一種のフェティッシュとなるのである。

vii 不在のものを再び現前させる——表象する…遺影を見る者——遺された者——は、遺影というモノを通じて、死者と触れあうことが可能になる。

viii 遺影写真とは、死者と生者が、視覚と触覚の絡み合いによって触れ合う場であり、いわばあの世とこの世の距離を超えたコミュニケーションのメディアなのである。

ix 私たちの選びとった方法は全家庭の訪問である。そしてその最初の入り口を、すでに亡くなられた方々から始めた。十八年の歳月の作用で、日常、明るささえもっている遺族の方々であることに気持ちのゆとりをみいだしながらインタビューしていった。だが死にかかわる亡き患者さんへの追憶は昨夜のことのように生々しく、決して風化されていない。チッソへ、市・県・国へとさかのぼる話のディテールは鮮かであった。“水俣病”そのものを忘れさせ闇から闇に葬ろうとする一連の太い動きに、単独で立ちむかってきた個人の年譜があった。

x わたくしは彼女のベッドのある病室にたどりつくまでに、幾人もの患者たちに一方的な出遭いをしていった。一方的なというのは、彼らや彼女らのうちの幾人かはすでに自分の肉体や魂の中に入りこんできている死と否も応もなく鼻つきあわせになっていたのであり、人びとはもはや自分のものになろうとしている死をまじまじと見ようとするように、散大したまなこをみひらいているのであった。半ば死にかけている人びとの、まだ息をしているそのような様子は、いかにも困惑し、進退きわまり、納得できない様子をとどめていた。

xi 彼は実に立派な漁師顔をしていた。鼻梁の高い頬骨のひきしまった、実に鋭い、切れ長のまなざしをしていた。ときどきびくびくと痙攣する彼の頬の肉には、まだ健康さが少し残っていた。しかし彼の両の腕と脚は、まるで激浪にけずりとられて年輪の中の芯だけが残って陸（おか）に打ち揚げられた一根の流木のような工合になっていた。それでも、骨だけになった彼の腕と両脚を、汐風に灼けた皮膚がびったりとくるんでいた。顔の皮膚の色にも汐の香がまだ失せてはいなかった。彼の死が急激に、彼の意に反してやって来つつあるのは彼の浅黒いひきしまった皮膚の色が完全にまだ、あせきっていないことを、一目見てもわかることである。

xii 「ある種の有機水銀」の作用によって発声や発語を奪われた人間の声というのは、医学的記述法によると“犬吠え様の叫び声”を発するというふうを書く。人びとはまさしくその記述法の通りの声を廊下を挟んだ部屋部屋から高く低く洩らし、そのような人びとがふりしぼっているいまわの気力のようなものが病棟全体にたちまよい、水俣病病棟は生ぐさいほら穴のように感ぜられるのである。

xiii 肘も関節も枯れ切った木のようになった彼の両腕が押し立てているポケット版の小さな古びたマンガ本は、指ではじけばたちまち断崖のようにになっている彼のみずおちのこちら側にすべり落ちそうな風情ではあったが、ゆらゆらと立っていた。彼のまなざしは充分精悍さを残し、そのちいさなついたての向こうから飛びかからんばかりに鋭く、敵意に満ちてわたくしの方におそいかかってくるかにみえたけれども、肋骨の上においたちいさなマンガ本がふいにぼったり倒れおちると、たちまち彼の敵意は拡散し、ものいわぬ稚ない鹿か山羊のような、頼りなくかなしげな眸の色に変化してゆくのであった。

xiv 彼がマンガ本を読んでいたはずはなかった。彼の視力はその発語とともにうしなわれていたのであるから。ただ気配で、まだ死なないでいるかぎり残っている生きものの本能を総動員して、彼は侵入者に対きあおうとしていた。彼はいかにもいとわしく恐ろしいものをみるように、見えない目でわたくしを見たのである。肋骨の上におかれたマンガ本は、おそらく彼が生涯押し立てていた帆柱のようなものであり、残された彼の尊厳のようなものにちがいがなかった。まさに死なんとしている彼がそなえているその尊厳さの前では、わたくしは——彼のいかにもいとわしいものをみるような目つきの前では——侮蔑にさえ価する存在だった。

xv この加工は被写体を受容者が再認するまでの時間を低速化させる手段であった。それは、想起のための緩やかな間を形成し、想起を強めた。

xvi 二十八歳で死んだ娘の名前は、坂本きよ子というのである。彼女の絵姿は、死ぬ前の臥床の中にいつもいるのだった。伏目づかいのまなざしは、いつも左ななめの方をむき、庭先の巨木から散りこぼれる花びらを見あげようとして重たげにひらいている…

xvii あのような人間の姿ば、二度と、みろうごとはありません。わが子ですけんあなた、見届けにやなりませんでしょうが。鬼子母神さんも見きんならんですよ。泣き狂いしなはるですよ。それでですねえ。桜の木は、切り倒しましたです。あの子が死にましてから。

桜の咲きますと成仏しませんけん。

人前に出きらん面なしの娘で、死んだ子をほむれば、ただの親煩悩でいうごとありますばってん、親がみてもうつくしか子に見えとりましたが面なしで。写真うつるのが嫌いな子で、いつも隅っこにひっこんどりました。写真もなか子じゃとあきらめとりましたら、熊大で、撮ってありましたそう。解剖しなはるときに。

熊大で、ひきのばしてくださいまして、これがその写真でございます。

ひきのばすとき、この子の手が、あんまりかわいそうで、おそろしゅうございますけん、絵描きさんの、ふとんの中に隠してくれなはったそう。行儀の良う寝るように、描いてくれなさいました。

xviii 同一の素材の写真にも複数の呈示方法がある。この物質性が、私たち受容者の所作をも規定し、そこから独特な経験が構成される。

xix 現代の戦争の悲劇や、人類の愚行、過失の記憶のしかたはいろいろあると思います。米国にはベトナムで戦死したすべての兵士の名を彫った石碑の壁があり、アウシュビッツの犠牲者の髪の毛と入歯や眼鏡の山は鮮烈です。写真展示で知られているのは、カンボジアでポルポト派に虐殺された人々の識別用写真が掲げられていますし、沖縄の「ひめゆり資料館」には死んだ女学生たちの写真があります。即位後、沖縄を訪問した天皇はその資料館にニコニコして入ったが、不意打ちに会ったようにうろたえた、とあるルポにありました。写真の中の少女たちに見つめられた気がしたのでしょう。

「写真を見る」、それが逆に「写真から見られた」ことになった一例です。

水俣病患者の肖像写真が今日まで為されなかったことが、水俣病事件の社会的特徴を物語っているのではないのでしょうか。

xx 遺影群の空間は、「記録と祈り」と呼ばれて、会場の一角にありながら、水俣展の精神的な中心となる。確かに水俣展の全体は、水俣病事件の経緯と患者の戦いを説明する展示パネル、写真、ビデオ、ヘドロの標本、有機水銀の白い結晶の標本、幟、「死民」と記されたゼッケン、漁具、患者を非難・攻撃する匿名の葉書、日月丸の模型などから構成されていて、どれも欠かせない。それでも私は、これらの多様な単位は、マンダラ状に、あるいは銀河系のように渦巻いていて、その中心に祈りの場としての遺影空間がある、と考えている。

xxi この遺影展は私たち両名の発起によるものでした。水俣・東京展の中心に位置付けられましたが、その制作費は私たちの自費をもって充当しました。…遺影展は犠牲者の霊に関わるものである以上、個人の志で事を進めたかったからです。ゆえにこの事後処理にあたっても私たちの判断に任されていますことをご理解下さい。

未完とはいえ、三分の二の遺族が『記憶といのり』の趣旨に賛同し、遺影を出して頂けた…収集した「五百の遺影」は結果として公の財産といえると思います。…

「水俣からのものは水俣にかえす」という私たちの考え…これは水俣に公に所有されることこそ意味があると考えていたからです。つきましては市として水俣病の教訓の一部に役に立てて頂くのが最も相応しいと考え、あらためて寄贈させていただく、お願い申しあげる次第です。

xxii 遺影は、一人ひとりが固有名をもって展示され、...短い紹介が付されている。固有名をもつ遺影の前に私が立つとき、私が遺影を見ている筈なのに、いつしか私が遺影に見られている逆転に気がつく。...全ての遺影のまなざしに照らされて、私の素顔が現れてくる。...死者が、「水俣病患者の皆さん」一般でなく、その存在を固有名で現すならば、その前に立つ者は、加害者、被害者、傍観者の別なく、誰もが個としての存在を現わさないわけにいかない。自分が恐れ、傷つく場所に入って行かねばならない。しかし、私の化けの皮をはがす死者のまなざしは、ありのままの自己の受け入れ...へ、私を励ましもする。

Chapter 3

Displaying Minamata: how new aesthetics and political meanings get generated

i 「東京にゆけば、国の在るち思うとったが、東京にや、国はなかったなあ。あれが国ならば国ちゅうもんは、おとろしか。水俣ん者共と、うつつ、がつつじゃった。うんにや、また一風ちごうて、まあひどかった。むごかもんばい。見殺しにするつもりかも知れん。おとろしかところじゃったばい、国ちゅうところは。どこに行けば、俺家の国のあるじゃろか」

ii 博物館という公共的機関に求められるのは、孤独な、そして個別化された市民を、客体として固定化することではないだろう。それは受け身の参加から、自らの“場”を見直していくということである。そうした自己教育の担い手へと、成長・転化していく過程をうながし、またつつみこみ、そして保障していくという取り組みである。そのために必要な場の確保、また学習内容や学習方法の提示と援助が求められるわけである。

iii 負の記憶は、本来、両義的である。一方に、忌まわしい記憶は、これを早く忘れてしまいたいという思いを引き起こす。完全に忘れることはできなくても、できるだけ触れたくはない。触れなくてはならない場合でも、心の底に思いは押し隠そうとする。...しかし、負の記憶は、たとえ忌まわしい過去であつても、それを記録したい、あるいは、さまざまなかたちでそれを表現したいという願望も喚起する。...負の記憶を喚起する事物は、それを遺産として保存すべきだという考え方と、「負」の作用を及ぼすからこそ、はやく撤去すべきだという考え方のふた通りを生む。また、負の記憶を持つ人々は、保存への強い意志と徹底した忘却願望のあいだで揺れ動く。

iv フランスの哲学者ミシェル・フーコーは、知識と権力は相互に不可分であり、知識の生産や分配はつねに政治的であると論じている。この意味でミュージアム展示も政治的行為といえるだろう。「正しい」知識の伝達を通じて権力が行使されている。特定の認識や価値観に準拠するかたちで、公害とはなにか、被害はどれくらいか、原因はなにか、残された課題はなにか、といった知識が提供されるのだ。そしてその認識や価値観が正当化され、関連する人びとのアイデンティティが定義され、そこで記憶すべき価値あるものはなにかが教示されている。

逆説的なことに、ミュージアムという権力装置が強力な理由は、そこで伝達される知識が政治的な構成物ではないという装いをもつことにある。公害の歴史には競合する多様な見方が存在する。客観的なものにみえる「公害」展示でも、現在の問題意識と結びついた特定の見方や解釈に即してつくられている。しかし多くの場合、そのことを顕在化させていない。この隠された政治は、解説文のなかだけでなく、建物の構造、展示物の配置、展示具、映像のナレーションといった、一見、非政治的にみえる細部にまで及んでいるが、われわれはミュージアムの提供する知識を真実としてそのまま受け入れることに慣れきっていて、その否定的な側面についてはあまり考えようとしない。

v もし、水俣に患者・家族らの集会所ができ上るならば、それは、今の認定患者にとどまらず、今後続出する幾千幾万の患者さんの集まる「場」となることができると考えます。それは明らかに、加害者の横

暴と専制をつきくずす水俣病のたたかいの根拠地となり、また、本来の海と大地に糧を得る生活を自分自身の手にとりもどすくもうひとつのこの世>をつくる場所となるにちがいありません。

vi 一つは、水俣病発生以前の不知火海の漁民の暮らしに焦点が当てられていることだ。入場してすぐの広い空間には、一そうの漁船が漁具とともに展示されている...とりわけ印象的なのが「魚が主食」と題する写真である。漁師の家の庭先で一九六一年に撮られたこの写真には、そうとは知らずに汚染魚を分配する三人の女性と、それをうれしそうに見つめる四人の子どもたちが写っている。このコーナーで描かれる漁民の自然との素朴な関係や牧歌的な生活には、被害に遭った人びとの無謬性を象徴するとともに、自然と共生できなくなった現代の産業資本主義社会を批判する狙いがあると思われる。同時にここでは、水俣病被害者として差別される以前の、漁民にたいする差別や偏見の歴史的背景も紹介されている。

もう一つは、人命軽視や企業の利益優先、行政の責任逃れのために対応が遅れ、水俣病の被害が拡大していった過程を、被害者の立場から厳しく糾弾していることだ。...展示パネルの解説は、被害者の発言の引用として、あるいは彼らを代弁するものとして提示されてはいない。しかしその口調と背後にあると思われる道徳意識から、被害者の気持ちを理解し彼らを支援する者たちが語り手になっていることはわかる。こうした糾弾調の解説文は、被害者の悲しみや憤りを劇的に表現し、来館者の注意喚起を促している。あるいは、市立資料館の展示を含む、自らの責任を否定する行政の言説に対抗しようとするものとして理解することもできる。しかし一方で、特定の個人や団体の責任追及に焦点を当てすぎているために独善的に映り、主張の信頼性を薄れさせているきらいがある。

vii 考証館のパネルや実物を通じて、伝えられることには限界がある。それゆえ考証館の課題として、一つは、水俣病歴史考証館の展示手法が左翼的なストーリーであり、今や陳腐な意識誘導をしていること。二つ目には、パネルや写真や実物の展示自体の伝える力の限界。三つ目には、水俣病が起きた現場が間近にあることから、環不知火海フィールドを博物館と見立てた時の新たなストーリーの必要性、などがある。

viii 何といても我々が見て受け止める際、現物が持つ迫力というのは大きいものがあります。...（歴史考証館の）中身についてはなるべく現物を展示する方針を取ってしまして、漁具や契約書の現物、それからいろんな差別偏見の長い過程の中で患者がいろいろ表出しようとする嫌がらせの手紙が来たりする、そうした現物が展示されています。現物は訴える力が大きく...市の資料館の方は、それだけのストックがなかったので、模型等で対応せざるを得なかった。そういう意味では、本物を展示することが非常に大事ではなかろうかと思います。

ix 解説は一方的でなく双方向的である。スタッフは来館者に解説についての意見や感想を求める。そして相手の反応に応じて解説の内容を変えていく。好機を捉え、その場で情報交換や討論が展開することもある。考証館で語られる「水俣病」の内容はあらかじめ確定されているのではなく、コミュニケーションのなかで生み出されるものなのだ。ここでは、来館者は受け身で、展示のメッセージを無批判に受け入れる者としてではなく、自ら道徳的、倫理的な意味を作り上げる主体的な存在として扱われる。そして一方の考証館スタッフはこうした相互行為を通じて、より被害者の実情が来館者に伝わるように、複雑な事件の経緯や問題点が理解されるように、あるいは来館者がより強く問題意識をもつように、展示解説を漸次改良している。来館者の意見や期待をフィードバックさせて、展示自体を変えることもある。

x もはや水俣病というものを押し込められないことが、ようやく市民の間にも認識されてきて、それならばむしろ水俣病を経験した都市ということを基盤においた都市づくりを積極的にやっていこうと方向転換が図られたわけです。

こうした動きが本格的に開始されるのは、水俣湾のヘドロ処理事業というのが始まったところからです。水俣湾の湾の奥からチッソの排水が流れ出ておりまして、余りにも湾の奥は水銀濃度が高いので除去で

きないということで、まず 50 ヘクタールくらいを閉め切って、その外側にあって汚染されている 25ppm 以上のヘドロを締め切った中に入れ埋め立てた工事でした。このヘドロ処理が 90 年に終わるころから、地域の再生・環境創造といったことが、最初は県の主導で地元と一体となって動き始めました。

...水俣病犠牲者の慰霊式というのを、公式確認された 5 月 1 日にきちんとやるようになりました。

...資料館自体は国土庁の地域個性形成事業で行われました。89 年に指定され、93 年にオープンしました。費用は 6 億 1 千万円かかりましたが、かなり起債が認められ、補助金で賄われました。

^{xi} ここ十年ほどの間に開館した博物館の多くは、展示業者による「視聴覚機器を多用した、美しく完成された、しかしメンテナンスの費用が膨大な」展示となっている。それはテーマ展示と二次資料（間接資料）、視聴覚機器を組み合わせた展示方法の特徴としている。その管理され尽くされた展示ストーリーは、しかし一過性の見学を前提として構成されたものである。

その典型である映像による Q&A 形式の展示は、実際のところ、子どものゲーム以上には活用されてはいない。いかに「親切で、わかりやすく」とも、設定された選択肢以外に判断の余地の全くない、息づまる空間にウンザリとしてしまう。終始受け身であることが強制されるストーリーのなかからは、自ら発見し、構想してみるという、達成感や充実感は生まれにくい。そのため再度訪ねる意欲も湧いてこないだろう。

^{xii} 市立資料館の展示の一番の問題点は、水俣病被害者を観察対象となるだけの受動的な地位に追いやり、彼らの経験や記憶をまったく伝えていないことにある。市立資料館の展示は、水俣病被害者とはどれか、被害者はどんな経験をしたか、被害者のアイデンティティとはいかなるものか、について語る。にもかかわらず、被害者には語る権利を認めてこなかった。いやむしろ、被害者に経験や記憶を語らせないことによって、水俣病の言説やイメージを管理してきたといってもよい。...被害者のアイデンティティについて語る以上、「水俣病」を展示するミュージアムは、被害者を展示の最も重要な観客と認めるべきであるし、ミュージアムにおける彼らの表象が被害者にどのように受け取られるか、どのような影響を与えるかを真剣に考慮しなければならないだろう。

^{xiii} 国および熊本県は、一九七七年から約四八五億円をかけて、高濃度の有機水銀を含む水俣湾のヘドロを浚渫し、埋立地の整備を進めた。一九九〇年に埋立地が完成すると、当時の環境庁は、埋立地の活用策を検討するなかで、再生水俣のシンボルとして水俣病資料館の設置を決めた。同年、熊本県と水俣市は、水俣病の教訓を活かした環境再生・創造を核とする地域づくり（あいとやすらぎの環境モデル都市づくり）を推進する事業として、「環境創造みなまた推進事業」に着手し（一九九八年まで継続）、ミュージアムを通じた情報発信をその柱のひとつに位置づけた。

^{xiv} 水俣においても、「環境」や「再生」を前面に出すことにより、議論されなければならない未解決の問題が後景へと追いやられてきたのだった。

そのなかのひとつが、埋め立て地の問題である。これまでも、水俣には数々の埋め立ての歴史があった。市内のあちらこちらでは、チッソが排出した重金属類を含むカーバイド残渣がセメント代わりに使用されている。...水銀や重金属類がカーバイド残渣とともに埋め立てられている八幡残渣プールとよばれる広大な土地も残されている。

...「エコパーク水俣」は、有機水銀を含んだヘドロなどで水俣湾を埋め立てた土地の上につくられている。水銀ヘドロが未処理のまま埋め立てられた土地であるため、有害物質の仮置き場という意味で「中間貯蔵施設」とよぶ人たちもいる。

明神崎には、それ以前に海を埋め立てて造成した土地もある。それは、1960 年代に、チッソがカーバイド残渣などの産業廃棄物を埋め立てたところであり...ここにはいろいろな有害物質が埋められているはずで、「エコパーク水俣」の下に埋められたものよりももっと有害かもしれないのだそう。そして「エコパーク水俣」の埋め立ては、それ以前の埋め立ての問題から私たちの目を逸らすためにやったのではないかとの疑念もある、とさえいうのだ。

...

水俣病の原因となった有機水銀を含む汚泥を浚渫した 58.2ha の埋め立て地は、花や木が植えられたり、スポーツ施設があったりときれいに整備され、一見すると何も問題がないかのようにみえるのだが、そこは 50 年しかもたないとされる鋼矢板セルで囲まれた護岸の中に、前述のように未処理のままの水銀を閉じ込めただけの土地なのである。しかも、工事完了とされる 1990 年から 20 年以上が経過しており、鋼矢板セルの寿命はすでに 30 年をきっている。

^{xv} こうした危うい土地の上に広がる「エコパーク水俣」は、エドワード・レルフ(1999)がいうところの「偽物の場所」のはびこる「没場所性(Placelessness)」に支配されている。市民にとっての憩いの場としての庭園やスポーツ施設などがあったり、道の駅やバラ園といった観光用の施設があったりと、どこにでもありそうなレクリエーション施設／観光スポットで「エコパーク水俣」は構成されている。そしてそこは、その地がどういう歴史をもったところなのかとか、私たちにとってどういう意味があるのかなど、あえてみようと思わなければその姿がみえない、「漂白化された空間」となっているのだ。

レルフは、「没場所性」とは「どの場所も外見ばかりか雰囲気まで同じようになってしまい、場所のアイデンティティが、どれも同じようなあたりさわりのない経験しか与えなくなってしまうほどまでに弱められてしまうこと」であり、それは、「個性的な場所の無造作な破壊と場所の意義に対するセンスの欠如がもたらす規格化された景観の形成」であるという。人為の介入がなされる以前には多様な意味をもっていた場所が、例えばショッピング・モールやファミリーレストラン、ファーストフード店といったどこにでもありそうな、その地の「歴史」とは無関係な建造物が現れることにより、ありふれたものになっていく。...

「エコパーク水俣」が、このままでは「没場所性」を有した空間としてあり続けることになる。...資料館も...テーマパーク的な空間となってしまうのではないか。その地の歴史性が顧みられなくなってしまうえば、水俣病を「克服」した水俣、「再生」した水俣を来館者に印象付ける PR 館になってしまう危険性があるのだ。

Conclusion

Minamata and beyond: voices against discrimination woven together

ⁱ 私は予感として「光る映画」というものになる気がする。明るいのではない。かといって暗く悲惨で同情に耐えぬといった映画ではましてない。それらをつき抜けた地点で生き、生きることと戦い、審判を求めて裁判に行動している患者さんの世界は、見る人の目には光って映るのだ。その意味で発光体のように光りを自体発しているフィルムとなるであろう。

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