

ORGAN TRANSPLANTATION, IDENTITY, AND THE IMAGINED COMMUNITY

AKIRA DEGUCHI

I

CUTTING-EDGE technologies in medicine have radically changed social and cultural notions of human birth and death in the world of so-called post-modernity. In Britain, people seem worried about what new reproductive technologies, such as donor insemination, IVF, and surrogate motherhood, have 'reproduced'. Until quite recently, new reproductive technologies have received less attention in Japan than in Britain. Brain death and organ transplantation have been hotly debated (see Lock 1994, Lock and Honde 1990, Ohnuki-Tierney 1994). In October 1997 a revised law was passed in Japan which treats brain death as human death only in the case of organ transplants. Since then, however, very few eligible brain-dead donors have appeared, at most eight: the first case was in February 1999, more than a year after the law was revised. Those who carry 'donor cards' are still few, though the numbers are increasing.

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When brain death and organ transplants were debated in Japan, for a period of more than ten years, it was frequently said that the 'traditional' definition of death in Japan was based on the stopping of the heart. Many Japanese were appalled by the idea of beloved brain-dead members of their family being cut up as donors, even when the heart was still beating and the body still warm. The dead body is not just a lump of meat, but still a person. The corpse is the locus of affectionate relationships with the dead person, and the image of post-mortem mutilation providing a transplant 'harvest' suggests the destruction of that relationship: needless to say, post-mortem mutilation also seems like an erasure of the identity of the dead.

At this time of controversy over 'brain death and transplant', however, a TV animation programme for children started, which I would claim has been spreading the idea of transplants, though it has never been regarded as such. 'Anpanman' (Bean-jam bun man) is one of the most popular animations for small children in Japan. It started in October 1988, the last year of Emperor Hirohito's reign, though the original picture book was first published in 1977 (Yanase 1995). Anpanman's head is made of 'anpan', bean-jam bun. Like so many other 'supermen', he is kind, honest and powerful. He usually gives a part of his head (mainly the face) to the hungry, but this causes him to lose his energy. Being moist, his face also causes him to lose his power. His opponent is Baikinman (Bad germ man). When Anpanman loses his energy, Baikinman almost defeats him by using scientific weapons. But then a new head is thrown to him by a comrade, and Anpanman regains his power and knocks out Baikinman. This sequence is repeated every week, Anpanman's head being replaced without us knowing what fate awaits the old heads.

Anpanman's old head is replaced because it does not function any more. The useless head must be replaced. This exactly corresponds to the medical idea of transplants. Malfunctioning and therefore useless body parts must be renewed. In this idea, the body parts are regarded as if they were the spare parts of a machine. We should remember that transplant surgery is also called spare-part surgery, especially in the UK. There also exists the idea that a person's identity does not change even if their body parts are replaced. Anpanman is still Anpanman even after acquiring a new head.

But why? Why does Anpanman still exist as himself after such replacement, and why does such a 'why' question arise? This is because we suppose the head (including the face and brain) to be the locus of our own personal identities. This is not only a Western idea but one also shared by contemporary Japanese. In the case of Anpanman, if the replaced parts were his liver or kidneys, it could be safely said that his identity would not change. However, only his head is replaced. What theory, then, can explain his unchanged personal identity?

The idea of the head as the locus of personal identity is not universally encountered by anthropologists. Among the Uduk of the Sudan, the liver and stom-

ach are centres of the passions and of conscious will (James 1988: 74–7); among the Trio of Surinam, a man has plural souls, many of which permeate the body, with concentrations in the heart, pulses, and joints (Rivière 1997). In none of these cases is the physical centre of personal identity the head.

Another possibility can be envisaged: although one's body parts are the loci of one's own identity, an identity manifested as soul or mind can freely detach itself from the body. Among the Trio, one's soul will stray away from the body, especially in the case of infants. Likewise, Anpanman's mind (or soul) becomes detached from his head and lodges itself in his new head when it is replaced. No modification or alteration of his identity occurs.

This idea of the relationship between body and soul (or mind) is not that alien to the Japanese, who have 'traditional' idioms to express a person's character, such as *haraguroi* (black stomach, evil-minded) and *kimo ga chiisai* (small liver, timid). These are similar to Uduk idioms. Japanese folklorists reported that, in pre-capitalist Japanese villages, babies' souls were thought to be unstable, easily straying away from their bodies, so that many customs and ceremonies arose to strengthen the bond between body and soul.

Thus by reflecting on Anpanman, it can be suggested that there is continuity in one sense between former Japanese notions of personal identity and background medical ideas of transplants. Unlike what many Japanese intellectuals assert, Japanese ideas are not so unfamiliar with transplants, for the dualism of body and mind and the view of the body as spare parts represented by Anpanman can in fact be discerned in Japan.

II

In the medical ideas on which transplantation is implicitly predicated, the relationship between body and mind is hierarchical. Mind is superior to body and not influenced directly by the problems of the body. The mind is the master of the body and owns it. This medical idea is not old but has developed from the end of the eighteenth century, being related to the 'Western' notion of personhood, which Geertz describes as:

a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgement, and action organized into a distinctive whole and contrastively both against other such wholes and against its social and natural background. (1983: 59)

An individual body is the locus and property of such a person. Thus one can dispose of one's organs or blood as a donor or sometimes sell them, without any alteration of identity. The body and its parts are alienable. In this sense the body can be classified as a 'commodity'.

However, the body is not just a property or a commodity either, but represents, and in some cases *is*, the person him- or herself, because it is regarded as the locus of its owner's mind. It is sufficient to recall Sir James Frazer's famous contagious magic (1922): hair or nails, even after their detachment, still contain some attribute of the owner. And when Lévi-Strauss writes that woman is a 'sign' (*signe*) in his classic study of kinship (1969: 496), he means that a woman continues to represent the social and symbolic attributes of her natal kin group even after she has been exchanged as a bride with another group. She is never sold as a commodity or as property, but is a sign of her former group, which explains her ambiguous position in her husband's group. As a sign, and unlike the body as commodity, a woman continues to have the attributes of her original 'owner'. This holds true for hair, nails and so on as examples of contagious magic. In this respect, the body is 'inalienable'.

Unlike alienable commodities, the body as an 'inalienable' sign is a 'gift' in the Maussian sense (Mauss 1990; cf. Parry 1986, Carrier 1995). The self of the original holder or the giver is still attached to the gift after it has been exchanged, and this puts the receiver into the giver's debt. In what follows I shall call this inalienable aspect of the body a gift, whether it is exchanged or not. In their well-known work *Spare Parts*, Fox and Swazey report that a patient who received a kidney from her brother strongly resented his donation and suffered tremendous guilt over it (1992: 35–6). The donated kidney is an inalienable gift of the donor's, and as a gift, it has the power of putting the recipient into an inferior position, a state of indebtedness.

The idea of the body (or part) as an individual 'gift' is not restricted to human body parts. Animal body parts can be regarded in the same way, and the idea of xenotransplantation or xenografts, i.e. animal to human transplants, causes great concern. Instead of creating the idea of a debt to animals, xenotransplants arouse a kind of personal identity crisis in the public imagination.

This is well described in a Japanese horror novel, *Ninju zaiku* ('Artifices of man and beast, or were-pig') by Yasumi Kobayashi (1998). Yuka Sato, a Japanese girl, is born with malfunctioning organs and repeatedly has xenotransplant surgery from the earliest days of her childhood as a consequence. Her father is a pioneering specialist in this field, and she becomes his 'guinea-pig'. Her transplanted cells, tissues, and organs come from pigs.

As a schoolgirl, Yuka is teased as a *hitobuta* (were-pig). Since then she has worried about her personal identity, whether she is really herself or not, whether she is truly a human being or a pig. Her close friend tries to console her, saying that the replacement of useless, malfunctioning organs by new ones through xenotransplantation is common, and that Yuka is Yuka—she has continuity and integrity in herself. This attempt to console her has no effect, because of the anomaly involved in the idea of organs, bones, skin, etc. derived from pigs. Yuka regards

pig body parts as 'inalienable gifts', while her friend sees them as 'mere alienable commodities'. Yuka cannot regard transgenetic pig organs as mere substances. 'Pig-ness' has infiltrated not only into her body but also into her mind or identity. She cannot fail to look at herself as a *hitobuta* (were-pig).

Although there have been no cases of xenotransplant surgery in Japan, this concern for identity or selfhood is well understood by modern Japanese and is caused by seeing the body as a gift. Similar but actual cases are observed in Sweden, where xenografts of porcine cells for the treatment of diabetes are already being carried out.

Susanne Lundin, a Swedish anthropologist, has conducted research among Swedish patients who have had or expect to have a xenotransplant. According to Lundin, a daughter of Karin, a diabetic woman who received a porcine cell, felt sceptical because she (the daughter) feared that something animal would become integrated with her mother. The daughter thought, 'it was a bit disgusting: pigs are filthy animals, and you can't have that in your body.' It is as if the dirt of the pig had been transmitted to her mother. Karin herself, however, rejected what her daughter said. She did not believe that anything animal could be introduced with pig cells or pig kidneys, since animals cannot think. 'They are not personal, they mostly follow instincts...our personality is in the heart and the brain'. But if the transplanted organ had been a pig's heart, Karin acknowledged that that would be repulsive (Lundin 1999a: 14, 21; 1999b: 129).

What Karin said about personality and organs (the heart) is intriguing, for in the 'Western' popular imagination an organ (especially heart) transplant is at the same time a personality transplant. This aspect of transplants is most vividly described in the form of personal experiences in a book called *A Change of Heart* (Sylvia and Novak 1997). Clare Sylvia, the author, received a heart and lung transplant in 1985 when she was 45 years old. Surgery was a great success and amazingly she recovered her health, but before long she realized that her appetite for food had changed, and she became much more energetic. After five months passed, she had a dream in which an 18-year-old boy called Tim appeared and started chatting with her. Sylvia was convinced that this boy was the donor and that his attitudes had been transplanted into her, along with his heart and lung.

Sylvia found out the identity of her donor. His real name was Tim, and she went to see his family. Tim's family was greatly surprised at what Sylvia told them, but were convinced that Tim existed inside Sylvia. She also organized a meeting of heart transplant patients who had had similar experiences of inheriting donors' memories, recognising places they had never visited, and so on. For them, although organ transplants entail modifications of their personal identities, they accept this. The recipient's body now becomes a community, occupied by both patient and donor.

In these examples, an organ or a body part is not just a substance or alienable commodity, it 'embodies' the personal identity of the original owner. If this is so, these experiences present completely different notions of personhood from those involved in transplant surgery.

It is frequently said that an individual's person or self is homogenous and undifferentiated. This view is typified by Geertz's definition. I am always 'I', never anyone else. This could be represented by the formula $A = A$. A continues to be A even if a body part has been replaced. But transplant surgery, which makes body-part replacement possible, brings this prerequisite $A = A$ into question. After the operation, many transplant patients, i.e. the recipients, feel that they are not 'atomic' individuals. The newly acquired heart is 'someone else', and each patient unconsciously imagines that there exists within him or herself a kind of communication between the patient and the donor. The donated heart still harbours a relationship with its original 'owner' within the new 'owner'. After the transplant, the patient's body and mind can no longer be monopolistic but must be shared with someone else who is inside it. The individual self can no longer be a kind of substance or a 'thing'—it is a relationship between self and other. There is a transformation of the self from substantive individual to relational individual.

Individuals 'do not float as bounded psychic entities, detached from their backgrounds and singularly named' any more (Geertz 1983: 67), but entail *within themselves* relationships with others, sometimes with society. In other words, through organ transplantation $A = A$ turns into $A = A + B$. Sinzo Sakai, a Japanese anthropologist, with reference to his analysis of myths of joking relationships in West Africa (1988, 1998), calls this the logic of pairity (or contraposition). The logic of pairity means that 'you are inside of me, at the same time as I am inside of you', or 'the other exists inside of one's self and self exists inside of the other'. I am the one who involves you within me, and you are the one who involves me within you. Both you and I introduce another's life into our own lives.

In the logic of $A = A$, the plane of the co-existence of self and other is society, and, of course, society extends beyond each individual. By contrast, in the logic of pairity, society as well as the relationship with the other are built into (or are inside) each individual. The logic of pairity explains West African joking relationships, but it is also applicable to transplant experiences.¹ Claire Sylvia's body is a

¹ One may counter that, except in the extreme cases of transplant patients, the application of the logic of pairity is too narrow to affect the day-to-day British idea of an individual 'core' identity: it is almost absurd that an individual composed of a physical body and a mind could incorporate another similar individual. This was supported by a psychologist with whom I discussed the issue, who told me that very few cases of transplant patients had been reported who had similar experiences to Clare Sylvia's. However, this criticism misses the point. In spite of the medical policy according to which the relationship between donor and recipient must be anonymous, sometimes recipients and the bereaved try to make contact, sometimes successfully, eager to know who the donor or recipient is. From

communal body for her and Tim the donor. For Sylvia, Tim as 'you' is inside her, and since she is surviving thanks to his heart, she feels, 'I am in the heart of you'.

However, there is a modern paradox in this logic to the context of organ transplants. The prerequisite for a transplant is basically that body parts, except the brain, are replicable and fungible, and no longer the locus of mind and souls. In other words, they are 'commodities'. In patients' experiences, however, hearts are no longer 'commodities', but 'gifts' in the Maussian sense. Transplants based on the idea of the body as a commodity now opens up the scope for the body as a gift. However, this might endanger the practice of transplantation, for once the organs or cells are recognized as gifts, the bereaved family may feel greater pain in donating their beloved's organs to an unknown person than before. It would not be easy to maintain the anonymous 'commodity' relationship. At the end of her book, Sylvia writes, 'Please, please consider signing an organ donor card. And please make your wishes known to your family. Take it from me, there is no greater gift' (Sylvia and Novak 1997, page headed 'Dear reader').

In the Japanese edition, 'Take it from me' is translated as *tsukaeru mono wa nandemo tsukatte* (Use anything available). This translation makes the background idea underlying the original expression clearer. Sylvia is identifying the commodity (property) aspect of the body. What she described in her book, however, is the body as 'the gift' in the Maussian sense. Her appeals to readers are therefore highly contradictory, and 'use anything available' will not sound convincing to a bereaved family who is adhering to the body as a sign: for them, the dead body of their loved one symbolises the infungible and unforgettable time spent with them and their relationship with them.

III

In the logic of identity, i.e. $A = A$, no individual can be someone else at the same time as oneself. This is inextricably related to the national ideology of the modern nation-state, organ transplant being practised in a nation-state or an 'imagined community' (Anderson 1983) through which the relationship between donor and recipient is prescribed. This relationship must be anonymous. To disclose a donor's identity is prohibited in principle, and it is rare for a patient to visit the donor's family or vice versa. They are, however, joint members or citizens of a state that legalizes transplantation. The dead and the bereaved's family are expected to

the bereaved's point of view, the idea that parts of their dead relative's 'identity' survive and reside in the body of a stranger causes them anxiety. Beneath the undoubted notion of a core identity, they are eager to discover their relative's identity in another's body (cf. Wilson 2000). In addition, the more firmly the individual core identity is established, the more serious the trauma or psychiatric disturbances might become if a patient has 'a change of heart' experience.

donate organs to unknown strangers voluntarily (without payment) because of their common affiliation to the same nation-state. In this imagined community, one's social identity as a citizen is prescribed unambiguously, and the possibility of becoming the other at the same time as being oneself is excluded. Just as a dog cannot simultaneously be a cat, so a person cannot be allowed to be a member of plural ethnicities and races. Naoki Sakai calls this type of classification device 'species identity' (Sakai 1996: 174). This logic of identity is peculiar to modernity. In contrast, outside the world of modernity (pre-modernity), self-prescription may be determined *ad hoc* by relationships with others in complex social and cosmological networks. One can become a Nuer at the same time as being a Dinka, depending on one's relationships with others in specific social contexts. This can be called 'identity by relationships' (ibid.).

Let me cite the late Godfrey Lienhardt here. He aptly and wittily described 'identity by relationships' in his famous and now classic essay 'Modes of Thought' (Lienhardt 1954), though, of course, he did not use this term. When he was in the Sudan, he was often told that some men were able to turn themselves into lions, indeed lions who also existed in human form:

put thus in English, the statement seems curious and superstitious, because we think at once of man and lion as necessarily two different beings. [...] The question arises of whether a creature is 'really' a man, or 'really' a lion, for it is not usual for us to think of any creature existing in more than one mode. (Ibid.: 98)

The question is problematic for so-called modern selves, who are preoccupied with 'species identity'. In contrast, to accept the proposition that any creature can exist in more than one mode exemplifies the contrasting notion of 'identity by relationships'. Of course, people in the Sudan do not confuse men with beasts. The difference is that 'they merely do not distinguish *all* men from *all* beasts in the same way as we do' (ibid.).

In the world of modernity, 'species identity' becomes the main principle of social integration. Organ transplantation is practised, and the donor-recipient relationship anonymously established, in this social context of 'species identity', in which A is always A and a replacement of body parts cannot affect this identity.

The logic of pairity, however, lurks here, causing social disturbance when it comes to the surface. In July 1999, a 'racist transplant' controversy occurred in Britain. The media reported the bereaved donating 'their' kidneys (in fact, their dead relative's kidneys) for transplants on the condition that they were used for a white patient. A shortage of donors was involved in this case, but the bereaved appeared to experience the idea of donation 'to a coloured' to be disgusting. This disgust was caused by their view of organs as 'gifts', not 'commodities', and the idea of organs being incorporated into someone else who is 'coloured', or of their beloved relative being inside a 'coloured' person, horrified them. It is an irony of

modernity that the body-part image, which is similar to that based on the logic of pairity, leads to racism, which is also an invention of the modern nation-state (Sakai 1996).

In *The Independent on Sunday*, Mary Warnock remarked on this 'racism transplant': 'only thirty per cent of population carry donor cards, and most people whose relatives die in circumstances in which their organs could be used refuse permission'. In this predicament, she advocates following the proposal of the British Medical Association (BMA) that 'after death the organs of the corpse belong as property neither to the donor nor to his relatives, but to the National Health Service or to the Department of Health, to use in the public interest' ('An anatomy of giving', *The Independent on Sunday*, 11 July 1999). In this 'opt-out' system, if refusal is not made explicit, the state or doctors assume the authority to control and use organs. After the 'owner's' death, organs and other body parts become national properties or 'commodities'.

Just as racism discriminates and excludes, so might the state-control type of nationalism. In the BMA proposal, 'opting out' means that one will be a donor automatically even without a donor card unless one makes a contrary declaration. One can still refuse to be a donor. But are we sure that such refusals are never disallowed and such persons never discriminated against because of their choice? A refusal to carry a donor card means refusing to save the life of someone who is a citizen of the same nation. Imagine the recent case of a heart transplant for a six-year-old girl. Can anyone whose child is brain dead refuse donation without pain in such circumstances? Taking into consideration the fact that the decision of some parents to donate the organs of their children has been applauded (for example, Green 1999), discrimination against those who refuse is never unimaginable. Fox and Swazey make the point that 'under the circumstances in which the option of donating a cadaver organ arises, families may feel emotionally and spiritually constrained to make such a gift of life when this prospect is presented to them by an organ procurement team' (Fox and Swazey 1992: 34).

IV

This pressure can also be found in the case of live kidney donation, though the recipient is not a stranger of the same 'imagined community'. According to Fox and Swazey, the symbolic meaning of this virtually obliges every family member at least to consider making such a 'gift of life'.

The integrity, intimacy, and generosity of the family and each of its members are involved in their individual and collective willingness to give of themselves to a terminally ill relative in this supreme, life-sustaining way. So compelling is this act, in which so much is at stake, that the 'majority' of live donors make an 'immediate decision' to offer their kidney. (Ibid.: 33)

Fox and Swazey base their analysis on Marcel Mauss's *The Gift*. Every act of gift exchange is governed by and generates sets of obligations, that is, obligations to offer, receive, and return. In the case of cadaver donation (in the opt-out system), what the bereaved feel is this obligation to offer, to offer to an unknown member of the same 'imagined community'.

But an organ, whether it is from a cadaver or a living person, is not a 'gift' in the Maussian sense, since an organ requested for donation by a (national) medical transplant team should not carry its former 'owner's' personal identity, otherwise it may cause distress to the recipient. Imagine what might happen in a recipient's mind if a xenografted organ still has 'pig-ness'.² So although donation is voluntary and without payment, at least for the team, a donated organ should be a 'commodity'.

The obligation to offer which the bereaved feel is therefore not caused by the gift exchange system, but originates in generosity and sympathy to a member of the same 'imagined community', feelings which are themselves aroused by pressure from the transplant team or the BMA. The problem of the body is always the problem of the body social or body politic.³

For the bereaved, the dead body is still a beloved family member and still arouses affectionate memories, which the post-mortum mutilation seems to tear into pieces. In such a case, the obligation to donate and the distress they feel occurs when they are obliged to convert the meaning of the body from a 'gift' into a 'commodity'. But this sort of conversion was found in the West in the 1970s just as much as today, so it is not a problem of cultural difference between Japan and the West (especially the USA) that is involved, but rather a problem of the world of modernity, where the basic logic of identity is $A = A$.

² For some Greeks, animals are 'rather disgusting', and accepting animal organs is considered 'an insult to human nature' (Papagaroufali 1996: 249).

³ Given contemporary ideas about DNA being shared by all living creatures and not being the monopoly of humans, it may not seem appropriate to discuss the nation-state in molecular biological or medical terms. One should consider the matter in an opposite way. It is not so much that the nation-state (politics) is being biologized as molecular biology or that medicine is being politicized and nationalised. A typical example can be seen in the project to reconstruct the genealogy of the whole Icelandic nation by DNA analysis (see Pálsson and Rabinow 1999).

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