

Of Ideal Places and Ideal Bodies

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When I was a young boy, I sometimes gazed with vague fascination at the Charles Atlas ads in the back of *Popular mechanics*. I had never had sand kicked in my face, and I was too young to have a girlfriend; but between the brawny bully and the 98 pound weakling, I knew well enough which one was me. Not that I ever aspired to be Charles Atlas. I *was* intrigued, though, by the notion that through some secret alchemy the same person could come to inhabit a totally different body.

Much later, I learned of other dreams of self-transformation. (Illustration) I learned, for instance, of a man who to the modern eye might look over-weight, like a specimen of what a healthy person should *not* be like, but who in fact represented just the opposite—whose bulging lower abdomen bespoke not beer-gut or middle-age sag, but vast vitality accumulated through yogic discipline. Here was an athlete whose admired physique showed no trace of muscularity. And this wasn't accidental, not the chance omission of some lazy artist. The vocabulary of classical Chinese medicine had not even a word for muscle. The very idea was alien.

These two visions speak eloquently of cultural difference. But that is not the tale I want to tell today. I want to illuminate instead the latent commonality between the two. Both the yogi and the muscleman, I shall argue, are anti-utopian bodies.

There have long been intimate ties between ideal places and ideal bodies, between the imagination of utopias and the imagination of health. In Plato's *Republic*, Socrates characterizes the ideal, true state as "the healthy state," and then details the pathology of what he terms the "feverish state."¹ These metaphors encompassed literal truths. In his utopia, Plato would have doctors care only "for the bodies and souls of such citizens as are truly well born." Those "defective in body" would be allowed to die; "those who are evil-natured and incurable in soul" would be put to death.² The sickly had no place in a utopia. A healthy city had to be peopled by healthy citizens.

There was also this subtler connection: the very notion of health turned, itself, on a vision of utopia. Health was an ideal state not just in the broad sense of optimal condition, but in the specific sense of the best political order. "To produce health," explained Socrates,

is to establish the elements in a body in the natural relation of dominating and being dominated by one another, while to cause disease is to bring it about that one rules or is ruled by the other contrary to nature.³

Health, in other words, was aristocracy—the rule of the naturally superior over the naturally inferior; disease was rebellion.

Needless to say, Plato's was just one of many visions of social and somatic order. Indeed, the earliest definition of health in Greek antiquity—and perhaps the most influential in the history of Western medicine—promoted very different ideals. For the presocratic thinker Alcmaeon, health was *isonomia*—the “equal balance of the powers moist and dry, cold and hot, bitter and sweet, and the rest”; disease was *monarchia*, the ascendance of a single power over the others.⁴ But *isonomia* was none other than the founding principle of the city-state promoted by Cleisthenes and others—the ideal of a democracy governed by the balance of powers, the opposite of a tyranny ruled by the whims of one man.

A similar elision of body and body politic in eighteenth century England convinced many doctors that gout was an ailment to be managed rather than cured. For gout was understood to be a hereditary disease, a disease ‘of the whole constitution.’ Trying to cure it completely, therefore, was

tantamount to the madness of abolishing the constitution or resorting to extraconstitutional action... The very idea of some sure-fire cure for gout was widely repudiated as quackish, un-English, almost treasonable... A constitutional disease, like a constitutional government; a hereditary disease, like inherited property—both bespoke something sound and solid.⁵

We are apt now to think ourselves beyond such analogies. Today, the association of healthy equilibrium in the body and, say, the balance of powers in a democracy can easily seem frivolous, contrived, merely rhetorical. They express neither the complexities nor the precision of health as defined by modern medicine. Instead of the four humors of blood, phlegm, black bile and yellow bile, doctors monitor the fluctuations of dozens of substances—GOT, ALP, LDH, calcium, chlorol, cholesterol—and track them all numerical exactness. Cholesterol between 130–220, we are told, is healthy: above or below that is unhealthy. Objective quantification seems to have triumphed here over imagined parallels with politics.

Yet we should remember that statistics was born, as its very etymology reminds us, as a *Staatswissenschaft*, as a science of the state, and that it blossomed in the nineteenth century in conjunction with the effort to assess the health and wealth of the emerging nation state. Politics, in other words, still survive in

statistical ideals of health; but it is no longer a politics of a few hundred free citizens, or of a tiny aristocracy, but a politics of the mass, of teeming millions. The isonomia of the ancient city-state has given way to the modern bureaucratic fetish of the statistical norm.

The deeper lesson, though, is not about the persistence of social metaphors. It concerns, rather, the persisting identification of individual with cosmic being. Political metaphors of health, in fact, were never just metaphors, because the ideal political order was almost always understood as the *natural* order. Reproducing the body politic in the fleshly body was understood not as reinscribing a set of arbitrary social conventions, but as the quest to embody cosmic design, to align oneself with nature and the divine. The Chinese emperor reigned supreme among humans as the Son of Heaven; aristocracy was the rule of the naturally superior over the naturally inferior; the right to life, liberty, and the pursuit of happiness was dictated by the "Law of Nature, and Nature's God." The regularities revealed by the new science of statistics were conceived no differently. For its founder, Adolphe Quetelet, human perfection was embodied in the perfectly average man, *l'homme moyen*, because he represented the purest expression of nature's designs. Such perfect mediocrity of course didn't actually exist; every individual deviated in various ways and to varying degrees from the average. Yet just as the shots of a marksman don't all hit a target's dead center, but cluster around it, so the statistical concentration around the mean made nature's aim unmistakably clear.

The traditional articulation of health through utopias, then, drew upon the embeddedness of politics in nature. But it also drew, more generally, upon the embeddedness of the individual in the world. It expressed the intuition that health is never entirely an individual affair, that personal order or disorder cannot be isolated from cosmic order or disorder, and that human possibilities are shaped, powerfully and necessarily, by contexts.

When it was proposed to King Cyrus that the Persians abandon their rocky, barren homeland and move to the fertile plains that they had conquered, the Persian king replied

that they might act upon it if they pleased, but added the warning that, if they did so, they must prepare themselves to rule no longer, but to be ruled by others. "Soft countries," he said, "breed soft men. It is not the property of any one soil to produce fine fruits and good soldiers too." The Persians had to admit that this was true and that Cyrus was wiser than they; so they left him, and chose rather to live in a rugged land and rule, than to cultivate rich plains and be subject to others.⁶

This is the final lesson of the *Histories* of Herodotus: the difference between rugged lands and soft countries is the divide between conquerors and slaves. Geography is

destiny.

In medical texts, the most striking expression of human embeddedness in the world appears in the preoccupation with winds. Epileptics seizures, we learn, are apt to occur “at any change of wind, especially when it is southerly.”⁷ A damp winter with southerly winds followed by a dry spring with northerly winds, tends to produce miscarriages, dysentery, dry ophthalmia, and catarrhs.⁸ Medicine, says Plato, is “the inquiry into winds and temperatures.” The student of medicine must thus begin by mastering first, “the effect of each of the seasons of the year,” and second, “the warm and cold winds, both those which are common to every country and those peculiar to a particular locality.”⁹

For winds don’t just make one sick. Those who live in districts exposed to northerly winds, relates *Airs, waters, places*, will be

sturdy and lean, tend to constipation, their bowels being intractable but their chests will move easily...Such men eat with good appetites but they drink little...Characters are fierce rather than tame.¹⁰

By contrast, those living in areas exposed to winds from the quarter between northeast and southeast, “have loud and clear voices, and...are of better temperament and intelligence than those exposed to the north.”¹¹ Besides determining the afflictions that a people suffer, winds alter their tameness or fierceness, their desires, their very physique.

We find similar intuitions in China. Geomancy, *fengshui*, the science of “wind and water” by which people fix where the living should live and the dead should rest, is perhaps the best-known expression of the conviction that the study of geography, of the molding power of place, is not least the study of local winds. The *fengsu* of a region designated the customs and lifestyle of its people; but the term bespoke the intuition that local psychology was inspired, quite literally, by the air the people breathed.¹² The geography and environment of a region, its *fengtu* (literally, “wind and earth”), referred also to regional mores.

Modern historians often convey the impression that sickness, in traditional Chinese medicine, was conceived mainly as imbalance or disharmony, discord between macrocosm and microcosm. But this is a very partial view. If we study the actual writings of Chinese doctors, we quickly realize that diagnosis and therapy relied more often on a different paradigm—one in which pathogens swept in through open pores then burrowed deeper, into the bloodvessels, then into the sinews and flesh, and finally into the organs and bones, a model in which the steady aggravation of the sickness was imagined as the grim advance of invaders toward a vital core. Sickness here was not so much a matter of inner imbalance as intrusion from without.¹³ The most ubiquitous and dangerous of intruders was wind—especially untimely winds—winds blowing at the wrong time from the wrong direction, winds

清 明 三 月 節 坐 功 圖

時配手太陽小腸寒水

運主少陰二氣



Fig.

upsetting the cosmic order. For the intrusion of such winds was the intrusion of chaos itself. And so the *Huangdi neijing* declared, "Wind is the chief of the hundred diseases," and again, "The hundred diseases arise from wind."

In late antiquity, however, a remarkable development occurred. There emerg-

ed the conviction that human beings need not be ruled by chaotic winds. This brings me back to the Chinese yogi and to the muscleman.

The virtue of the rotund Chinese figure was that it was so full of vitality that invaders had no room to enter. In late Warring States and Han times this became the central principle of regimen: sickness afflicts only the vulnerable. Or, to put it differently, it is possible to create an invulnerable body. The *Lingshu* promised, "It is only when an untimely wind encounters depletion within the body that it can possess the body."¹⁴ It was only when a person was emptied of vitality—by excessive exertions, by the outflow of desires—that outer chaos could intrude.

There were thus actually two quite disparate conceptions of the ideal body in traditional Chinese medicine. One was utopian: it dreamt of mirroring macrocosmic order in the microcosmic body. The winds of the eight directions regulated the rhythm of the four seasons, and the rhythm of the eight winds and four seasons (*bafeng sishi*) defined the frame of an ideal politics. To the eight winds (*bafeng*) corresponded eight modes of government (*bazheng*). For each wind there were certain robes to be worn, particular foods to be eaten, fixed rituals to be performed, specific activities to be pursued. The welfare of the body politic depended on it; and so did the well-being of individuals. To act, feel, to in accord with the spirit of the seasons, to synchronize personal with cosmic rhythms—this was one vision of health.

The yogic figure represented a contrary impulse. It expressed a striving will toward isolation and autonomy, the dream of a body that would be impermeable to all winds, impervious to change. To the extent that one could carefully retain and accumulate vitality within one, one could indefinitely delay the onset of age, the passing of the years. One could, in short, make the body a sort of timeless world onto itself. The project here was not to inhabit an ideal place, but to *be*, oneself, an ideal place. Implicit in this project was a sense that there were ultimately no steady rhythms that could be relied upon, no harmonious order into which one could blend, but only an uncertain, unstable, dangerous world, only unpredictable, unruly winds.

In Greek tragedy, winds often expressed the vagaries of fortune, the breath of the gods altering the fate of individuals. "Fools!" declaims Euripides' Theseus, "Be instructed in the ills of mortals."

Struggles make up our life. Good fortune comes
Swiftly to some, to some hereafter; others
Enjoy it now. Its god luxuriates.
Not only is he honored by the hapless
In hope of better days, but lucky ones
Exalt him too, fearing to lose the wind (*pneuma*).¹⁵

The pneumatic character of life made all happiness fragile, all security tenuous. At

any moment a “veering change of wind” could transform fortune into misfortune.¹⁶

How does war arise, for example, between two traditionally friendly states? Oedipus explains,

Most gentle son of Aegeus! The immortal
Gods alone have neither age nor death!
All other things almighty Time disquiets.
Earth wastes away; distrust is born.
And imperceptibly the wind (*pneuma*) shifts
Between a man and his friend, or between two cities.
For some men soon, for others in later time,
Their pleasure sickens; or love comes again.¹⁷

Lovers awaken one morning to discover passion inexplicably vanished; imperceptibly, close friends become twisted with distrust; rains plentiful for years suddenly dry up; and overnight a peaceful people is possessed by the thirst for blood. To ponder *pneuma*, wind, was to ponder the mystery of such happenings, to meditate on inscrutable change. This was in the time of Hippocrates and Plato, a time yet innocent of muscle-consciousness.

Half a millennium later, in the time of Galen, physicians still spoke a great deal about *pneuma*. But when they did so they referred almost always not to outer winds but to inner breaths. In particular, it was *pneuma* that at once gave muscles their power, and allowed the soul to control them. *Pneuma* still evoked change, but the change was no longer external but internal, no longer contingent but willed, no longer divine but personal.

Galen observes that some processes in the body go on without our attending to them, and we can't directly influence them even if we wish. Such is the case with *natural* functions, like digestion and pulsation. But there are also activities, such as walking and talking, which hinge upon our desires and intentions. We can choose to walk faster, or slow down, or stand still. We can alter the cadence of our speech. We can do all these things, Galen explains, because we have these organs called muscles. This is what muscles are: “the organs of voluntary motion.”¹⁸ It is muscles that allow us to choose what we do, and when, and how; and it is this choice that distinguishes voluntary actions from involuntary processes. Muscles identify us as genuine agents.

The origins of the Western fixation on muscles are inextricably intertwined with evolution of the conception of the person. If we trace the crystallization of the concept of muscle, we find that we are also, and not coincidentally, tracing the crystallization of the sense of an autonomous will. This is why Galen's treatise on the movements of muscles, *De motu musculorum*, is as much an exploration of the conundrums of action and self-awareness as it is an exposition of muscular func-

tion. It mirrors the historical inseparability of interest in muscularity and the analysis of agency.

The decisive role of volition appears most immediately in Galen's distinction between true muscles and muscle-like parts. True muscles, as Galen conceives them, are the skeletal muscles, the muscles that obey and carry out our will. Other structures which look muscular to the eye, and which anatomists today would class as involuntary muscles—like the esophagus, the stomach, the uterus—can only be muscle-like, because they elude our control. The heart, too, is not a muscle, Galen explains, because it moves of its own accord; we cannot start or stop it as we wish.

But it is especially in the problems raised by the idea of human muscularity—problems that Galen recognizes even as he vigorously defends this idea—that the preoccupation with agency emerges most clearly. For if muscles are the organs of voluntary motion, Galen wonders, how can we explain the man who sings in drunken stupor, or walks in his sleep?¹⁹ These actions obviously involve the work of many muscles. Yet those who perform them seem to have no consciousness of performing them. We encounter this sort of thing all the time. Thus, the philosopher who, deep in reflection, walks from Piraeus to Athens may have no recollection of the road, or of attending to his arms and feet. And people absorbed in conversation or debate often display mannerisms of which they seem quite unaware. The way in which the soul wills our actions, Galen admits, is not always transparent; but, he insists, it operates nonetheless.²⁰ Human beings possess the possibility of spontaneous, autonomous action. Their lives are not confined to the frame of the natural.

So again we have two dreams of the body. One dream, exemplified by the goal of humoral balance, saw the ideal body as the microcosmic recreation of a utopia, the fleshly embodiment of an ideal cosmic order. In this dream, the healthy was identified with the natural, and the desire for health was a sort of homesickness—a yearning to return to some distant Eden from which human beings had somehow strayed. The other vision, represented by the muscleman and the yogi, sought on the contrary, to escape nature's dominion, to fashion the body not as a vehicle for return and reconciliation, but rather as a separate world, self-contained, self-controlled, free from chaos. Today, at this moment, these two dreams are still shaping our bodies. Our choices in somatic regimen may reflect our optimism or despair about the world as an ideal place.

Notes

1. *Republic* II 372e.
2. *Ibid.*, III 409e–410a.

3. *Ibid.*, IV 444d.
4. G. S. Kirk and J. E. Raven, *The presocratic philosophers* (Cambridge: Cambridge University Press, 1964), 234.
5. Roy Porter, "Gout: framing and fantasizing disease," *Bulletin of the history of medicine* 68 (1994), 20–21.
6. Herodotus, *Histories*, IX, 121.
7. Hippocrates, *Sacred disease*, 14.
8. Hippocrates, *Aphorisms* III, 12. See also *Airs, waters, places*, 9.
9. *Airs, waters, places*, 1.
10. *Ibid.*, 4.
11. *Ibid.*, 5.
12. *Hanshu*, *juan* 28. For a survey of European thinking on nature and human nature, see Clarence Glacken, *Traces on the Rhodian shore* (Berkeley: University of California Press, 1967).
13. See, for example, Bian Que's famous diagnosis of the illness of Duke Huan in Sima Qian, *Shiji* Chapter 105.
14. *Lingshu*, Treatise 66.
15. Euripides, *The suppliant women*, 549–554.
16. Aeschylus, *Seven against Thebes*, 707–8.
17. Sophocles, *Oedipus at Colonus*, 607–615.
18. Galen, *De motu musculorum* 1 (K. IV, 367). The definition opens the work.
19. *Ibid.*, II, 4.
20. *Ibid.*, II, 5.