A Healthy, Chubby Japanese Man (genki na debu chan)

Genaro Castro-Vázquez

Abstract
In light of official reports indicating a still prevalent tendency to masculinized obesity and overweight in Japan (Ministry of Health Labour and Welfare, 2015), this article explores the experiences of 28 Japanese men grappling with bodyweight control. Aged between 24 and 67, 3 of the men were postgraduate or undergraduate students, 7 self-employed, 17 company workers and 1 retired. Fourteen hold a university degree, 1 completed senior high school and 10 finished 3-year junior college. Twelve were married and 16 were single. Ten of the participants have been requested to lose weight because of being at risk of developing metabolic diseases, the rest have been called “chubby” (debu) and all of them have unsuccessfully tried to lose weight. A set of two, in-depth semi-structured interviews were conducted with each participant in Tokyo and Osaka in June and July 2015, 2016, and 2017. Grounded in symbolic interactionism, the interview analysis allows for a reading of the participants’ embodied subjectivity in line with three axes: autodidact self, gendered self, and emotional self. The article highlights how the feminization of care has an effect on the participant’s daily interactions. In conclusion, the article underscores the salience of “emotional attachment” to food (Lupton, 1998, p. 158), the “emotionalization” of food consumption and the emotionalization of the “fat body” in understanding their experiences dealing with corpulence in a country where slimness appears to be “ethnicized.”

Keywords
feminization of care, biopedagogy, body mass index, socio-biopedagogy, embodiment

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Background
There’s something wrong with my body… doctors keep telling me that I have to lose weight

Why do they say that?

… fat people are meant to be unhealthy, that’s kind of common sense… chubby people have a lot of health problems (Fumino-san, company worker, single, aged 55, completed junior college, classified as metabo)

Fumino-san’s concern about obesity and overweight is an individual and social issue that has been in the Japanese public health agenda since the 1970s. This article aims to shed some critical light on the embodied experiences of a group of Japanese men grappling with bodyweight control. Approaching their experiences is an attempt at theorizing to produce knowledge that is “culturally and historically situated” (Shapiro, 2005, p. 3). Following symbolic interactionism, the male body and the subjectivity of the participants in the study are explored through the construct of “scripts” which fosters three analytically different but interconnected dimensions of scripting: the intrapsychic, the interpersonal, and the cultural (Gagnon, 2004).

In the case of obesity and overweight, cultural scripting—a general scenario or a master narrative—is a form of knowledge validated and constructed through medical and public debates as well as common sense, in which “fat people… [are depicted] as having ‘let themselves go’ not only literally but also symbolically” (Lupton, 1998, p. 158). The “emotionalization” of food consumption and the emotionalization of the “fat body” in understanding their experiences dealing with corpulence in a country where slimness appears to be “ethnicized.”

1Asian Studies Programme, Kansai Gaidai University, Hirakata City, Osaka, Japan

Corresponding Author:
Genaro Castro-Vázquez, Asian Studies Programme, Kansai Gaidai University, 16-1 Nakamiya Higashino-Cho, Hirakata City, Osaka, 573-1195, Japan.
Email: g.castro@kansaigaidai.ac.jp
strategies for them. Aged men has thus required specific bodyweight control.

The prevalence of sedentary lifestyles among middle-aged men has thus required specific bodyweight control.

In 1978, the MHLW issued the first guidelines to recommend healthy dieting, physical exercise, and sufficient sleep to Japanese people. In 1988, Active 80 Health Plan was launched to promote nourishing and balanced diets, physical exercise, and adequate resting but with an emphasis on healthy dieting. Another guideline was issued in 2000, under the scheme: Healthy Japan 21—a series of 10-year public-health objectives proposed at the advent of the millennium—to help prevent the so-called “metabolic syndrome” through comprehensive medical check-ups for insured citizens, and their dependants who are aged 40 or above, in addition to encouraging well-balanced diets and physical exercise (Ministry of Health Labour and Welfare, 2010b). Metabolic syndrome (naizō shibō shōkō; MS), also known as “visceral fat syndrome” and popularly dubbed “metabo,” is the official term to refer to obesity and overweight related matters, and “has become a widely-used term in the mass media, featured on the ubiquitous television shows featuring health issues” (Borovoy & Roberto, 2015, p. 66).

Officials tend to agree that Japanese MS rates are attributable to the combination of three main factors: urbanization, sedentariness, and “detraditionalization” of food, because 75% of the population concentrates in urban areas and mainly performs deskwork in the service industry that does not demand the physical effort of traditional jobs at rural settings (McCurry, 2007). “Over the past 50 years, the Japanese diet has changed from traditional, natural foods to high-calorie, high-fat foods. This change in lifestyle, which has been accompanied by a reduction in the physical activity of the average person, has been associated with a considerable change in the frequency with which metabolic diseases are reported” (Yazaki & Kadowaki, 2006, p. 74). There are generational differences as well. “People over 60 manage a good lifestyle while the younger generation in their 20s and 30s need to improve their lifestyle” (Ministry of Health Labour and Welfare, 2015, p. 67).

The prevalence of sedentary lifestyles among middle-aged men has thus required specific bodyweight control strategies for them. The body mass index (BMI; an individual’s weight in kilograms divided by the square of his or her weight in meters) remains an international standard to identify excess weight and obesity in the human body. The WHO establishes an individual with a BMI ≥30 be categorized as obese (World Health Organization, 2016), which means that only about 2% to 3% of the Japanese population is obese. The Japan Society for the Study of Obesity (JSSO) sees therefore, the BMI unreliable and insufficient to predict how overweight and obesity will result in illness. “Many obese Japanese subjects have a mild degree of adiposity compared with the problem in Europe and the USA. However, because Japanese with even mild obesity tend to have obesity-related complications, establishing criteria that are appropriate for diagnosing ‘obesity disease’ in Japanese subjects is an urgent priority” (Japan Society for the Study of Obesity, 2002, p. 990).

Social scientists largely insist that “racial divisions... do not reflect biology: they are cultural constructs” (Fuentes, 2012, p. 91). Nonetheless, epidemiologists and health-care professionals tend to highlight the impact of race and body-fat distribution in disentangling how adiposity affects individual health. Underscoring the general inability to metabolize glucose, the JSSO warns that an excessively nourished Japanese can easily “develop glucose intolerance and complications even with a mild excess of adiposity” (Japan Society for the Study of Obesity, 2002, p. 987). The Japanese MS approach to obesity and overweight thus attempts a rather accurate and comprehensive view of how adiposity could eventually become a risk factor, because “‘[o]besity’ should not be classified as a ‘disease’, but rather as a ‘risk factor’ in the clustering of diseases” (Japan Society for the Study of Obesity, 2002, p. 990).

The WHO states that a man and woman be considered obese with a waist circumference (WC) ≥94 and ≥80 cm, respectively (World Health Organization, 2000). Although the significance of race in understanding health outcomes could be equivocal, the WHO Steering Committee of the Western Pacific Region draws on racial differences to adjust the WC standard to ≥90 and ≥80 cm for Asian men and women, respectively. The JSSO proposes the combination of WC and BMI be used in the clinical assessment of the overweight and obese, and the cut-points for Japanese populations be BMI ≥25 for both men and women, and WC ≥85 and ≥90 cm for men and women, respectively (Japan Society for the Study of Obesity, 2002, p. 987). The MHLW endorses the JSSO proposition and, officially, a Japanese should undergo bodyweight control with a BMI ≥25, IWC ≥85 and ≥90 cm, for men and women respectively, and when he or she presents at least two or three of the following items: “blood lipid, blood pressure and blood glucose”.
Government statistics indicate that aged between 40 and 74, one in every five women and one in two men—about 20.1 million people—are either at risk of or currently suffering from MS in 2006 (Ministry of Health Labour and Welfare, 2010a).

### Tackling the Issue

Issued in 2006, Health Japan 21 Middle Evaluation Report clusters obesity and overweight related issues together with habits such as smoking and alcohol consumption, because they are all “lifestyle-related diseases (seikatsu shūkanbyō)” that affect the individual “quality of life.” The report proposes a system that includes regular medical check-ups together with guidance and counselling specifically to promote bodyweight control. The system was designed in 2007, and enacted in 2008 (Ministry of Health Labour and Welfare, 2008).

“Food and nutrition education (shokukiku)” entails the Japanese official attempt to promoting healthy dieting, and its pedagogical grounding is the so-called Food Guide Spinning Top—designed by the MHLW together with the Ministry Agriculture, Forestry and Fisheries. The Japanese approach is not different from guides produced in other countries (e.g., Public Health England, 2016). The spinning top is a graphical representation of the nutritional guide and entails a rotating inverted cone to help sustain a balance diet by classifying food based on nutritional values and suggesting servings per day. Also, a little man running at the top of the cone is to remind that “physical health relies not only on a sensible diet, but also on physical activities” (Ministry of Agriculture Forestry and Fisheries, 2015, p. 7). Given the prevalent “detradi-
tionalization” of Japanese food, nutritional guide also encompasses an effort to retrieve the archetypal Japanese food which entails “rice as a staple, combined with a variety of other food, such as fish, meat, vegetables, fruits and milk [which] was formulated by around 1980...[and] has been totally eroded” (Ministry of Agriculture Forestry and Fisheries, 2015, p. 1).

Despite official documents indicating MS mostly concentrated in men aged between 30 and 60, who “tend to consume excessive amounts of fat” (Ministry of Agriculture Forestry and Fisheries, 2015, p. 1), nutritional guide is addressed to health specialists, educators, guardians, and parents to ensure that children learn that eating well can be “pleasurable” and the general public realize the relevance of eating breakfast (Ministry of Health Labour and Welfare, 2008). Skipping breakfast—prevalent among children and men in their 20s—is linked to binge eating, and unproductivity because of insufficient energy supply to start daily activities (Ministry of Agriculture Forestry and Fisheries, 2015).

To the best of my knowledge, an assessment clearly indicating the impact of official strategies on MS rates does not exist. Nonetheless, a new 10-year plan: Health Japan 21 (the second term) was launched in 2013. One objective of the plan is to help change the nutrition and dietary habits of overweight men and women with a BMI >25, and underweight young women with a BMI <18.5. In 2015, official data indicate that 31.6% and 20.5% of men aged between 20 and 60, and women aged between 40 and 60 are obese, while 22.3% of women in their 20s are underweight. Sedentary lifestyles remain prevalent among men and women aged between 20 and 64, while men and women aged 65 or over tend to be physically active on regular basis (Ministry of Health Labour and Welfare, 2016). In a survey with health-care professionals and government officials, Borovoy and Roberto (2015) reported that despite metabo appearing an element of everyday language and public consciousness, the effectiveness of MS-related interventions appears uncertain as it is impossible to predict long-term health outcomes.

### Embodied Male Self in Japan

Although the concepts of self and subjectivity have a different theoretical background, following Jackson and Scott (2010), the terms are used synonymously in this article. The construct of subjectivity integrates the different layers of the self that are unlikely to be bundled in one specific form of identity or tally of identities. “Subjectivity is produced, negotiated and reshaped via discourse and practice” (Lupton, 1998, p. 26). Subjectivity preserves a sense of the self as continuing, but it is never static (Jackson, 2007), this resulting in a self that is “harmoniously and coherently” produced but at the same time imbued with contradictions and inconsistencies. Grounded in the particular context of Japan, Kondo (1990) concluded that selves “become nodal points repositioned in different contexts...[that] can be seen as rhetorical figures and performative assertions enacted in specific situations within fields of power, history, and culture” (p. 304).

The self ought to be seen as “material, occurring in three-dimensional space and within the symbolic density of the process of signification” (Shapiro, 2005, p. XIII). A materialized self implies the concept of embodiment: the processes that furnish the body with a means for social learning. Embodiment substantiates somatic learning processes—cultural and interpersonal scripting—that have left “its traces not just in people’s minds but in their muscles and skeletons as well” (Shapiro, 2005, p. 23). Embodiment is the outcome of intrapsychic scripting that turns the relationship between the body and adiposity into “embodied knowledge” and enables an actor to bridge...
“the gap between theory and experience, mind and body, and the rational and the sensual” (Shapiro, 2005, p. 22). An individual could transform the body closer to a “desired” embodied subjectivity through intrapsychic processes that involve an internal conversation with the self: What kind of body do I have? What kind of body do I want to have? Embodiment is a “matter of a lived logic, rather than a logic arrived at through reflection [alone]” (Maclaren, 2009, p. 36, original emphasis) and thus implies a human capacity that is localized and contextualized to avoid the “idea [that embodiment] ultimately has voluntarist connotations” (McNay, 2000, p. 9). Embodiment is the result “of our own … attempts to make existential sense of the world and to find our place in reality” (Maclaren, 2009, p. 38, original emphasis).

“True masculinity is almost always thought to proceed from men’s bodies—to be inherent in a male body or to express something about the male body. Either the body drives and directs action … or the body sets limits to action” (Connell, 1995, p. 45). Nonetheless, with a few exceptions (e.g., Castro-Vázquez, 2015; Manzenreiter, 2013; Takeyama, 2016), the body of Japanese men “has been something of an ‘absent presence’… in the sense that [it] has been rarely [studied] in a sustained manner … as an object of importance in its own right” (Shilling, 2012, p. 17). Academic and journalistic reports appear mostly underpinned by the understanding that “the average Japanese man has an appetite for work (nihon no heikinteki na dansei wa shigoto nesshin desu)” (Shibuya, 2009, p. 43) and have been particularly concerned with the gendering of labor and employment practices that produce social inequality. Research has been profusely centered on the Japanese form of “hegemonic masculinity” (Connell, 1995) embedded in the subjectivity of the so-called “salaryman”: a white-collar worker at a private sector enterprise enjoying a seniority based-pay and lifetime employment system.

Educational authorities largely locate the “Japanese normal self” oscillating between two spheres: mind/spirit (kokoro) and body (karada) (Monbukagakushō, 2008), which makes the subjectivity of a stereotypical salaryman “abnormally” leaning towards the mind/spirit sphere. He has been largely depicted in discourse and ideology as an “uncountable self” who, as a student was most likely an academic achiever, and afterwards became an employee whose job undoubtedly involves mental work. A salaryman exemplifies a form of “medicalized masculinity” (Rosenfeld & Faircloth, 2006) mirrored in his “headaches from hangovers and a weakened liver from drinking too much, hemorrhoids and stiff shoulders from sitting at his desk for too long, stomach ulcers from irregular diet and stress” (Dasgupta, 2013, p. 2). A “metabo self” or a sedentary individual grappling with lifestyle-related diseases is typically a salaryman “constantly deprived of sleep because he was on call around-the-clock” which could result in “a death caused by overwork or job-related exhaustion (karōshi)” (Kawanishi, 2009, pp. 38–39).

Despite “the classic salaryman [being] always… a minority” (Taga, 2005, p. 133), sweeping generalizations about gender regimes in Japan have transcended local debates and references such as the “salaryman model of middle-class masculinity” can be identified in the literature (Connell, Hearn, & Kimmel, 2005, p. 6). The model is underpinned by the dyad salaryman—“professional housewife” (Goldstein-Gidoni, 2012), where “[t]he [sal- ary]man commits himself to providing for his family, [and] the woman to maintaining a comfortable home for all” (Smith, 1987, p. 19). “De-salarymanizing” the Japanese male self has thus been a major challenge for academics (e.g., McLelland & Dasgupta, 2005; Roberson & Suzuki, 2003) and journalists who oppose a homogenizing view, and are interested “in the performance and plurality of masculinities [as well as] the construction of nondominant forms of masculinity. […] To explore how… men with similar living conditions, [can develop] diverse masculine identities” (Taga, 2005, p. 137).

The life experiences of younger Japanese men have been singled out to showcase that de-salarymanization is actually occurring. Younger men tend to neglect the salaryman way of life and dismantle the traditional meaning attached to masculinity (Fujimura, 2006) by refusing “to become regular employees” (Mathews, 2004, p. 132). The term “freeters (furītā)” refers to men who choose temporary/casual jobs and are thus unable/unwilling to become a salaryman and a breadwinner. Cook (2016) explains, however, that freeters view masculinity “through characteristics, values and particular actions,” rather than “physicality, physical strength or muscular bodies” (pp. 35,52). Taga (2005) underscores that although some young middle-class men reappraise “traditional masculinity, the meaning of “becoming a man” (ichininmae ni naru) … seems to be fundamentally unchanged. Most took for granted that they would take a decent job and get married to a woman at some point in the future” (p. 136).

The flourishing beauty industry for men implies that the body has turned into a concern for the younger generation, however. Miller (2006) holds that the increased availability of beauty products and services clearly indicates a shift in “the ideological sphere of reference of masculinity [that embraces] … a greater diversity of physical styles” (p. 126). Recent times have spawned local and international newspaper and “academic” reports revolving around the so-called “herbivorous boys (sōshokukei dan-shi)” that depict these young men as “weak and feminized” (Demetriou, 2008) due to their preference for aesthetics and the beautification of the male body. They are seen as “incomplete men” and referred to as “boys
(danshi),” but these herbivorous boys could embody the de-salarymanization of the male self. Herbivorous boys “live with their parents, enjoy homemaking, and do not smoke, drink, or maintain the slovenly rooms associated with bachelors, they exhibit little interest in sex, romance, or corporate advancement” (Bardsley, 2011, p. 133). Herbivorous boys might in fact epitomize “healthism and the medicalization of everyday life” (Crawford, 1980) by refusing to become a metabo self, eating vegetables, taking dietary supplements and being utterly concerned about physical appearance as well as making a “healthy life” their utmost priority (Wada, 2010).

Against this background, this manuscript draws on the outcome of interviews with a group of Japanese men to answer the following questions: How does interpersonal scripting help the group of men transform and adapt cultural and structural understandings of an obese/overweight male self? How through intrapsychic scripting are the participants in the study able to embody their subjectivity by filtering master narratives and interpersonal experiences concerning bodyweight control? The remainder of the article discusses the study’s methodology, and the results, which present the embodied subjectivity of these men in line with three axes: autodidact self, gendered self; and “emotional self” (Lupton, 1998).

Methods and Data
Aged between 24 and 67, participants in this study were 28 Japanese men from Tokyo and Osaka. Three of them were postgraduate or undergraduate students, 7 self-employed, 17 company workers, and 1 retired. While 14 hold a university degree, 1 and 10 had completed senior high school and 3-year junior college (tanki daigaku) respectively. Twelve were married and 16 were single. Details concerning income differences and medical records were not provided. Nonetheless, no one was a blue-collar worker and the students regularly engaged in part-time jobs (baito) to supplement their monthly stipends. All of them have been called “chubby (debu)” and futilely tried to slim down, and did not feel comfortable disclosing their bodyweight. Most of them referred to their body size as big (ōki) or fat (futoi); the older participants use terms such as chubby (debu) or slightly chubby (chotto debu), but nobody used metabo, or obese (himan). Ten of the older participants were classified as metabo and their bodyweight was medically monitored.

The recruitment method lay in personal networks and snowball sampling. A concerted intention to recruit men from a variety of backgrounds existed; nonetheless this was not a random sample. Any Japanese man willing to discuss “bodyweight concerns” was accepted in the study. When being recruited, participants received a complete explanation of the study’s objectives and methods, which included assurance that data would be treated confidentially and used only for academic purposes. Any information leading to participants’ personal identification has been changed and pseudonymous are used in this report.

Fifty-six individual interviews originated the data underpinning this study. Data were collected in June and July 2015, 2016, and 2017. Each participant was interviewed twice for about 60 min every time. Interviews were semi-structured in-depth, and conducted in Japanese. After obtaining informed consent, each encounter was fully recorded and topics covered: bodyweight control, dieting, physical exercise, ethnicity, culinary practices, and eating habits. Rather than following a fix pattern, however, topics were introduced when suitable to facilitate rapport and progression of conversation.

Interviews occurred in the morning or early afternoon, in isolated areas at participants’ workplace and/or quiet areas of coffee shops where the men could feel relaxed and their privacy protected. The interviewer paid for the beverages and/or food consumed at the coffee shops and each participant received 1,000 JPY as token of gratitude; however, this did not undermine the right to stop participation at any time or skip questions that could provoke uneasiness. A male foreign scholar in his late 40s conducted the interviews.

The analysis of interviews started by transcribing every spoken word, with hesitations, pauses, and interruptions enumerated but not quantified. Data were examined for corroborating, or not, a number of concepts tentatively proposed. Next, codes and subsidiary codes were produced and affixed to the transcripts, which resulted in a map where data were presented through systemic networks (Bliss, Monk, & Ogborn, 1983). An interactive process of induction and deduction was then employed to secure the validity of the networks as a heuristic tool to analyze data. Clearly, transcripts were not regarded as “portraying reality,” they were all, following Plummer (1995), pieces of the participants’ life histories that permitted a reading of their embodied subjectivity in context. The encounters with these men largely represented their capacity to become subject and object, as well as locate the self in relation to the other vis-à-vis bodyweight.

Results
Autodidact Self
The bodyweight concerns of most of the participants in the study have ontologically stemmed from interpersonal scripting with medical professionals highlighting the relationship between medical knowledge and the body. This interpersonal scripting circulated around cultural and structural medicalized and pathologized fatness
(Lupton, 2013), which is strongly emphasized in the cultural scenario produced by the MHLW. The subjectivity of these men has been almost always seen as symbolizing the other. These men have embodied an “unhealthy self (fukenkō)” that could be “fixed” via a “biopedagogical” project (Wright, 2009) that chiefly entails rational thinking—cost-benefits calculations—applied to the body. Biopedagogy has been scripted “in principle” as a pre-social matter conveyed in the subjectivity of an individual “trying hard (ganbaru)” and enduring, whose tangible outcome would be a conscious effort to slim down because adiposity poses a risk to health. A “weak-willed (ishi ga yowai)” subjectivity is thus synonymous with obesity and overweight. Fumino-san—who was introduced at the start of the article, company worker, single, aged 55, completed junior college, classified as metabo—indicated how medical knowledge and biopedagogy might have impinged on his self.

There’s something wrong with my body… doctors keep telling me that I have to lose weight

Why do they say that?

Because being big is not good… fat people are meant to be unhealthy, that’s kind of common sense… chubby people have a lot of health problems…

Really?

I’m not sure… but if a doctor tells you that you have to lose weight, you’re likely to do that

Was that your case?

Yes, somewhat, my blood pressure is a bit high and the doctor said that I have to keep my weight under control… but losing weight is not easy… you need a stronger will (ishi ha tsuyokunaru)

So, have you been able to lose some weight?

Hmm…no, not really…

What do you think is missing?

I don’t know… when they teach you how to… it looks like pretty simple… in reality it’s difficult…

Biopedagogy materializes into a number of guidelines that could be traced back and connected to a series of daily interactions mostly involving school nurses and teachers insisting that physical exercise was key to keeping fit. The younger participants in the study tended to portray biopedagogy as interpersonal scripting that chiefly located the subjectivity of a “lazy guy (darekeru yatsu, namakemono)” as the ontology of bodyweight concerns. The narrative of trying hard was constantly reiterated to make physical exercise an element of their daily agenda since childhood. Some of them, however, highlighted inconsistencies between theory and practice. Those opting for high-ranking schools and enduring the pressure of afternoon preparatory schools (juku) and entrance examinations realized that physical activity became actually dispensable. The subjectivity of an academic achiever “naturally” appeared incompatible with physical exercise. This was prevalent in the recollections of daily interactions at school settings of some of the men who were seen as chubby since boyhood. Tamaichi-san—student, single, aged 24—recounted his initial encounters with biopedagogy at primary school.

I think I’ve been a bit chubby all my life… I still remember my primary school teachers sending me to the school nurse because they were worried about my weight

Why was that?

Hmm… well, everybody knows that being chubby is not good for your health

I see. What did they recommend?

They always asked me to stop being lazy and do exercise…

Were you lazy?

I don’t think so… I was just not so interested in doing exercise… I liked more studying… I reckon

What was the issue then?

Well, if you’re really into top ranking schools… you concentrate more on your study and naturally, don’t have time to exercise… actually, teachers know that… you can be exempt from physical education and stuff… you then understand that though they say exercise is important… it is not, if you have to study…

For those unable/unwilling to comply with a regime of physical exercise, guidance mostly encompassed a regime of “eating healthy,” as it has been scripted through the Food Guide Spinning Top. Discussions on proper diets with some of the participants revealed how sizeism might have been culturally scripted in Japan. Food consumption becomes a powerful symbol of subjectivity through interpersonal and intrapsychic scripting which makes “food … embodied in each individual… [and a] …metaphor of a social group”: we are Japanese because we eat Japanese food (Ohnuki-Tierney, 1993, pp. 129–130, original emphasis). From an official viewpoint, Japanese food has been culturally scripted as epitome of “balanced and healthy food,” which renders the “Japanese self” ontologically healthy and fit. Some of the participants in the study expressed that corpulence and eating habits could have placed them removed away from the scripts underpinning Japanese food because a “chubby
Japanese man” appears culturally incongruent. Their daily interactions, in general, indicated how Japan has turned into a “totally pedagogized society” (Bernstein, 2001, p. 366) dragging them down to constant surveillance and self-monitoring (Wright, 2009, p. 1). Overall, guidance for these men has signified a project that would turned them into an autodidact self who can combine previous experiences and “knowledge” to deal with any situation involving food consumption and physical exercise. Categorically, an autodidact self should be able to regulate eating urges and eagerly engage in physical activity, which could render him closer to the cultural script of a Japanese self as a “fit subjectivity”. Yao-san—company worker, single, aged 44, holds a university degree—elaborated on how slimming down has become entangled in daily life.

Hmm… I think that to be fit you need to be kind of stoical (sutoikku)…

What do you mean?

Being in shape means to learn how to make sacrifices…

What kind of sacrifices?

Finding the time and energy to do exercise is challenging… you need to give up all the food you like…

What food is that?

High calorie stuff mostly… in Japan we have a lot of that…

Really?

Yes, people think that Japanese food is low calorie… they usually think of raw fish and stuff… that’s why they assume the Japanese are slim… but there are big guys like me and I am Japanese too…

What about sumo wrestlers?

Hmmm… that’s different… they are big and strong but not chubby…

What do you eat then?

In general… I like more noodles (rāmen)… curry… and deep-fried stuff… you have somehow to learn and try to eat that in moderation, though… the general advice is that it’s better to try to eat at home to control calories and stuff… that’s also a bit of a problem though…

Why?

Because I don’t know how to and don’t have time to cook… it’s easier and faster to eat out

Insights on food preparation took us to a discussion on how prevalent gender regimes have become inextricably intertwined with the embodied experiences of these men.

Gendered Self

Although biopedagogy is supposed to involve an individual alone trying hard, a gendered reading of the daily interactions of these men suggested that slimming down entails a socio-biopedagogical project demanding women’s participation. The embodied experiences of some of the men, who have struggled with bodyweight since infancy, indicated that their gendered self has been largely constructed around the “feminization of care,” which elicits the prevalence of a gender regime underpinned by the stereotypical dyadic relationship between the salaryman and his professional housewife, or the binary bread-winner-housekeeper. Allison (2013) noted that at Japanese primary school “meals… are institutional, …prepared with only nutrition in mind” (p. 161, emphasis added), which makes children’s bodyweight concerns largely unrelated to school settings. Borovoy and Roberto (2015) stated that if an “unhealthy or overweight child [is detected at school,] it is necessary to meet with the whole family for a ‘heart to heart chat’ (‘kokoroyoku hansasu’)” (p. 68, emphasis added). The recollections of some of the participants revealed however, that it was actually the mother who was summoned since she was likely to be entrusted with cooking at home. The gendered self of these men appeared thus largely structured on the understanding that “the child’s job is to eat the food and the mother’s to prepare it” (Allison, 2013, p. 161), rendering any bodyweight unbalance ontologically a concern for mothers. In recalling his primary school times, Awaza-san—student, single, aged 28—pointed out:

Yes, I think I’ve always been chubby … it’s still clear in my mind, my mum being called

Being called?

Yes, school nurses check if your weight is okay… I was heavier than expected

I see, but why your mother?

Because she’s meant to be the one who cooked at home, I guess…

Meant to be?

Yes, in general mums cook at home, but cooking for my mum was a bit of a problem…

Was it?

Yes, my father is a company worker and my mum runs a beauty salon… she can’t cook everyday… sometimes we eat out or buy dinner and stuff…

Since your parents both work outside the home, was your father called sometimes at school?

Hmm… I don’t think so… a chubby kid is usually the mum’s fault, they say…
Fault?

Yes, because being chubby is bad… somewhat it means that she’s not cooking good food…

The analysis of interviews largely exhibited a school system underpinned by the housewifization of the female self. This was an element of a gender regime that left mothers accountable for children’s embodied experiences and helped reproduce the phenomenon known as “mother blame… [to] [e]xplaining social problems by pinpointing the failures of ‘bad’ mothers” (Boero, 2009, p. 114). In biopedagogical terms, infants’ obesity and overweight stemmed from a “weak-willed mother” unable to enforce healthy habits at home. It was thus the interactions between mothers and school nurses and dieticians that underpinned nutritional guidance for children. However, the role of women in the embodied experiences of adult men was crucial too. The conversations with the married men classified as metabo in the study confirmed that medical facilities tended to rely on the feminization of care, and thus the gendered self of a metabo married man appeared hanging on his wife. A firmly dedicated wife was key to complying with guidance. Daily interactions with medical professionals located biopedagogy chiefly directed to wives to ensure that their husbands ate healthier food, consumed alcohol in moderation and kept daily exercise routines. Abenosan—self-employed, married, aged 58, completed junior college, classified as metabo—explained his wife’s involvement in his attempts to lose weight.

This is truly like a nightmare… I managed to lose some weight but now I’m like jammed…

Why do you want to lose weight?

I’ve been a bit fat all my life… always felt okay… but now my blood pressure is causing trouble… I’m kind of metabo and was sent to the dietician…

What kind of diet do you have to follow?

Well… drink less… less fried stuff… more exercise and stuff… and my wife is meant to help me…

What do you mean?

The dietician wanted to talk to my wife to see if she was cooking the right food for me…

Do you cook?

No, I don’t know how to… also I run a small business that keeps me busy… my wife cooks always… what’s more, since I don’t lose weight now she’s also checking that I don’t drink too much and started to go for a walk with me in the evening…

Does she need to slim down too?

No, she doesn’t, but the dietician said that to lose weight, the support of the family was important… it was better if she made an effort too… so she’s somewhat checking that I keep doing my exercise too…

The circumstances of these men were rather similar to those reported by Davidson (2007) in her study with older men tackling weight problems in the UK, who were largely dependent on “women taking primary responsibility for monitoring the health of the family members” (p. 130). Official statistics indicate steady increasing rates of Japanese people living alone, which is conspicuous among never-married male (Ministry of Internal Affairs and Communications, 2015), and particularly problematic for biopedagogical strategies underpinned by the housewifization of the female self, and the breadwinner-housewife gender regime. The analysis of interview revealed that marital status was one of the core issues for medical professionals dealing with metabo single men. In many instances, these men were suggested to find a girlfriend or marry to be provided with a balanced diet. The embodied experiences of these men portrayed a health-care system strongly supporting patriarchy by locating the subjectivity of women mostly entangled with the provision of care. In the absence of women at home, the single men in the study noticed that all nurses and dieticians assigned to oversee bodyweight were women, who sometimes play the role of a wife or a mother and “reprimand” them for failing to become an autodidact self-engaged in a regime of “total health.” Nakano-san—company worker, single, aged 49, holds a university degree, classified as metabo—elaborated on the influence of women in his “battle” against bodyweight control.

I don’t know, but sometimes I would say that my main problem is that I’m single…

Why?

I’ve been fighting against this fat for about two years but keep rebounding… my cholesterol levels swing up and down too… I do my best but still can’t do anything… I live alone… and that could be the reason… the nurse keeps saying that if I had someone to cook at home for me things would be easier…

Okay, but what is the connection between that and you being single?

Well… they also ask if I had a girlfriend or if I plan to marry… because in general women know better how to balance a diet…

Why women?

I don’t know… things are still like this… Women in general are more concerned about eating healthy…
What makes you think so?

I don’t know… I believe it’s like your mother taking care of you… hmm…. Everything related to food, dieting and stuff is in the hands of women… nurses, dieticians are all women in my experience… they know better what to choose when they buy groceries or eat out…the nurse scolds me sometimes because I always end up buying the stuff that I like, not the stuff that I should… most of the stuff I like is not good for my health it seems…

The ontology of bodyweight concerns for these single men appeared thus connected to the absence of women in their lives. The insights concerning food preferences veered our conversations towards the significance of the emotional self in the participants’ embodied experiences.

Emotional Self

Discussions with these men suggested that biopedagogy purely grounded in rational thinking was limited and chiefly indeterminate. Reminiscing about childhood’s lunch boxes helped these men illustrate how food consumption and the emotional self “or how… [they] think about, express and give meaning to their lived emotional experiences” (Lupton, 1998, p. 8) have always been an element of their daily interactions dealing with food consumption. Although their mothers might have considered nutritional values when assembling a lunch box for them at nursery school-aged, the outcome was always tempting and “delicious” food, which was “designed to be pleasing and personal” (Allison, 2013, p. 161). References to the “nostalgic label of ‘mother’s cooking’ (ofukuro no aji)” (Cwiertka, 2006, p. 101) helped them also to highlight how the emotional self has rendered into criterion for selecting food, notwithstanding the selection might not be the “healthy” one. Food becomes emotionalized and following their feelings these men often chose food that contradicted medical advice. Noe-san—self-employed, single, aged 44, completed junior college, classified as metabo—discussed how emotionalized food might be related to his embodied experience.

I guess, I will be chubby all my life, even if the nurse is not happy…

Why?

I just can’t help it… can’t follow any diet… when I realised I’m drinking my beer and eating the food I like…

What food is that?

Hmm… I like very much deep-fried chicken (karaage)

Why that?

Don’t know… it kind of reminds me my mum’s cooking… I still remember when it was in my lunch box… it was like a party when she cooked that… it’s the same with deep-fried pork cutlet (tonkatsu)… it’s not easy to make, so when she cooked that everyone was kind of happy… hmm… actually that’s my problem with dieting…

Problem?

Being kind of forced to eat boring stuff… I kind of like to eat to enjoy but following diets is not fun at all… kind of losing the joy of eating… it’s like eating without meaning…

Does your dietician know this?

Yes… but she always recommends the same, avoid it or eat in moderation… when you’re enjoying your food… it’s not easy to stop… and I always end up eating or drinking what I shouldn’t…

Guidance being underpinned “by the reliance upon the ‘rationality’ and ‘objectivity’ of science to contain disorder that pervades” metabo (Petersen & Lupton, 2000, p. xii) did not mean health-care professionals unmindful of the salience of “emotional labor” to produce behavioral change (Lupton, 1998, p. 9). In instilling healthier habits, nurses and dieticians tended to appeal to the emotional self of the men classified as metabo. As such, the benefits of becoming an autodidact self became social and not restricted to an individual subjectivity. Regaining bodyweight control would be beneficial to relatives who would stop worrying about having a metabo self in the family. Avoiding binge eating and drinking, and adhering to exercise routines would entail a token of “love” and a sign of “gratitude” to a wife fully committed and willing to enforce biopedagogy. Morimachi-san—company worker, married, aged 57, holds a university degree, classified as metabo—elaborated on how the image of his wife might have been evoked to cajole him into healthy habits.

I really feel sorry for my wife…

Sorry?

Yes, because she’s always doing her best for me to lose weight but I can’t… it wasn’t so bad at the beginning but I can’t go further now…

What do you think is missing?

I don’t know, I do my best to comply but my waistline remains the same… worse is when the nurse implies that I’m somehow betraying my wife for not sticking to the diet and not going to the gym… I shouldn’t have her worrying about me… if I loved her…

Worrying?

Yes, she’s concerned about my health…

What do you think the problem is?

After a long day in the office… I just can’t find the energy to do exercise… sometimes end up binge eating… it’s just
beyond my control... this of course doesn’t mean that I don’t love my wife and don’t appreciate what she does for me...

The analysis of interviews revealed that the recourse to the emotional self was mostly unworkable on single men living alone. They were mostly seen as a “difficult” case and tended to offer a rather critical viewpoint about biopedagogy, which chiefly revolved around the narrative of “fat but fit” (Mundasad, 2017), or the paradigm of “health at every size” that academics and activists have championed to contest the medicalization and pathologization of fatness (Mundasad, 2017). These men contended that regardless of being corpulent, they were healthy and thus slimming down was unneeded. They uphold a form of embodiment underpinned by the “emotionalization of the fat body” to suggest that their embodied experiences were not appalling but appealing and a symbol of well-being in a country where sizeism, anorexia and bulimia remain endemic. Their arguments however entailed a form of “situated embodied practice” (Colls, 2004, p. 587) difficult to sustain at times in front of medical professionals, employers and co-workers criticizing them for neglecting guidance and counselling. The conversation with Daikoku-san—company worker, single, aged 56, holds a university degree—illustrated how the emotionalization of corpulence occurred among the men in study.

It is really upsetting that my tummy seems be an issue for everyone...

*What do you mean?*

People keep giving advice on diets and stuff... friends and co-workers laugh at me sometimes... if you are Japanese you are meant to be slim... people here are kind of obsessed about losing weight and stuff...

*Why?*

Because being a big guy is supposedly bad looking... but I don’t think I should slim down...

*Why not?*

Because I’m healthy... I’ve always been chubby ... when I was younger I tried to lose weight but I couldn’t... when people see my waistline they think that I’m sick or something... I don’t have any health issues, though... there are skinny people who make themselves sick by dieting like crazy...

*Who are these people?*

A lot of women but young men too... dieting is like a habit here and thus big people are kind of unacceptable...

*Unacceptable?*

Yes, in general fat people are most likely a kind of character to laugh at... chubby people are meant to be unattractive *(motenai)*... but I think that as long as you are healthy, your body size doesn’t matter... the dietician at the company keeps making remarks because of my waistline...

*What do you do when you are asked to lose weight?*

I don’t want to mess things up... keep quiet and promise I’ll try... only say what I really think to people that can understand me...

*Who are these people?*

Big people like me... when people ask me to slim down... I tend to ignore them... arguing is pointless... I let them be and avoid confrontation... there’s no way I can convince them... I’m a healthy chubby guy and kind of like it...

The situated embodiment of these men largely referred to daily interactions where these men could verbalize their embodied experiences in front of people that might understand their viewpoint. Their narratives revolved around emotionalizing the “fat body” to feel “alright” about being chubby, and underscoring that they were healthy and habitual dieting could cause sickness.

**Conclusion**

Within a global obesity crisis (Delpeuch, Maire, Monnier, & Holdsworth, 2009), officials have endorsed the construct of MS to script overweight and obesity—a lifestyle-related disease mainly affecting Japanese men. Similar to social activism and sociological and anthropological scholarship, the Japanese approach helps challenge the medicalization and pathologization of obesity (Rich, Monaghan, & Aphramor, 2011; Rothblum & Solovay, 2009). Officials sustain that adiposity is a risk factor and not a disease per se, and propose biopedagogical strategies ultimately aiming to foster an autodidact self using previous experience and knowledge to face new situations, restricting responses, and connecting any piece of knowledge and social interaction related to healthy diets and physical exercise routines.

Coping with bodyweight control entails, in principle, a pre-social, biopedagogical project involving the subjectivity of an individual requiring guidance and counselling to help him apply rational-thinking to the body. An unintended consequence could be, however, the medicalization of “fat bodies” and propagation of “fat phobia” due to counselling and guidance insisting that overweight and obesity are mendable issues (Saguy, 2012). The conversations with the men in the study suggested that an overweight/obese subjectivity embodies the other: an ignorant, indolent, and spineless individual whose body concerns are ontologically related to medical knowledge because these men chiefly embodied an “unhealthy self *(fakenkō)*.” Although guidance and counselling do not “invent fat hatred a fresh,” they both widen “cultural
disdain towards adiposity” (Monaghan, 2008, p. 2), which in the Japanese context largely means an “ethnicized” cultural contempt towards fatness. Given that Japanese food is ontologically a balance diet, the “archetypal” Japanese self is meant to be healthy and fit.

The conversations with the participants in the study largely mirrored their capacity to become subject and object, and place the self in relation to the other with regard to bodyweight. Paraphrasing Maclaren (2009), becoming a subject for these men helped them resolve the tensions that their body size created, as it disrupted their world and put their place in society into question. Different from official scripting, their embodied experiences indicated that bodyweight control is not pre-social, but entails a form of socio-biopedagogical project ontologically connected to the female gendered self. The project largely suggested the predominance of a gender regime underpinned by the stereotypical dyadic relationship between the salaryman and his professional housewife, which was also seen in the research of freelers who “either desired relationships that conformed to older norms of women as primary caretakers and men as breadwinners, or they felt that women expected them to comply with such norms” (Cook, 2016, p. 111).

The recollections of some of the men presented a school system strongly (re)producing the feminization of care and thus grappling with children’s bodyweight issues entail interpersonal scripting arising from the interactions between health-care professionals and mothers, who were supposed to provide nutritious and balance diets at home. Furthermore, the daily interactions of the married men in the study pointed out a health-care system hanging on the housewifization of the female self, and thus slimming down for these men largely implied daily interactions between medical professionals and wives, who were meant to prepare healthier food, and supervise their husband’s eating habits and exercise routines. Single men living alone coping with MS appeared the responsibility of nurses and dieticians who were both women and appeared accountable for instilling biopedagogy into these men lacking the support of a female subjectivity at home.

The embodied experiences of the men in the study hinted also that socio-biopedagogy grounded in rational-thinking alone is problematic. Intrapsychic scripting of food consumption from the viewpoint of some of the participants involved their emotional self. “Learning is not simply a cognitive process” (Shapiro, 2005, p. 23) and presented eating habits ontologically emotionalized and food consumption located in between two axes opposing each other: delicious versus bland food. Some of these men tended to eat emotionally laden food although this might contradict guidance and counselling. Medical professionals were not oblivious to the salience of the emotional self and tried to have the men adhered to biopedagogy by highlighting that slimming down was favorable for the family and the wife of the man involved. Appealing to the emotional self of single men living alone thus rendered an additional issue for medical professionals dealing with MS. These single men also tended to render into a form of subversive other who through situated embodied practices were able to challenge official biopedagogy by emotionalizing the fat body and appealing to intrapsychic scripting that made them a “healthy chubby” subjectivity.

Further research needs to be directed to the impact of socio-biopedagogy on the increasing number of Japanese single men living alone in relation to cooking habits, physical fitness, and the feminization of care. Given the apparent feminization of care, further investigation involving married women and their views on how they manage bodyweight control of their husbands and children is required. The views of female nurses and dieticians on MS and the feminization of care ought to be explored too. In challenging the salarymanization of masculinity and its embedded model of middle-class masculinity, issues concerning care and well-being entangled with the existence of diverse masculine identities in Japan should be researched. Lastly, in a country where the self is meant to be ontologically slim and fit, the cultural, medical, and social implications of an embodied healthy chubby man ought to be further investigated.

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