

Commentary

Health promotion through rediscovery of one's sensibilities of health: the Lifemap and WIFY Methods

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Abstract: Japanese people place a high priority on maintaining social harmony and conforming with what we perceive to be mainstream thought and opinion. These social norms present challenges for developing health promotion policies and programs that value individual uniqueness and individual sensibilities about health. To address this challenge, over the past 20 years the author has developed two 'write-and-share' methods – Life-map and WIFY (What Is Important For you) to allow participants to reflect and rediscover their own and one another's feelings about daily life and health. This article summarizes his experiences using these methods and discusses their possible usefulness in other Asian societies. (*Global Health Promotion*, 2010; 17(2): pp. 44–47)

Key words: Japanese culture, individual uniqueness, sensibilities

Introduction

The pursuit of interpersonal and social harmony (*wa*) is a core value in Japanese culture (1, 2). Most Japanese believe that maintaining *wa* is essential for maintaining health. In intimate settings, we Japanese try to maintain *wa* by being conscious of our interpersonal interactions and valuing each individual's sensibilities. In public settings, we attempt to maintain *wa* within wider society by being in step with the larger group and following what we perceive to be mainstream thought and opinion. As such, we have a so-called 'group-oriented mentality' (1, 2). In large group settings, our group-oriented mentality usually takes over and we focus our concern on conforming with mainstream thought and opinion. In doing so, we become less concerned about valuing individuals' sensibilities.

Over the past decade in Japan, in the emerging field of health promotion, government policies have

emphasized conformity with mainstream thought and opinion rather than valuing individual sensibilities about health (3). In 2000, the Japanese Ministry of Health, Labor and Welfare (JMHLW) launched 'Healthy Japan 21', a national plan including 70 health promotion objectives based on the Ottawa Charter (4,5). Shortly thereafter, JMHLW mandated that local governments undertake health promotion planning according to Healthy Japan 21 policy prescriptions. By 2006, all 47 prefectures and 1001 of 1859 municipalities had conformed with this mandate.

Unfortunately, JMHLW's approach to health promotion reinforced our group-oriented mentality, and JMHLW's policies have in effect encouraged Japanese people to devalue the individual's unique sense of health. Today, in most Japanese municipalities, health promotion consists of government officials setting and disseminating numerical targets. Most programs focus on using local people's

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group-oriented mentality to achieve governmentally-defined behavior change objectives (3).

However, health promotion should be more than a political agenda or a bureaucratic policy. Health promotion should also be a people's movement and a dimension of everyday life (4). To build health promotion for the benefit of each person, policies and programs should focus on stimulating individuals to rediscover their own sensibilities of health. Reflection and rediscovery of one's own feelings about health can awaken a deeper awareness about life, and it can produce an active attitude regarding health. To this end, I have worked over the past 20 years on developing methods to guide people in reflecting on and rediscovering their sense of health.

Japanese methods of individual expression

Our group-oriented mentality dates back at least as far as the Edo era (1603–1867). During this period, Japanese society experienced peace and stability, and our ancestors developed many group activities such as communal rice-planting (*taue*) and religious travel (*oisemairi*) (6,7). After the Edo era, our ancestors further intensified their sense of concern and devotion for the larger group. Some aspects of our group-oriented mentality, such as group-based patience and diligent effort for the benefit of the group, contributed to Japan's rapid modernization.

Under the prevailing norm of valuing *wa* and avoiding open conflict between individuals, Japanese people have developed various methods to write and share ideas to allow for individual expression. For example, in the early Edo era our ancestors developed collaborative poetry (*haikai*) (6). More recently, we embraced the idea of writing and sharing ideas in workplaces to increase quality and productivity (*kaizen*) (8). Japanese researchers, business people, public health nurses and others have also used mind mapping and structured meditation, particularly the KJ method, for eliciting individual expression (9).

While all of these activities value individual creativity and promote individual expression, they do so ultimately to advance the larger group's *wa*. In *haikai*, participants must conform to the larger group's rules governing expression. In *kaizen* and

the KJ method, participants must follow standardized procedures to present their ideas anonymously. Thus, to empower individuals to value their own individuality and uniqueness, in health promotion we needed a new procedure.

Life-Map and WIFY

In 1986, when mainstream health education was focused on teaching fact-based knowledge, I started experimenting with methods to encourage each person to reflect on their daily life and sense of health. At that time, students in my health education classes usually sat and listened passively because they considered disclosing one's personal opinions publicly to be inappropriate behavior that could disrupt *wa*. However, whenever I asked them to write about their daily lives, they did so eagerly. So, I started to develop a framework for 'write-and-share' methods that promote reflection about individual uniqueness and disclosure about daily life (10).

I developed the Life-map mental mapping procedure that produces a scatter diagram of words and visual images (Figure 1). The Life-map worksheet first guides each participant to reflect on the importance of health-related aspects of daily life (e.g. foods and activities). Then, each participant sorts items horizontally according to how frequently they experience the items in daily life and vertically according to their own sense of priorities. Finally, participants share Life-maps with each other. For example, two middle-aged female participants (A and B) sorted foods by frequency as:

Participant A: rice, milk, tofu, fish, seasoning, vegetables, fruits

Participant B: rice, miso soup, chocolate, vegetables, coffee, milk, meat

These two participants, in sharing their Life-maps, remarked that initially they thought that their foods preferences would be almost identical. They were excited to reflect on their own health-related habits and compare each other's maps. After participating, they reported discoveries about their own and one another's uniqueness saying, 'We both eat rice, but our preferred foods are not the same. We are different and unique'. For these women, this was an important realization.

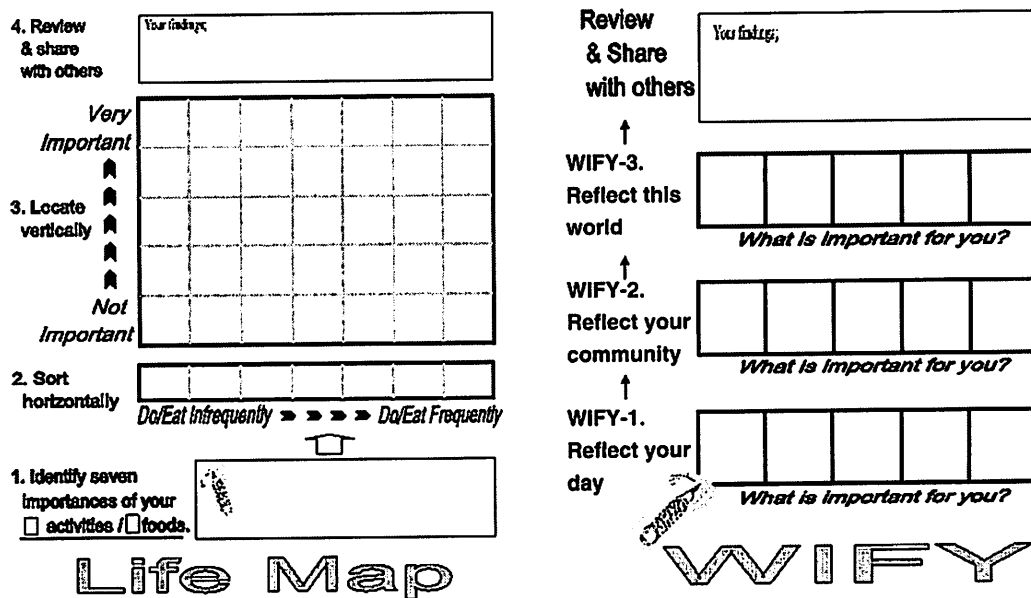


Figure 1. Life-map worksheet

With the complexities of modern life, I found that people needed a more dynamic framework to reflect and disclose their feelings. So, I developed WIFY (What Is Important For You?) (Figure 1). Participants sort any tangible or intangible item (things, people, events, etc.) by importance at three levels: personal daily life, within one's community, and in the world (11). For example, two child participants (C and D) specified and these sorted items:

Participant C: Your day: sleep, pillow, blanket, vehicle, life, toilet paper, money

Your community: Akagi department store, tree, forest, air, sea, mountain, Kosasa city public office, match

This world: human, senator

Participant D: Your day: Lego toy, model car, money, human life, toilet, rice

Your community: electricity, Hello shop, fire, car, bicycle

This world: Jasco superstore, Tokyo tower, eye-glasses, TV, Hokkaido.

In the cases above, both children reported discoveries of their own and one another's unique sense about life.

In comparison to Life-map, WIFY's generates a more diverse range of items. Participants tend to specify personal items at the level of one's daily, and they tend to specify broader items at the levels of one's community and the world.

Applications

In 2002, when the Japanese Ministry of Education, Culture, Sports, Science and Technology (JMEXT) conducted a national survey of children's mental health and lifestyle, a taskforce used Life-map in two schools to allow children to reflect and share ideas about their lifestyle. Children became so animated that JMEXT produced a lifestyle education guidebook including these children's narratives (12). In 2005, the Japanese Dentist Association published a Life-map video for oral health promotion. In 2007, a major Japanese publisher adopted Life-map in a health education textbook.

WIFY was included in the Healthy Japan 21 publications. Since that time, several local health promotion groups have used it with my assistance. I found that participants were animated, shared feelings freely, and contributed willingly to thinking about ways to improve health (3). Some participants said

that doing WIFY with other participants felt like being at a school reunion, even though they had met one another for the first time. In 1998, I introduced WIFY in two schools in Beijing and I found that the children were animated in sharing their views (11). In Korea, Dr. Nam Eun Woo developed K-Wify for Koreans (13). In Thailand, I presented WIFY at a symposium. The organizer created a WIFY song to express participants' pleasant experience (14).

Conclusion

We Japanese have been socialized to suppressing ourselves and refraining from expressing our individual feelings in larger group settings. We are often not aware of such self-suppression. Life-map and WIFY provide starting points for rediscovering and sharing our individual perspectives on life and health. Twenty years ago, I took a risk by asking Japanese people about their sense of priorities. Participants needed courage to express their feelings. These days, most Japanese participants find that sharing one's personal perspective is not so stressful, and for some it is even enjoyable. My observations using WIFY with Chinese, Koreans and Thais, along with other research findings based on similar methods (15), suggest that these methods may be useful in other Asian societies where people are building health promotion that values individual sensibilities.

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