4

Medical Care and Religious Healing in the Clinical Reality

Introduction

Today, when medical care and religious healing are discussed in contrast with each other, it is mostly argued in the wider context of a criticism of modern scientific biomedicine. In fact, various problems of today's medicine are pointed out. For example, it concentrates its attention on physical conditions and neglects the mental ones; it breaks down the balance in the whole body with aggressive treatments; at times it causes diseases by its treatments (iatrogenic diseases); it does not take into consideration the harmonious relationship to the environment nor daily health care.[1] The merits of religious healing are explained in contrast to such medical problems. For example, religion doesn't only cure the patient's body, but also heals the person as a whole. It is felt that people with strong religious beliefs should be able to overcome the suffering of disease or the fear of their own death, and there are cases where patients abandoned by doctors were cured by religious healers.[2]

But these comparisons are arbitrary and biased. It is not at all fair to compare the worst aspects of today's medicine with the best aspects of religious healing. Moreover, it is disingenuous to criticize the *reality* of medical practice and to contrast it with the *ideal models* of religious healing. Certainly, there are also many studies that compare both in terms of their ideas or theories: people say that various problems of modern medicine are derived from its theoretical way of thinking, which is characterized as "mechanistic" or "reductionistic" and dominates our view of the body, disease or health. Thus modern medicine is blamed of its inhuman attitude,

---

[1] Cf. Makabe 1991, p. 230-233.

[2] Cf. Hinohara 1997, Chapter 1, 2 and 3.

while some religious ideas, it is argued, are more humane in their approach to healing.

Such discourses are widely found in the context of a general criticism of modern science, but this kind of comparison is also very questionable. Representatives of medicine and religion share a certain implicit problematic premise: that is "The standard ideas in a society or an age should be possessed by the people living there, or should be wide spread in the actual life of the society." And then they explain the view of the world, nature, body, disease and health with biomedical conceptions, or with religious thoughts as a counterpart. They make generalized statements like "Japanese people …" or "In Japan …" as if these were true of all the people or all over the country. But as this paper argues, such generalizations are often invalid. The comparative studies at the level of ideas or theory can be very exact and detailed, but there is no guarantee that they reflect the reality of human life. Our actual views of life or our ways of thinking are more or less influenced by the conceptual systems of science or of religion, but are much more comprehensive and vague and thus defy such systematic structuring.

In addition, both medicine and religion are so multi-faceted that it is difficult to draw direct comparisons between them. For example, it is difficult to answer the question what kinds of practices fall under the rubric "medicine". At least it cannot be limited to the direct treatments administered by doctors in hospitals. Public hygiene and social welfare are usually discussed as medical problems, and diet and exercise, as parts of health care, are today mostly based on medical knowledge. Religion is many-sided, too. It covers so wide a range of practice from various religious rituals (prayer, sermon, mass etc.), ceremonial occasions (weddings, funerals etc.) to visiting temples, fortune telling, talisman, charms and so on. Taken as a whole, both medicine and religion cannot be easily represented by theories. Generally speaking, it can never be said that theory definitely determines the whole system of practice, nor that the character of theory would be relevant at the level of practice, too. We can rightly discuss the roles and meanings as well as shortcomings of medical care and religious healing only when we consider their practical aspects as they relate to our daily lives.

First, this article shows the significance of comparisons between medical

care and religious healing based on their common aspects in relation to the actual practice in life where ordinary people suffer from illness and hope for healing. And this sphere of life can be best understood by medical anthropologist Arthur Kleinman's concept "clinical reality". Then the paper explains how multi-faceted both medical care and religious healing are, and what meaning and function each of them have in our lives. And finally, the report examines the possibility of religious healing in the Japanese health care system.

1. The Fundamental Region as Clinical Reality

When medical care and religious healing are compared in contrast to one another, it is usually a matter of theory or thought. This seems to be especially academic and highly valued because one can lead a detailed and exact discussion about the characteristics and historical development of each conceptual system. But as is mentioned in the introduction, there is a following silent premise which the experts of both fields share: "The standard ideas in a society or an age should be possessed by the people living there, or should be widespread in the actual life of the society." It is one thing for ideas to be possessed by people and it is another for them to be spread throughout a society.

Today's concepts of disease and cure in Japan, as well as in many other countries, are said to be heavily influenced by modern European medicine. As for religious thoughts, they are supposed to be under the strong influence of conventional or indigenous religion, in the case of Japan these are Buddhism and Shintoism. To what degree do these systems of thought influence Japanese society?

It is true that science and technology in general, including medicine, have enormously influenced our lives. They are theoretically explained as structures of the natural world and have greatly contributed to the production of human society. But it is not easy to tell how much they have influenced the worldview of people. At least, it would be naive to suppose that most ordinary people possess a scientific mode of thinking and embrace a scientific view of the world. For those who have made theories and invented

new technologies don't belong to the majority of the society. Even in the world where science and technology are dominant, ordinary people don't have to understand them (and generally they understand little of science and technology). We can watch TV without knowing how it works, and the scientific worldview or way of thinking has nothing to do with the act of watching TV.

Of course the knowledge of science and technology is dispersed through the media and school education. But whether people learn and understand it well is a completely different problem. Indeed, it is quite common that mass education can achieve only marginal success. And it is only experts and intellectuals who acquire a greater than cursory knowledge of science and technology. As for experts on medicine, there are medical professionals like doctors and nurses, or scholars and journalists who deal with medical problems. In the field of religion, those who know much about it are limited to religious practitioners or scholars who are familiar with religious subjects. Anyway, such experts are the minority in a society, and it should be almost impossible to generalize what is true of such a minority in the form of "Japanese are…" or "In Japan…". Moreover, whether it may be in the case of medicine or religion, it is normal that the experts are not consistent in the all aspects of their life. Nobody would find it strange that a scientist who has lived with a materialistic worldview might hope that the souls of his parents have a peaceful existence in the after-life. It is also not surprising that a priest who tells us to leave our worldly desires might be greedy for money, fame or power. Generally speaking, the worldview or the attitude of a person is not always consistent and may therefore contain what appear to be fundamental contradictions. In this way it is principally wrong to think that the knowledge of science (medicine) or religion that is popular in society must be shared by all people living there.

The premise that the standard ideas should be wide spread in the actual life of the society is also often invalid, too, especially in the field of medicine and religion. Different from typical natural science like physics or chemistry, medicine cannot be limited to theoretical research, but is open

to the practical world.[3] As previously stated in the introduction, it has many aspects and is related to various practices like public hygiene, diet, and daily health care in general. It is often told as if medical science spreads all over a society and dominates it tyrannically.[4] But people are, even if they are quite ordinary and naive, not marionettes that can be so easily manipulated. Technical knowledge can have a great influence on society as a whole, but practices are rooted in the specific way of thinking and feeling particular to the society's folk culture.[5] This is difficult to describe explicitly and cannot be called "rational" in the sense of the modern European Enlightenment, rather it embodies another kind of rationality that guides the behavior and actions of people. This is what Kleinman rightly named "popular rationality".[6]

At this level close to the folk life, medical knowledge and practice come near this popular rationality to play a role in justifying and reinforcing it with professional authority.[7] Such influence of popular culture is not only found in the health related practices and customs outside hospitals, but also within the field of medicine itself. Medicine contains by nature the judgments of disease and health, but its criterion doesn't have a universal validity independent from cultural differences. This can be known by the fact that the medical system, the behavior of doctors and patients to treatment, the criteria for diagnosis etc. are different from country to country even in

[3] According to Nakagawa, medicine has, while it is based on the method of modern natural science, non-scientific aspects: it searches for causality and deals with the concepts of normal and abnormal. In this regard, medicine resembles law, history, engineering and agriculture rather than science (cf. Nakagawa 1992, p. 2-5; 1996, p. 34-48). Illich pointed out that medicine is similar to law and religion because it becomes the authority of ethical judgment over good and bad, normal and abnormal, adequate and inadequate (cf. Illich 1979, p. 41f.).

[4] Sato 1992, p. 123-134.

[5] Onuki analyses the illness behavior and way of thinking of Japanese people from various perspective (cf. Onuki 2000).

[6] Cf. Kleinman 1980, p.110.

[7] According to Onuki, the hygiene-related behavior of Japanese people – what they find dirty and how they respond to it – is deeply influenced by the conventional culture-specific notion of pure and impure, which is quite different from that of American people, though it is seemingly rationally explained with scientific medical terms (cf. Onuki 2000, p. 29-75).

Europe where modern biomedicine was born.[8]

The same is to be found more widely and frequently in the diffusion of religion. Buddhism as well as Christianity modifies itself according to the culture that it is introduced to. Any system of knowledge can take root in a society only when it approaches to and effectively mixes with the folk culture there. It can exercise more or less influence on popular rationality, but never dominate nor change it fundamentally. As Kleinman says, popular knowledge contains traditional and modern ideas that should theoretically conflict with one another. It is different from public ideology and depends on the living conditions of individuals or families. Therefore, it is so incoherent and ambiguous as to implicitly include various contradictions, but at the same time, that means it is so flexible and tolerant to contradictions as to direct people along certain lines in changing situations.[9] Such a region where the popular rationality of ordinary people and the professional rationality of experts compromise with each other should be the basis for the comparisons of the concepts of disease, cure and health at the level of the actual practice of life. And this basic region can be called "clinical reality" in line with Kleinman's designation.[10]

In approaching this reality, what should be taken into consideration is the communication between healers (doctors or religious practitioners) and patients, especially from the standpoint of patients, that is, what patients think or feel, how they conduct themselves when they get ill and hope for healing. The question is not what explanation is *theoretically possible*, but what is *actually* told. In the region of clinical reality, conflicts between

---

[8] Payer shows how different medical care is in different countries like France, West Germany, Great Britain and the United States by analyzing the influences of cultural factors on modern medicine in comparison of these countries (cf. Payer 1996).

[9] Cf. Kleinman 1980, p. 95, 107, 109 and 265.

[10] Suggested by Schutz, Berger and Luckman, Kleinman defines this term as a kind of "social reality", which is constituted from and in turn constitutes social and cultural meanings, roles, institutions, and hunman interactions. The individual absorbs it as a system of symbolic meanings and norms governing his behavior, his perception of the world, his communication with others, etc.(cf. Kleinman 1980, p. 35f). And the aspect of social reality which is related to disease and health, especially with attitudes and norms concerning sickness, clinical relationship and healing activities is called "clinical reality" (cf. *ibid.*, p. 37).

different medical systems like modern biomedicine, traditional or other alternative medicine, folk medicine and religious healing arise among healers or experts, not among patients. Seen from the viewpoint of patients, these are only the options for possible healing and have different position and meanings in their life. The next section considers the characteristics of medical treatment and religious healing in clinical reality.

2. Medicine and Religion in the Clinical Reality

a) Disorders of the Body and Medical Treatment

One of the characteristic views of disease in modern biomedicine is the concept of monocausality. That is, to put it briefly, the idea that a certain disease has a certain causative agent, and treatment is incumbent upon eradicating the agent. This perspective has contributed to the development of medicine on the one hand, but today, it seems to be the basis for the following line of criticism: that biomedicine tends to deal only with this agent and to think little of other factors like the balance of the body as a whole, life-style or environmental conditions related to a patient.[11] In order to attack this agent, treatment is likely to be aggressive and to ignore the natural healing power of the body. In opposition to modern medicine, various kinds of alternative medicine emphasize natural healing power and profess to be "holistic medicine" which aims at an inner balance of the whole body and a harmonious relationship with the environment.[12]

Though such criticism is more or less correct, it is fair to ask whether these concepts of disease and treatment are truly characteristic of modern medicine in both theory and practice. Admittedly modern medicine is aggressive in its treatments, but when we consider the wider range of medicine, public hygiene, vaccination, dietetics and so on, it is not right to say that modern medicine makes light of environmental factors and the balance of life and the body. In the many-sided social system of medicine, it is rather natural and inevitable in terms of the division of roles that doctors in hospitals should

[11] Cf. Sato 1992, p. 126-130.

[12] Cf. Nomura 2000, p. 109; Ikeda 2000, p. 189.

concentrate on pathological agents in the body and strain to eliminate them.

We can find other aspects of medicine in clinical reality, if we see how doctors and patients communicate with each other, especially how doctors explain treatments to patients. As for natural healing and environmental factors, it doesn't matter whether such technical terms are in fact used or not. For example, if a doctor says to a patient, "Rest and Relax, then you'll be better" or "You'll be fine if you eat enough and get back your strength", natural healing seems to be actually expected. If a doctor says, "Keep your body warm" or "You had better stop drinking alcohol", that means the doctor has taken environmental factors into account.

However, this must be the case when the patient has understood and accepted the advice of the doctor. Kleinman wrote that Taiwanese have no understanding of natural healing (Kleinman: "spontaneous remission") and think that remission is always due to therapy.[13] This probably differs from culture to culture,[14] but the same might be said of Japan and many other countries, too. For instance, if a patient doesn't follow the doctor's advice and simply continues in the same deleterious manner relying on a quick-acting medicine or injection, he or she might not believe in the healing power of nature. And in such cases, it is hard to imagine that such patients would take seriously the inner balance of the body and its harmonious relationship to the environment. Furthermore, the monocausal explanation of disease is possibly, in part, a by-product of popular rationality. For it would be very confusing to patients to be informed of many various factors for their illness and to be told how to deal with all of them, while it is probably more expedient and easier to confront an illness when only one cause is pointed out. So modern biomedicine might answer the needs of popular rationality

---

[13] Cf. Kleinman, *ibid.*, p. 329, 333.

[14] Among the countries, where modern biomedicine is dominant, there are considerable differences in the general tendency of treatment. In the United States, medication and treatment including surgery tend to be more excessive and aggressive (cf. Payer, 1996, p. 124-139), while in Britain much less treatments are common and believed to be desirable (cf. *ibid.*, p. 101-107). In France and Germany, strengthening of the constitution (French: *terrain*) or natural healing power is more valued than an attack on the disease causing agents (cf. *ibid.*, p. 61-73, 92-100).

by means of its scientific reductionism.[15]

It is difficult to assess how far we can stress this generalization. But anyway, it is very likely that doctors don't explain the theoretical systems of medicine or the details of the disease (such as problems related to physiological processes in the body). Doctors would emphasize the cause of a disorder and the method of treatment. According to the particular circumstances, he might only mention the name of the disease and say, "Take this medicine, then you'll be better". In such cases, it may not matter what the cause of the disease is or what the mechanism of the treatment is. The biological phenomena occurring in the body, and the kind of physiological reactions caused by the doctor's treatment, would never be in detail explained in clinical reality. Not only patients, but also doctors don't need to have such an exact and detailed knowledge there.[16]

What is most important for both doctors and patients here is the correctness of the diagnosis and the effectiveness of treatment, which ultimately lead to a cure of the physical disorder or a relief of its symptoms. And these objective matters are essential to medical care: diagnosis as an objective judgment of etiological causality and a cure as an objective reduction of the symptoms. Subjective questions about how patients or their

[15] Nakagawa refers to the general advantage of monocausal explanation: this is more effective than the multicausal explanation in terms of "economy of thought" so that it can be a concrete guide for human conduct and more easily assign responsibility (cf. Nakagawa 1996, p. 45).

[16] It is often said that in modern biomedicine the explanations of doctors are difficult for patients to understand while in folk and traditional medicine healers and patients share the explanatory framework (cf. Onuki 2000, p. 152, 154; Muraoka 2000, p. 49). But at the level of clinical reality, how familiar medical knowledge is to a patient depends on his education or circumstances, and today, many people could understand the explanations in the language of modern medicine. So there seems to be no reason for the assumption that patients can actually communicate better with healers of traditional or folk medicine than with doctors of modern medicine. Furthermore, it is implausible that ordinary people in Japan have a basic understanding of traditional kampo, and according to Kleinman, Chinese-style practitioners – as well as Western-style doctors – believe their patients knew very little about Chinese medicine. Unless patients ask, practitioners rarely explain the illness and merely give prescriptions (cf. Kleinman 1980, p. 261f.). Moreover, he notes that 90 percent of ordinary people in Taiwan didn't know the medical meaning of *ch'i*, the most fundamental concept of Chinese medicine. (cf. *ibid.*, p. 96, 265).

families feel, how much they suffer, how they accept their condition, and so on are in principle secondary. Of course individuality does matter: the identity of the patients, their medical histories and data from their physical examinations are indispensable for medical care, but the subjectivity related to the experience of the suffering of patients is actually often ignored. So it is not without reason that modern medicine is said to be indifferent or insensitive to the feelings of patients.

But it is not a consequence that necessarily derives from medical theory. Many doctors take seriously the suffering of a patient and take every conceivable measure to ameliorate it. And as is the case in hospice care, mental attitude is sometimes more important than the objective conditions of the disease or the effect of physical treatment. This is, however, rather a question of moral behavior in doctoring and nursing. In this view, traditional and other alternative medical systems are, as long as they aim to cure the human body, not very different from modern biomedicine.

b) Suffering of the Person as a Whole and Religious Healing

The generally accepted main characteristics of religious healing are: firstly, the "disease" to treat is not limited to a disorder of the body of a person, but can mean various "ills", misfortune or misery in the patient's life which might involve his family, too. Secondly, such diseases are brought about and treated by certain "supernatural" powers.[17] These supernatural powers are usually embodied in a personal form like a god, demon, witch doctor, etc. or are represented by an impersonal and abstract concept like karma, fortune or fate. These powers are supposed to exercise harmful influences on a person

[17] Among religious healings, there are a lot of cases where no particular etiological explanation is prepared and only therapeutic directions are given. For example, healing rituals performed in the temple of Asklepios in ancient Greece was very simple: the sick would lie down in the great hall, listen to the hymns of the priests and wait for a night, then the god appeared to them in a dream to give them advice (cf. Weil 1998, p. 45). Also there are shamans who give a prescription while in a trance, namely when no rational concrete explanation can be expected (cf. *ibid.*, p. 159), and psychic healers like Edgar Cayce (USA) and Ze Arigo (Brazil) also gave only treatments or therapeutic direction without any explanation, and they themselves didn't know why such treatments were efficacious (cf. *ibid.*, p. 175-180).

or a family in the form of diseases or other unfortunate events, which are said to have occurred as a result of evoking the anger of a god, the grudge of the living or of a spirit, the breaking of a taboo, retribution for an ill-deeds in the past, a trial given by a god, or just plain ill fate, and so on. Supernatural powers are called upon to neutralize these harmful agents and treat diseases.

Considering the influence of supernatural forces in terms of a cure, it is found that the monocausal explanation of disease and the disregard for natural healing, which are usually posited as characteristics of modern biomedicine, are also evident in religious treatments which view disease as the result of a specific supernatural agent. In principle, it is not thought that a combination of a variety of factors leads to disease or other unfortunate events.[18] Even if quite different kinds of misfortune happen to a person or his family, a single cause like the anger of a god or retribution for a deed in the past is supposed to be responsible for all of them.[19] Seen in this light, religious treatment is more reductionistic than biomedicine.

Recovery from disease is not supposed to be enabled by the healing power of nature or the vitality of a patient's constitution, but rather it requires human intervention in the form of spiritual treatment by a religious healer (prayer, exorcism, healing ritual, etc.) or special action by the patient.[20] Some researchers regard religious healing as natural healing.[21] However, they only mean that the religious cure is performed without medical measures, which they exclusively admit as human intervention. This is not true from the perspective of the healer and patient in clinical reality, where nothing but supernatural power is thought to be the cause of recovery.[22]

---

[18] Cf. Weil 1998, p. 158.

[19] Cf. Namihira 1993, p. 210.

[20] Cf. Kleinman 1980, p. 329, 333; Weil 1998, p. 210.

[21] Cf. Hinohara 1997, p. 121f.; Kleinman also seems to think so, 1980, p. 329.

[22] Many patients undergo medical treatment and religious healing at the same time. In such cases, the religious healing aims at, for example in Taiwan, calling back the patient's soul (mainly children) or making the fate of a patient better, without which no medical treatment can be effective (cf. Kleinman 1980, p. 88, 196, 227), or as in the case of the Navaho people, religious healing is intended to complete the cure (cf. *ibid*., p. 81).

But such a supernatural aspect should not be over emphasized. It appears rather secondary in clinical reality. As Kleinman has already noted, ideas and terms used in healing rituals are not often understood by ordinary people and healers as well.[23] As in the case of medicine, the cause of disease, the process of treatment and the worldview of religion are not clearly explained. Considered at this level, the seemingly self-apparent opposition of materialistic medical treatment and supernatural religious healing is not very essential. Both medical doctors and religious healers are, as authoritative personalities, expected to have the specialized knowledge and techniques that ordinary people don't share. In clinical reality, it is hard to imagine that patients would move between different thoughts or often get confused because of contradictions. As mentioned above, clinical reality is comprehensive and vague enough to be tolerant of contradictions.

To accentuate the contrast between religious healing and medical treatments, the wider concept of "disease" as misfortune in the whole of life seems to be much more important. As is discussed in the last section, disease in medical treatment is – however patients may feel it – a disorder to be eradicated, where objective conditions and causality are significant. But patients are not necessarily unhappy because they get ill. Although illness itself is usually an uncomfortable and undesirable condition, it is a personal and subjective matter how patients feel, accept, or come to grips with their illness. It is not so much a disorder of the body as it is the suffering of a person. It may give them a chance to think about themselves. It can be an occasion when conflicts in human relationships come to the surface and are resolved. For children, it is often a precious time when they are treated very gently by their mother who is usually strict with them. On the contrary, when patients cannot accept their painful conditions, they cannot help asking, "Why me? Why am I suffering?" At this moment, the dimension that is particular to religious healing, which can be clearly distinguished from medicine, becomes apparent. Because this is closely related to subjectivity, if one's family – or others in a close relationship with the patient – suffers from misfortune, one might ask, "Why do we have to suffer?" Here the

[23] Cf. Kleinman 1980, p. 226, 313f.

expectation would be for the healing of the entire family.

Such questions can be asked also in the contemporary world dominated by modern biomedicine. The final solution for patients is not medical treatment, but the meaning of suffering and misfortune.[24] In most cases of religious healing, this meaning is given as the anger of a god, a grudge held by the dead, retribution for one's ill-deeds in the past as well as cruel fate. And the misfortune of patients is put in the wider context of their society or their life as a whole.[25] Therefore, the question whether diseases or other disorders are eliminated is not ultimately essential to religious healing. When patients are given the meanings of their misfortune and can accept them, then they have experienced a form of healing.[26] From this point of view, it is also understandable that special kinds of "disorders" like mental diseases, acute fatal illnesses, severe chronic disorders and serial misfortune are particularly likely to be treated with religious healing. In such cases, it becomes an urgent or serious matter to find meaning for it, because such "illnesses" are particularly difficult to cure and cause much suffering.

In this way, supernatural explanations are not important to religious healing, and whether they are correct as a "diagnosis" or not is much less important. The essential point is whether it can satisfy the patient. Otherwise, what religious healers offer is merely another kind of objective explanation that does not reach the subjectivity of the patient's experience. Certainly, it is still religion, but not healing any more.

Conclusion – The Possibility of Religious Healing in Japan

However much medicine may develop, people will continue to become ill, so there is always room for the question "Why do I have to suffer?". But surely there is no guarantee that religion can always provide an appropriate answer.

[24] Cf. Herzlich and Pierret 1992, p. 156; Namihira 1993, p. 39.

[25] Cf. Kleinman 1980, p. 235f., 239f.

[26] Especially in new religions, even if disease or misfortune is not ameliorated or even made worse by religious treatments, the explanation "Your condition would have been much worse without the help of our guru (or god)" is always available. Cf. Inoue 1996, p. 188.

On the one hand, there is the subjectivity of the illness experience, namely how patients find their condition and how much they are satisfied with the answer varies from person to person and from case to case. On the other hand, there is the problem of the relationship between religion and people in society. For example, it seems difficult that Christianity, which still plays an important role in today's medical system in Europe, would contribute to healing patients in Japan, simply because Christian teachings are not familiar to most Japanese. As for Buddhism in Japan, it is mainly engaged in funeral rituals, grave administration and periodic memorial services for the dead. So it is very questionable how much it can heal the various kinds of suffering of the living. Most people would not ask Buddhist priests for advice on their personal problems, but would rather seek the counsel of fortune-tellers or shamans. These two groups are viewed with suspicion by religious experts. Moreover, the fact that new religious sects have been long very active in Japan shows the inactivity of established religions like Buddhism. Therefore it is not realistic to believe that Buddhism, which cannot meet the needs of suffering people in their ordinary life, could save them when they are on their sickbed or deathbed. And generally speaking, it is also questionable how much people would be really healed, when they have hardly believed in god or earnestly engaged in religion and nevertheless pray to god for help when ill or near death.

So it is not easy to discern a positive healing role for religion in Japan. The more realistic possibility for religious healing in Japan may be found in family relationships. In marriage, the Japanese have respect for the recognition by their own family and relatives rather than placing a vow in front of god. And Japanese Buddhism is not really Buddhistic, but Confucian in that it is based on ancestor worship, that is, the organization of this world and the other world through an ancestral generation chain.[27] Furthermore, according to Emiko Onuki, the family in Japan plays a wider range of roles in medical care than do families in Western countries: for example, it is quite common that family members – mostly mothers or wives – participate actively in consulting doctors or nursing in hospitals. Family is often earlier informed

[27] Cf. Kachi 1995, the 1 chapter.

of the condition of a patient and plays a central role in the decision-making about the treatment course or dignified death when it is a mortal disease like cancer.[28] Today, as the bonds of the Japanese family become increasingly loose and weak, it is not clear how strong a role it will play in the future in a patient's healing. But family is the relationship which is most fundamental in each society and represents the closest social network each of us has in our entire life, and therefore it can play an important role when we need satisfying meaning for our hard experiences like illness or misfortune by putting them in the wider context of life. This doesn't necessarily mean that family would never fail to heal and save patients. It can often be more troublesome than other kinds of relationships. Family – or close human relationship comparable to a family – should be one of the central issues in considering religious healing, too.[29] But for this purpose, social reality as well as clinical reality must be much more concretely and widely analyzed in relation to specific cultural conditions.

Bibliography

Herzlich, Claude / Pierret, Janine

1992: *Byonin no Tanjo* (*Malades d'hier, maladies d'aujourd'hui*), translated by Ogura Kosei, Tokyo: Fujiwara Shoten Publishing.

Hinohara, Shigeaki

1997: *Gendai no Shukyo* (*Religion in the Contemporary Age*) Vol. 9, *Gendai Igaku to Shukyo* (*Modern Medicine and Religion*), Iwanami Shoten Publishers.

[28] Cf. Onuki 2000, p. 102f., 259-263, 284-290. Kleinman points out the similar tendency in Taiwan – the priority of family seems to be higher than in Japan (cf. Kleinman 1980, p. 200, 205f., 208).

[29] The importance of family for healing is not limited in religion. As is shown in the work of Kleinman *The Illness Narratives*, where the experience and healing of chronic disease in the USA are discussed, illness is not the problem of each patient, but the problem of his entire family and his life as a whole in the general medical care, too. And Kleinman shows that how the patient has grown up in his family and how he is living with his family now is quite essential for both causing, deteriorating and healing chronic diseases (cf. Kleinman 1988, the 2.-7. chapter).

Ikeda, Mitsuho

2000: Iyashi Ron no Bunka Kaibogaku (Anatomy for Cultural Theory on Healing), in: *Bunka Gensho toshite no Iyashi* (*Healing as Cultural Phenomenon*), edited by Sato Junichi, Osaka: Medica Shuppan Publishing.

Illich, Ivan

1979: *Datsu Byoinka Shakai – Iryo no Genkai* (*Limits to Medicine*), translated by Kaneko Tsuguo, Tokyo: Shobunsha Publisher.

Inoue, Nobutaka

1996: *Shin Shukyo no Kaidoku* (*Decoding New Religion)*, Tokyo: Chikuma Shobo Publishing (1 edition 1992).

Kachi, Nobuyuki

1995: *Chinmoku no Shukyo – Jukyo* (*Silent Religion – Confucianism*), Tokyo Chikuma Shobo Publishing (1 edition 1994).

Kleinman, Arthur

1980: *Patients and Healers in the Context of Culture. An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry*, Berkley / Los Angeles / London: University of California Press.

1988: *The Illness Narratives. Suffering, Healing and the Human Condition*, New York: Basic Books.

Makabe, Goro

1991: Wasure Sarareta Megami Hygieia (Forgotten Goddess Hygieia), in: *Koza Ningen to Iryo wo Kangaeru* (*Thinking about Human and Medicine*) Vol. 2, *Shukyogaku to Iryo* (*Science of Religion and Medicine*), Tokyo: Kobundo Publishing.

Muraoka, Kiyoshi

2000: Minkan Iryo no Anatomy (Anatomy for Folk Medicine), in: *Bunka Gensho toshite no Iyashi* (*Healing as Cultural Phenomenon*), edited by Sato Junichi, Osaka: Medica Shuppan Publishing.

Nakagawa, Yonezo

1992: *Koza Ningen to Iryo wo Kangaeru* (*Thinking about Human and Medicine*) Vol. 1, *Tetsugaku to Iryo* (*Philosophy and Medicine*), edited by Nakagawa Yonezo, Tokyo: Kobundo Publishing.

1996: *Igaku no Fukakujitusei* (*Uncertainty of Medicine*), Tokyo: Nihon Hyoronsha Publishing.

Namihira, Emiko

1993: *Byoki to Chiryo no Bunkajinruigaku* (*Anthropology of Illness and Healing*), Tokyo: Kaimeisha Publishing (1. edition 1984).

Nomura, Kazuo

2000: Media Jikake no Minkan Iryo (Folk Medicine in Mass Media), in: *Bunka Gensho toshite no Iyashi* (*Healing as Cultural Phenomenon*), edited by Sato Junichi, Osaka: Medica Shuppan Publishing.

Onuki, Emiko

2000: *Nihonjin no Byokikan – Shocho Jinruigakuteki Kosatsu* (*Japanese View of Illness – Symbol-Anthropological Research*), Tokyo: Iwanami Shoten Publishers (1. edition 1985).

Sato, Junichi

1992: Iryo Genron Kochiku no tameno Memo – Ideology of Modern Medicine (Note for Construction of Basic Theory of Medicine), in: *Koza Ningen to Iryo wo Kangaeru* (*Thinking about Human and Medicine*) Vol. 1, *Tetsugaku to Iryo* (*Philosophy and Medicine*), edited by Nakagawa Yonezo, Tokyo: Kobundo Publishing.

Payer, Lynn

1996: *Medicine and Culture*, New York: Henry Holt and Company (1. edition 1988).

Weil, Andrew

1998: *Health and Healing*, Boston / New York: Houghton Mifflin Company (1. edition 1983).