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Guest Editors

Introduction to "Religion and Healing in Japan"

Religion and Health – Salvation and Healing

It is well known that a close relationship between religion and healing has existed throughout the history of mankind. This can be confirmed by even the most superficial etymological considerations as in the modern English term "health" derived from the Old English *hal*, which has its roots in the Old English *halig*, or "holy." Something that is *halig* or holy must be preserved in its whole state (*hal*) and should not be transgressed or violated in any way. Once a state of wholeness or holiness is reached we can speak of "salvation" in modern English. In the modern German language also the connection between "salvation" and "healing" is obvious at first glance. The noun "Heil" (salvation) clearly denotes a state of integrity and wholeness in a spiritual or religious sense. Something is referred to as "heil" when it is complete, whole or uncompromised; particularly in a religious and moral sense originally. Therefore, it not only refers to the state of the physical body or mind, but to an overall state of prosperity, happiness and well being. "Heil" also refers to preservation, safety from danger and calamity, and delivery from any existence thought to be undesirable. The verb "heilen" refers to the act of bringing about such a state. In modern German, however, the verb "heilen" is exclusively used in the context of healing physical or mental ailments, i.e. "Heilung" (healing) in German.[1] "Heilserwartung" (hope of salvation) can either relate to worldly or to other-worldly benefits.

With regard to the relationship between "soteriology" and "healing" Buddhism – which is dealt with in most of the contributions to this volume – offers some interesting insights. In Buddhist religious practice there is a much closer connection between "salvation" and "healing" than is suggested by doctrinal texts. (Winfield 2005: 108) From earliest times the Buddha has been presented as a supreme healer or "doctor" and his foundational teachings, The Four Noble Truths, are structured in accordance with ancient Indian medicinal practice. The Buddha (1) identifies

1. For the interrelation between "salvation" and "healing" in contemporary Japan see Yumiyama (1995: 268-272). Luhmann, on the other hand, stresses the difference between sickness and suffering, health and salvation in functionally differentiated societies: "Von Krankheit auf Gesundheit hin zu denken, ist etwas anderes als von Leid auf Heil." (Luhmann 1982: 193)

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the symptoms of suffering, (2) reveals the causes for suffering, (3) states that there is a way to heal the disease, and finally (4) prescribes a therapy. In modern medical terms the Buddha presented his path according to the four medical principles of (1) diagnosis, (2) etiology, (3) recovery and (4) therapeutics. Thus Buddhist practice was originally designed as a method of healing the fundamental suffering of sentient beings who are shackled to the cycle of birth and death (*saṃsāra*). To be healed means to escape this cycle, i.e. to transcend the three realms of existence (i.e. the realms of desire, of form and of formlessness) that are governed by the laws of karma. However, as is the case with most religions, it could be said that much of common Buddhist practice was in reality never primarily concerned with such lofty ideals as final salvation, but more with mundane afflictions such as "ordinary" physical or mental maladies.

Coping with Contingency – Healing as a Religious Function

According to a well-established theory, formulated by the German sociologist Niklas Luhmann (1927–1998) and others, the major function of religion lies in its capacity to enable people to cope with contingency ("Kontingenzbewältigung"). (Luhmann 1982: 154) Something is contingent if it could just as well be otherwise. Formally, contingency is defined as the negation of impossibility and the negation of necessity, or to put it in simpler terms: everything that is possible but not inevitable is contingent. (Luhmann 1982: 187) According to Luhmann,[2] religion has the function to transform indeterminate contingencies into determinate or at least determinable contingencies. (Ibid.) Our health clearly is contingent because we could as well be sick as healthy. This means that sickness is always what Luhmann calls "appresented" together with the presence of health. The unpredictability of health implies the possibility of disappointment with regard to one's expectations. Since disappointments are anticipated but not concretely predictable, they can generate *fear*. And because disappointments do in fact occur from time to time, they generate *uncertainty* with regard to the validity and reliability of our expectations. Thus fear can arise in reaction to the problem of the indeterminacy of disappointments in relation to certain expectations. Uncertainty on the other hand refers to the problem of the indeterminacy of expectations that must be dealt with in the face of a certain disappointment. According to Luhmann (1982: 117), religion fulfills the function of interpreting and absorbing the indeterminacy of disappointments in both respects.

2. Luhmann has slightly shifted his focus in later years in that he "now postulates that religion tries to observe the paradoxical unity of the difference between the observable and the unobservable." (Laermans and Verschraegen 2001: 13; cf. Luhmann (2000: 31)

Furthermore, religion, says Luhmann, reduces the disturbing contingency of human salvation ("Heil") by – among other things – correlating the contingent factors "life conduct" ("Lebensführung") and "state of salvation" ("Heilszustand") in a non-contingent way, i.e. by structurally linking these factors by invariant correlations of the "if-then-type." (Luhmann 1982: 154) If one has the correct faith or good karma, repents and atones, lives a moral life, and performs the right rituals, then one will achieve worldly and/or other-worldly religious benefits ("Heilsgüter").[3] Thus, religions transform the indeterminacy of salvation and suffering, health and sickness into something seemingly determinable. Among all worldly religious benefits, health is – no doubt – the most essential and desired.

In functionally differentiated societies, religion as a social system concentrates on its central "Bezugsproblem", i.e. the transformation of indeterminacy into determinateness. As the simultaneous existence of indeterminacy and determinateness or transcendence and immanence is, according to Luhmann, a general problem of every social system, religion defines the solution of this generalized problem as its specific function that cannot be fulfilled by any other system.

In societies that are not fully functionally differentiated – and this is true for all "pre-modern," primarily segmented or stratified societies – the degree of specialisation of the social systems in regard to a specific problem is not as pronounced as in modern, fully functionally differentiated societies. This means, e.g., that the system of religion fulfills functions that are also addressed by other systems. However, the system of religion fulfills these functions in a different way: religion as system *a* solves problem *x* but it does not solve the problem *x* as do systems *b*, *c*, *d* etc. (Luhmann 1982: 9) Applied to the area of healing we see that Buddhist virtuosi primarily apply *mantras*, *dhāraṇīs* and rituals, etc. for healing. This does not mean they do not also apply usual "secular" healing methods known in the medical conceptions of the society under consideration. For instance, this is the case in India with the close connection between Buddhist monasteries and the healing methods of *āyurveda*, which are not directly based on Buddhist teachings. (Zysk 1991) From the view of systems theory, healing processes that have no direct bearing on the exclusively religious differentiation of transcendence/immanence, are conducted outside of the system of religion and are not elements of religious communication. In the absence of a fully differentiated system of medical healing

3. "Worldly religious benefits" or "diesseitige Heilsgüter" are precisely what in Japanese is called *genze riyaku* 現世利益 and is often conceived of as the core of Japanese common or primal religion. (Tanabe and Reader 1998: 27; Pye and Triplett 2007: 13-14, 93). According to Max Weber this is by no means typically Japanese, on the contrary: "Religiös oder magisch motiviertes Handeln ist, in seinem urwüchsigen Bestande, diesseitig ausgerichtet." (Weber 1985: 245; cf. Weber 1988: 249)

that works with the main differentiation of sick/healthy and fulfills the social function of "defence against external threats on society by diseases" (Krause 2005: 234), Buddhist virtuosi assumed the task of healing the sick in most pre-modern societies in addition to their other tasks.

The case is quite different when specifically Buddhist methods are applied that are directed at "relative transcendences" because these emanate from numinous powers such as spirits and demons that cannot be empirically directed or made available in the ordinary state of mind. Remarkably, Buddhist orthodoxy views the manipulation of "relative transcendent" forces as belonging to the domain of "[inner] worldly" (*laukika*; Jap. *[se]ken* [世]間) actions. Only communications that refer to "absolute transcendences," i.e. to matters outside of the laws of karma such as *nirvāṇa*, buddhahood, full, complete enlightenment, Buddha-nature etc. count as fully "non- or trans-worldly" (*lokottara*; *shusseken* 出世間) in the Buddhist view. Because Buddhism, as perceived in terms of elite discourses, located its exclusive competence in the domain of what was determined as *lokottara*, "orthodox" Buddhists in modern Japan could easily relinquish healing activities – so important in the view of their clients – to the experts in the system of medical healing, i.e. to the approbated doctors. This does not mean, however, that those with health problems did not continue to visit religious virtuosi including Buddhist priests.

Terminological problems and the question of boundaries

When religious men and women attempt to heal someone with religious means we usually speak of faith healing, spiritual healing and the like, suggesting that these healing methods have a specific quality different from biomedical methods in the modern sense. The assessment of their effectiveness as well as the interpretation of the actual underlying process and the nature of the impact vary greatly from observer to observer. (Cf. Quack et al. 2010) Religionists seem generally to assume that transcendent forces act in the immanent world and that these forces can both harm and heal. In religious traditions that deny the efficacy of "relative transcendences" for theological reasons, faith itself is thought to have healing power. While non-religious persons are inclined to dismiss the application of transcendent forces for healing as superstitious acts of unenlightened, magically thinking individuals, members of western, predominately Christian societies seem to be at least willing to acknowledge faith as an effective factor in healing procedures. Under the premise that many physical diseases are caused or influenced by psychological factors, religious forms of medical treatment as a minimum can produce a placebo effect. Especially the USA that is quite strongly influenced by religion compared to Western and Central Europe, has in recent years seen a sharp increase in research on the influence of religiosity on health. Some of the scientific studies show surprising results, such as a recent study on the effectiveness of

"intercessory prayers": seriously ill patients who had prayers said for their healing and who knew about the prayers died in significantly higher numbers compared to two other test groups. The first test group consisted of patients to whom prayers were directed but who did not know about it, and the second test group had no intercessory prayers and did not know whether prayers were directed to their healing or not. The research team drew the following conclusion from the study: "Intercessory prayer itself had no effect on complication-free recovery from CABG [coronary artery bypass surgery], but certainty of receiving intercessory prayer was associated with a higher incidence of complications."[4]

Similar conclusions were drawn from studies on belief in witches in contemporary Africa. The belief of being bewitched can indeed be deadly, not only for the assumed victim (who are found to have died of stress-related disorders) but also for the assumed applier of the curse, inasmuch as alleged sorcerers are frequently killed by those who believe that they or their relatives have been bewitched. (Hutton 2007: 129–130) From this the "enlightened Western European" sees his general worldview in a way confirmed: ritual, magic, religious or spiritual acts are not effective of themselves – as opposed to the application of approved medical drugs or surgical interventions – but only affect the psyche. The firm belief in the influence of transcendent forces affects the psyche and the psyche in turn affects the physical body. Because there is no direct connection in terms of effect between the healing act and becoming healthy (or in the case of witchcraft between the curse and death), the respective therapies or procedures are deemed "irrational" since they are based on a wrong assumption of causalities. From the view of theories of action, however, the behaviour of religious healers and their clients is not irrational in the least. James George Frazer has emphasized that "magical" acts are – and arguably this is the case with most instances of "ritual healing" from the perspective of the comparative study of religion – not at all irrational and unscientific:

> Wherever sympathetic magic occurs in its pure unadulterated form, it assumes that in nature one event follows another necessarily and invariably without the intervention of any spiritual or personal agency. Thus its fundamental conception is identical with that of modern science; underlying the whole system is a faith, implicit but real and firm, in the order and uniformity of nature. The magician does not doubt that the same causes will always produce the same effects, that the performance of the proper ceremony, accompanied by the appropriate spell, will inevitably be attended by the desired result, unless, indeed, his incantations should chance to be thwarted and foiled by the more potent charms of another sorcerer. (Frazer 2002: 4)

4. National Center for Biotechnology Information; http://www.ncbi.nlm.nih.gov/pubmed/16569567.1.

Max Weber also alluded to the fact that religious or magically motivated acts are at least rational in a relative sense, especially in their "primordial form." According to Weber (1985: 245) such acts may not necessarily work according to (proper) means and purposes but at least according to rules of experience. In this context we would like to refer to the "practical syllogism" of the Finnish philosopher and logician Georg Henrik von Wright who in his "schema of practical inference" defined rational acts in the following way: "*A* intends to bring about *p*. *A* considers that he cannot bring about *p* unless he does *a*. Therefore, *A* sets himself to do *a*." (von Wright 1971: 96; cf von Wright 1972) It is obvious that religious, magical or spiritual healing procedures and treatments are deeply rational in the above sense. They can be also designated as purpose-rational ("zweckrational") acts in Weber's terms: in the context of a given worldview someone acts intentionally, systematically and according to set rules with the purpose to heal.[5]

If the so-called "alternative healing methods" of modernity cannot be termed "irrational," how do they differ then from scientifically approved medical methods? Put very briefly, two points are usually mentioned by representatives of the modern age in regard to the differentiation of religious and scientific healing methods:

1. According to the criteria of modern science, religious healing methods are based on implausible explanations of (a) the causes of disease and (b) the causal relationship between treatment and healing.
2. Convincing empirical proof for the effectiveness of religious healing methods is non-existent.

A close look at these arguments against religious healing methods reveals the argumentation as questionable. The effectiveness of scientifically approved medical methods cannot always be substantiated convincingly either; they do fail sometimes. In other cases there is empirical evidence for the effectiveness of a therapy while the mechanism by which it works are unclear. Therefore, the decisive difference between religious and medical methods seems to be their being based in diverging worldviews that are created and reproduced by communications within the respective systems – the system of religion and the system of science-based medical healing. In societies that are not at all, or to a low degree, functionally differentiated, the boundaries between "religious" and "medical" healing methods are by nature

5. We are aware that the assumed purpose of a healing ritual does not necessarily have to be identical with the actual purpose. The ritual can be conducted by purely following accepted instutionalised norms: These actions officially present a purposeful and responsible step to ward off a crisis (such as an epidemic, disease of a ruler, or drought). The actual purpose is in this case to mediate assurance that all possible actions, regarded as adequate by tradition, have been taken, even though the action (the ritual) itself, does not cause – or is expected to cause – an end to the crisis.

quite difficult to draw clearly.[6] We would like to point out that one can also see various approaches and ideas in medical healing in pre-modern societies. As mentioned above, healing methods that were not directly deduced from a particular religious worldview existed in ancient India – as elsewhere in other cultures. Neither were they developed on the basis of communications revolving around the binary code of transcendence / immanence. Participants in the practical application of the healing methods probably did not care about, or were aware of, the origin or rationale of these various "religious" or "secular" methods, so it seems to be a purely modern academic exercise.

Usually, one distinguishes between proto-medical or proto-scientific and purely religious, "magical" healing methods in regard to pre-modern societies. According to the modern materialist worldview, the treatment of diseases with substances such as herbs, plants, minerals etc. is assumed to have been more "rational" and more "scientific" than the ritual application of prayers, spells and incantations. Owing to the widespread assumption, furthermore, that healers (especially female healers) of former centuries had a profound knowledge – now largely lost – of healing herbs, books about the herbal lore of Hildegard von Bingen, for instance, enjoy great popularity. In fact, the assumption of the *scientific* character of the medieval "herbal medicine" or the *materia medica* is seen to be questionable by modern science, mainly because "material" and "spiritual" methods cannot be distinguished clearly. The taking of particular substances, for instance, usually occurred in a ritual context that was integral to its effectiveness. Moreover, the effectiveness of these substances – at least in posological (dosage) terms – is highly debated today. That healers of past ages administered their drugs on the basis of empirical observations is also not a tenable argument in most cases. This is reminiscent of the Chinese tradition of administering cinnabar because of its alleged ability to prolong life. Observations must have shown that the intake of cinnabar is highly hazardous to the health of the patient. However, the underlying theory was much more resilient than the empiricism – which by the way is not limited to pre-modern phenomena! What category then should we use for practices such as the intake of water in which a slip of paper with *dhāraṇīs* was dissolved? Or the application of sand ritually empowered or "charged" with *mantras*?

For heuristic purposes key terms such 'faith healing,' 'ritual healing,' 'magical healing,' 'religious healing,' 'medicine,' 'scientific medicine' and *materia medica* have been kept throughout the contributions to this special issue of *Japanese Religions*

6. We assume that there was already a differentiation into a "secular" system of medical treatment in Japan in the 8th century CE as evidenced by the existence of a comprehensive codex of medical law, the *Ishitsu-ryō* 醫疾令. Access to "secular" medical treatment was, however, limited to members of the elite. Therefore, religion continued to take over the task of medical healing of the ordinary people. but not exclusively so.

and are used to show that, despite the problematic presupposition of a dichotomic relationship especially between "faith healing" and "scientific medical healing," agents acting within the field or sphere of religion in the narrower sense interacted with other members of society in ways the authors of this special issue thought to be significant in understanding religion and healing in Japan.

Introduction to the Contributions

In the first contribution to this special issue, Christoph Kleine shows that the healing power of miracle working monks and other "religious" healers in late Heian and Kamakura period Japan appears to be connected more to a matter of personal charisma than by a "charisma of the office" acquired by belonging to a state controlled institution as was the case in earlier times. Kleine analyses early sources from various literary and Buddhist legends embedding the development from an institutionally routinized, bureaucratized, depersonalized and rationalized "charisma" via a "charismatic turn" in the Kamakura period with its heightened demand for charismatic leadership, to the activities of charismatic monks such as Hōnen Shōnin (1133-1212). Kleine follows Max Weber's famous analysis of institutional developments from a charismatic leader or prophet in the first generation of a new religion to an increasing bureaucratization of the initial charismatic action that culminates in the forming of a church with priests acting as religious experts. In medieval Japan, this development is recognizable, but has apparently happened in reverse order. Kleine sees one important reason for this "charismatic turn" in an increasing individualization of Japanese society in late Heian and early Kamakura Japan and a sense of heightened crisis, especially in the religious sphere, and therefore a high demand of charismatic personalities supporting others on their path to salvation.

Paul Groner presents in his article an in-depth study of the religious life and healing activities of an ascetic named Shuichi Munō 守一無能 (1683-1719) thus illustrating important aspects in a movement of Pure Land Buddhist (Jōdo-shū) monks who sought renouncement of the world. This movement had already begun in the 15th century and extended through the Edo period. Munō with his extreme ascetic practices that even included self-castration and not accepting medical treatment in his final illness at a fairly early age clearly belonged to this movement. This world-renouncer did not, however, spend his entire life in seclusion, but was known for his intense proselytizing efforts among the populace that was recorded in writing and published by his disciples in various chronicles. In his sermons and personal conversations with numerous people Munō emphasized the physical benefits and healing from bodily ailments by reciting the *nenbutsu*, the usually six syllable formula uttered in devotion to the Buddha Amida (Skt. Amitābha/ Amitayus) who resides in his Pure Land, and also dietary instructions that Munō

assigned individually, such as refraining from drinking alcohol. In Groner's view these dietary recommendations may have helped believers e. g. with sight-related diseases to regain their eye-sight, thus arguing for an actual physical effectiveness in addition to Munō's instructions for ritual and religious practice and his moral guidelines. Groner points out that "illness" and "cure" in the context of Munō's own understanding means not only physical illness in this life, but the condition of life in the world itself. The ultimate cure is to be found in a final birth in a Buddha-land and thus in death, a view that Munō understood could not easily be followed by ordinary people who did not share his extreme longing for birth in the Pure Land, and as follows, his yearning for death, because of their positive involvement with life.

Next, Katja Triplett returns to the question of an adequate terminology in the academic research of religion and healing in Japan, especially as to the use of the terms 'magical,' 'medical' and 'ritual or religious' healing. Many Buddhist texts clearly show combinations of religious ritual instructions and instructions for the production of medicines from different *materia medica*; they could be termed 'religio-medical' texts, not fitting neatly into the magical or faith healing category often associated with Buddhist healing. A close look at the famous 10th century compilation *Ishinpō*, briefly mentioned above, reveals that this work combines Chinese classical 'medical' sources with instructions for the production and application of talismans and for the uttering of Sanskrit Buddhist incantations. The work cannot, therefore, be clearly sorted into a purely 'scientific medical' category. Medical systems in the widest sense of the term are syncretistic with the human agents circulating knowledge and sharing a contested space. For instance, the *Ishin-pō* belongs to the circle of court physicians who are described as having been in severe competition with Buddhist monastics and physicians. As Triplett shows, they in fact often had very close ties with court physicians and the court itself. The knowledge circulation of Buddhist formulae thought to have the power of healing physical illnesses and other remedies was not limited to the elite centering on particular temples such as the Daigo-ji, but seem to have been passed on and developed significantly by Buddhist 'miracle workers' outside of the monastic hierarchy in the early and medieval periods, and also throughout later periods of Japanese history. Since these various human agents acted within the same field, that of healing knowledge, Triplett concludes that it is necessary to "unbind" the etic, categorical boundaries of 'magic,''science,' and 'religion' in order to highlight the combinatory nature of healing systems in Japan.

Buddhism and medicine in early modern Japan is the topic addressed by Juhn Ahn in the next contribution. When the Zen master Takuan Sōhō (1573-1646), well-known for his influence on the way of sword fighting, claimed that the illnesses of his time were the result of stagnated *ki*, or life force, in the body caused by the individual's failure to keep it orderly, thus claiming that the individual is responsible for his or her own well-being. In his medical writings, Takuan borrows freely from

physician-scholar Manase Dōsan (1507-1594), who began his career also as a Zen monk and is counted as one of the most influential physicians in early modern Japan. Takuan postulates that so-called stagnation diseases caused by "worms" cannot be treated with herbal remedies or acupuncture, only with controlling one's ki, meaning self-regulation in the Zen Buddhist sense. The apparent need for self-improvement or self-cultivation in an early modern society that Ahn depicts as being tightly regulated, bureaucratized, and increasingly socially stratified, can also be seen in the works of the Neo-Confucian scholar Kaibara Ekken (1630-1714). Similar to Takuan, the older Chinese medical paradigm of aiming at the replenishment of *ki* is abandoned in favor a causing one's *ki* to move and be kept from stagnation. Access to medical knowledge via newly imported texts from China and works by Buddhist physicians such as Manase was, according to Ahn, an important factor behind the growing awareness of ki stagnation among the literate male elite during the Edo period. The texts under investigation in this article show a growing concern of coping with the new pressures in the strictly ordered Tokugawa society experienced physically as an illness, the "stagnation of *ki*," thus casting an cognitive experience of unease in popular medical terms of the time.

Focusing mainly on contemporary healing practices in Japanese new religions, Justin Stein, points to the various scientistic terms and metaphors which founders and representatives of new religions use in order to describe how their modalities of healing work. Scholarly terms such as "faith healing" can be applied etically. However, proponents of new religions claim that faith does not play any role, but that the effect is brought about by changes or manipulations in the cosmic structure of the universe, especially divine light. Stein highlights and compares three related new religious traditions: Mahikari, which is divided into two groups called Sukyō Mahikari 崇教真光 (Sukyo True Light) and Sekai Mahikari Bunmei Kyōdan 世界真光文明教団 (Church of the World True Light Civilization), and a third group called Shinji Shumeikai 神慈秀明会. These three religions operate healing similarly through manual manipulation of invisible energy, such as "light." Stein brings these spiritual healing techniques into a broader Asian (Indian and Chinese) context to show the wide range of these techniques that aim either at purifying the afflicted person or at re-establishing lost balance, which is seen as the cause for illness and feeling unwell.

In the final contribution to this special issue on religion and healing, Damien Keown outlines ways in which Buddhism is connected to modern medicine today, providing a short historical introduction and addressing basic Buddhist tenets. Keown's essay is the adapted transcript of a conference presentation directed at a general audience of mainly Catholics with a background in pastoral and clinical care. Keown gives an overview of the development of healthcare as an integral part of Buddhist practice also outside of Asia, giving examples of contemporary Buddhist

charity groups operating in Asia and other parts of the world. Modern biomedicine is often felt or said to be lacking treatment of the entire patient. The role of religion, including Buddhism, may be to bring not only the alleviation of suffering from a particular disease, but of suffering altogether. Keown closes his essay and therefore this special issue by returning to healing as making a person whole, not only in the physical sense but in terms of "salvation".

The editors would like to thank the authors for their contribution to this special issue of *Japanese Religions*. With the publication of these articles we hope to stimulate the ongoing discussion on "religion and healing" today.

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