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Considering Japanese Spirituality in Matters of Life and Death

Shunichi MIYAJIMA

Abstract: The term "spiritual" can be taken to mean "religious" — that is, something universal and comprehensive — rather than relating to a specific or traditional religion. Indeed, in the present day, we tend more and more not to follow or rely on notions of life and death as approved by a particular religion but, rather, are influenced in our views by contemporary thinking, mass media and the like. Such apparent diversity and modernism, however, is unlikely to lead to an immediate or radical change in the general attitude to life and death. In particular, people will not suddenly alter key life practices and ceremonies, such as weddings and funerals. In Japan, for example, while there is a growing trend towards more varied burial practices, such as adopting a Western style, the long-established, orthodox Japanese form of funeral still predominates. Further, spirituality in Japan is often considered to be rooted in a particular Japanese perception or consciousness, but such a limited outlook can be dangerous if it leads to the worst kind of nationalism. Accordingly, without dismissing tradition and custom out of hand, we should encourage and welcome the growing diversity of views and practices in Japan and elsewhere, even on such major issues as matters of life or death.

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1. Introduction

In the present day, human life and death are heavily dependent on healthcare. To be exact, it can be said that the "medicalization" of life and death has quite progressed. By looking at the development of reproductive medicine and the problems surrounding organ transplants of brain-dead patients, it is clear how closely connected contemporary medicine is to the concepts of "life" and "death".

Originally, religion was seen as responsible for matters dealing with life and death. Why do humans live? What is death for human beings? What becomes of humans after death, and where do we go? How can we escape death? How do we obtain eternal life? Differing religions around the world have been offering their own respective answers to these types of questions since ancient times.

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However, a more traditional view of life and death is declining in the face of modernization and secularization and, in its place, “death” as defined by medical practitioners and scientists has become more popular. As modern medicine becomes widespread, death has been made into a subject of avoidance and aversion. It could be said that it has become separated and concealed from everyday life.

Following that, a critical view of modern medicine begins to emerge, pointing to the limitations of scientismist medical care, especially in the field of terminal care, where resignation of death is called into question. This is one of the reasons why spirituality and spiritual care in medicine are now gaining attention.

Nevertheless, can “spirituality” really replace traditional religion and obtain universality? I would like us to consider this question while particularly keeping in mind spiritual care during the terminal phase.

2. What are “Spiritual” and “Spirituality”?

First of all, what are “spirituality” and “spiritual”? The definition of these words can be mixed according to their users; in fact, it may even be said that characteristically “the meanings are mixed.” Although many regard them as “religious in nature yet independent from religion,” has a definitive consensus really been achieved?

If we re-examine the term “spirituality” within the context of religion studies, the following observations can be made; that is, when we think of religion in terms of three main elements — ideology, conduct, and organization — “spirituality” then inherits a religion’s ideological and behavioral elements. However, seeing as this does not emphasize the element of organization (a religious community or local community), in some cases it has become the target of criticism. For example, according to clinical psychologist Osamu Ando at Hanazono University, “spirituality is derived by distancing the aspects of organization and institution from the conventional meaning of the word ‘religion,’ and this is the usage most common in modern Western society.”

Thus, on the one hand, the term can be interpreted as a phenomenon of the personalization of religion separated from institutional religion. On the other hand, from an established religion’s point of view, spirituality is also regarded as the “essence” and “core” of a religion. In this case, spirituality exists within the institution of the religion. Either way, though spirituality has retained its connection with traditional religion, it has not been said to be its equal.

The above has shown that the term “spirituality,” in the context of religion studies, has deviated from religious community and institutions, as well as pointed out its underlying religiosity. In Japan, the word “spiritual” (adjective) is much more commonly used than the word “spirituality” (noun). Similarly, compared to “spirituality,” “spiritual” is used more frequently in the field of medicine. Such is evident in the prevalent use of terms like “spiritual pain” and “spiritual care.” “Spiritual pain” is widely regarded as the psychological suffering derived from physical pain. In this sense, it is an extremely broad concept. To be more precise, the psychological suffering mentioned here refers only to spiritual pain and must be distinguished from mental suffering. For example, renowned founder of modern hospice Cicely Saunders holds that, in addition to physical pain, a terminal cancer patient can also suffer from mental pain
such as depression, a sense of loneliness or anxiety due to the illness, social pain (such as concern towards family and economic insecurity), as well as spiritual pain including feelings of regret, remorse, and guilt as death approaches.4

Additionally, at the World Health Organization (WHO), the “Definition of Health” proposed at the 1999 World Health Assembly read: “Health is a dynamic state of complete physical, mental, spiritual, and social well-being, not merely the absence of disease and infirmity,” accounting for the feeling of guilt, the fear towards life-after-death, and loss of the meaning of life that are associated with spiritual pain. Similar to Saunders, it differentiated pain into four domains, with spiritual pain being one of them.

In response to this “pain,” “care” is necessary. This is called “spiritual care.” Generally, “care” refers to aspects of physical and psychological support provided to patients, as oppose to a “cure,” which involves medical practice such as diagnosing disease and subsequent treatment. Although modern Western medicine has evidenced an overemphasis on cure, palliative care—especially in end-of-life care—has now gained more importance. In Western societies, hospice has been responsible for such palliative care. The concept of hospice comes from Christian tradition, originating from accommodations provided by monasteries for travelers who fell ill or suffered from fatigue during pilgrimage to Jerusalem.

Whether “spiritual pain” or “spiritual care,” when the word “spiritual” was introduced into Japanese, there was no one fixed translation. Ayako Kamiya at the Graduate School of Human and Environmental Studies at Kyoto University traced its transition.5 The first stage was between the mid-1970s to the mid-1980s, when “spiritual pain” was translated as “religious suffering.” During this adoption phase, the concept of “spiritual pain” was associated with the fact that the provider of spiritual care (who will be described later) was often a religious figure. The second stage was during the late 1980s, where, in addition to “religious suffering,” the translation “spiritual suffering” first appeared. Remarks from the Buddhist point of view increased in this period. The third stage spans from the late 1990s to the present, where the provider of spiritual care is no longer limited to a person of religion, but has been extended to include medical practitioners, family members, volunteers, and anyone who is involved with the patient. In so doing, Kamiya has mapped the transformation of spiritual care from a strictly Christian matter to a broader religious concept, which then expands even wider to gain a universality without specific religious attachment.

3. Modern Perception of “Death” and Spirituality

In the previous section, we traced roughly the process of how spiritual care has gained its meaning against a background of criticism from modern medicine. Furthermore, when considering its reception in Japan, we were able to confirm that, while its Christian flavor continues to fade, its essentiality needs to be addressed. However, one issue still remains. As the inescapable target of attack of modern medicine criticism when examining the problem of terminal stage healthcare, we would like to touch on the subject of how to deal with “death.”

While it goes without saying that death falls upon all of us and is a common phenomenon, death takes on a variety of meanings in different times and different regions. Also, religions of
each period and area present very distinctive images of what happens after death.

Nonetheless, as the world has advanced in modernization, the images of death have gradually become homogenized. As previously mentioned, after modern medicine gained prevalence, death has been made into a subject of avoidance and aversion; it can also be said to be disconnected from, and concealed from, everyday life. The sighting of a corpse is very rare in the everyday life of a modern city dweller. Anthropologist Geoffrey Gorer called this condition the “pornography of death,” which was then further characterized by historian Philippe Ariès as changing from “tamed death” to “wild death.”

In recent years, disciplines such as Death and Life Studies (also known as Thanatology) have become critical of this situation. This movement can be seen as riding the tide of a larger critique against modern medicine. Criticism of modern medicine has long pointed to the limitations of conventional scientism’s medical care. Particularly at the forefront of end-of-life care, as people question what death is and how to accept death, the rise of “religious” issues becomes almost inevitable. This is still valid today, despite how much modernization advances and science and technology develop. Why do I have to die? What happens to me after death? Did I deserve to die? Is it possible to beat death? It is not the nature of science to be able to derive one simple scientific answer to these questions. These require each individual to search for their own answers. Even in a medical environment founded upon scientism, it has become difficult to ignore patients suffering “pain” over these questions. Therefore, how to tackle “religious” issues within the realm of medicine has become a controversy.

However, there is resistance towards the word “religion” in the medical field. Direct talk of “religion” regarding a patient suffering “pain” is also very difficult. A term such as “spiritual” is presumably used as an alternative because of this dilemma. In other words, people were looking for more approachable language when referring to “religious” matters, such as the afterlife, the meaning of death, and divine presence or transcendent existence, without adherence to traditional religion. A “spiritual” problem is not a religious one; hence, regardless of faith or lack thereof in any specific religion, care for this type of “pain” is required.

In comparison to societies that inherit Western Christendom, Japan can be seen as having a stronger aversion towards “religion.” That is, the “religious” connotation of the word “spiritual” was diluted before being introduced into Japan. This also has to do with the identity of the provider of spiritual care. As opposed to Western Christendom societies with established chaplaincy, one can assume that the term “spiritual” has become popularized because different types of people were involved in such care in Japan, where similar services were rare. This seems to indicate a certain solution for the presented issue. However, does this mean that rather than religion, “spiritual” is universally accepted? What is the reality of the acceptance of the concept “spiritual”? At this point, I would like to substantiate the religious situation of Japan.

4. Religion (Religiosity) and Spirituality in Japan

It has been shown repeatedly that, according to self-report surveys, even though the ratio of Japanese people committed to a specific religious group is relatively low, the interest towards “religious” matter remains at a fairly high level.
Of course, Buddhism and Shinto are both known as established traditional religions in Japan, but the number of people “consciously” involved in such religions in their daily lives are few. These are referred to as “religion without faith,”’” 11 “religion-as-custom,”12 or “natural religion.”13 Discussions of the religiosity of this type of Japanese people are far too many to enumerate. Keeping within the scope of this paper, we would like to draw attention to the way that the “spiritual” religious state has been shaped by the influence of traditional religions in Japan.

Unsurprising even today, Japanese views on life and death are rarely mentioned without stressing the connection with established traditional religions, especially Buddhism. However, rather than by direct contact, these views were often popularized through works of literature. In the anthology of Kitasato University’s medical pathology historian Shoji Tatsukawa, Nihonjin no Shiseikan (Views of Life and Death of the Japanese),14 twelve authors of such works are featured; many of these are Buddhist literary scholars (Saigyô, Kamo no Chômei, Kenko Yoshida, Matsuo Bashô, Saikaku Ihara, Chikamatsu Monzaemon, Kaibara Ekken, Tokou Kanzawa, Chiyoko, Issa, Bakin Takizawa, and Ryôkan). In addition, Tokyo University ethicist Tooru Sagara’s different anthology of the same name takes up works such as The Tale of the Heike and Taiheiki.15

Other cases can also be noted. Although affected by or having maintained relationship with established religions such as Buddhism and Shinto, views of life and death passed down via folk beliefs in various regions around Japan are not bound by the framework of these religions. For example, Mount Osore at Shimokita Peninsula in Aomori Prefecture is under the jurisdiction of the Soto Zen sect, but it works to coexistence by neither denying nor affirming local folk beliefs represented by itako shamans.

It may be difficult to assert that the life and death views exemplified in either literary works or folk beliefs are “spiritual.” Rather than such-and-such religion’s view of life and death, when considering life and death views that have taken root in Japan in a broader “religious” sense, it is evident that the boundary between “religion” and “spiritual” (as described today) remains in flux. It is safe to say that views on life, death, and the afterlife are mostly shouldered not by Buddhist and Shinto thought, but rather by literature or folk beliefs that are heavily influenced by them; these perspectives then become the source of inspiration for Japanese spirituality.

The above seeks to identify the current situation in Japan. While the existence of adherents who strongly and consciously ascribe to Buddhism, Shinto, Christianity, or any other Japanese new religion is undeniable, for many others, Buddhist and Shinto teachings embedded in everyday life through habit and folk beliefs (per “religion-as-custom”) effect an even larger impact. “Religion” in the narrow sense requires attachment to a specific organization (i.e., a religious group) and a strong tendency to link to a particular era or region. However, the term “spirituality” transcended locality and collectivity and resolved to be universal. In this case, to restrict it by region and culture, such as by saying “Japanese spirituality,” would be inconsistent.

Given the above, the meaning of “Japanese” here does not reflect a monolithic reality. Diversity can still be found within the concept of “Japanese” spirituality as the constitution of its essence differs among each Japanese domestic region. Despite being referred to as “Japanese” while lacking awareness of being committed to a specific religion, this type of spirituality has, on some level, reached a common understanding of death and the afterlife.
5. Modern “Spiritual” View of Life and Death

If “spiritual” is regarded as “religious” yet detached from “religion,” it is then not uncommon for one to select one’s own unique view of life and death, rather than following the thinking of a specific religion when confronting the deaths of close relatives. For instance, Hokkaido University’s religion scholar Teruo Utsunomiya states that “modern-day religious pluralism has been called a supermarket of religion, smorgasbord, or buffet; and today we have reached the state of the life and death supermarket, in which we are able to choose a view of life and death that is closer to our taste,” and, to illustrate this point, he lists the life and death views of various literary figures, artists, politicians, philosophers, military personnel and warlords, as well as the views of ethnic groups around the world, in addition to the views of traditional religions.16 Undeniably, in modern society where information technology has advanced, it is now possible to reach a myriad of diverse ideas on life and death through the Internet. These, of course, also include religious studies findings.

Though at first glance there appears to be a vast diversity in such a view, it is still inconceivable that any brand-new view of life and death, or form of funeral service based on that view, could be suddenly shared by a large number of people. For example, let us look at the lyrics of the song Sen no Kaze (A Thousand Winds, also known as Sen no Kaze ni Natte and Do Not Stand at My Grave and Weep, per the name of the poem by Mary Elizabeth Frye from which it derives),17 which gained popularity in Japan: “When you stand before my grave,/Please do not weep./I am not there./I am certainly not asleep./A thousand winds./I become a thousand winds,/And am blowing across/That great big sky./In autumn, I become sunlight/Pouring down upon the rice field./In winter, just like a diamond/I become the sparkling snow./In the morning, I become a bird/And awaken you./In the night, I become a star/Watching over you” (lyrics by Man Arai).18

The “grave” described in the lyrics may not merely convey the literal meaning of “grave,” but also could be considered to incorporate the Buddhist funeral and ritual, as well as its view on life and death. By refusing to be confined to a “grave,” the song appears to be rejecting the conventional view of life and death; while in fact this is not so; instead, it is entrenched in traditional views of life and death prior to Buddhism. Corresponding to this song’s popularity, there was a huge surge in the number of unconventional funerals such as natural burials, which were quite different from the established format, but in actuality, these had already existed in ancient Japanese burial traditions. Predating the Middle Eastern Genesis 3:19 and Ecclesiastes 3:20 passages, “Death is returning to the soil” was a concept related to a traditional Japanese view of life and death; to bury the deceased in the mountains, or to scatter ashes at sea, had been common practices ever since ancient times amongst the Japanese. However, the mandatory dan ka system of citizen registration through temples was set up in the mid-Edo era, and it was since then that cremation and Buddhist-style family graves gradually became more common. Later, due to the Meiji government’s national regulations, the custom and idea of being interred “into the family grave after death” became further embedded.

Modern civilization aimed at dominating nature. However, when we contemplate the ways of this modern civilization, it becomes clear that this ancient concept of “returning to the soil after
death” is linked to the Japanese “spiritual” view of life and death.

Such a view of life and death is also thought to impose great influence on the methods of end-of-life care. To desire longer life, whether for self or for the sake of loved ones, is an undeniable emotion in humans; to say that modern medicine has developed in order to fulfill such desire would not be an exaggeration. This has helped shape a more generalized modern medical culture, which is distanced from traditional cultures around the world. Nonetheless, when faced with the reality of an inescapable death, everyone needs to face the problem of accepting the reality of an inescapable death. Often, it is difficult to deliver one common “answer” to such a question. Thus “culture” was developed to help in arriving at an answer. As this paper has found, while traditional religion was responsible for forming such answer in earlier times, the “Japan” of today, or, in a narrower sense of regional culture of spirituality, like that of Okinawa, appears to take it over.

This culture has become rooted in the essence of “Japan.” For example, the idea of being watched over by “Otento-sama” (a solar deity), or the urge to pay tribute to “Otento-sama” when met with fortune — these feelings are shared by many Japanese people who are not connected to any specific religious tradition. In Japan, such experience can be called “spirituality” under the meaning of religious knowing outside of religion.

Having said that, to label something as “Japanese” could limit our discussion and thus create problems. The idea of “Japanese religion” could also easily lead to nationalism, and should not lead to suppressing the diversity of people dwelling in Japan.

Perhaps this idea of Japanese spirituality and its corresponding healthcare should continue to be explored through trial and error in different fields of study. Studies in religion on spirituality have given us many suggestions. This paper can be viewed as a modest attempt at such a suggestion.

Notes

1 Read at a session on “XXI. World Congress of the International Association for the History of Religion” at Erfurt University, August 28, 2015. The author thanks the Japan Society for the Promotion of Science for the KAKENHI (Grant-in-Aid for Scientific Research (A): Grant Number 25244002), which supported the research on which this article is based.
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