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# Introducing the concept of spirituality in Japan by centering on medical field

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**Abstract:** In recent years, the word “spirituality” is frequently used in a wide range of research areas, such as religion, medical care, nursing, nursing care, clinical psychology, bioethics, education, and business activities. Not only within academic research areas but also within non-academic areas, such as the arena of mass media and medical care practice, nursing and the nursing care practice, this word is being frequently used. Definitions of this term vary as per the user’s perspective but there are many cases where this word is used to refer to the appearances which were thought of as religion, religiosity, and something being religious or similar. In this paper, I have considered the background of the use of the term “spirituality” in religious research and medical areas, respectively. What is common to both is that the current state of the term “spirituality” is being used to talk about “religious” matters while maintain a distance from the conventional “religion” as an institution. Here we discuss the continuity and discontinuity of “religion” and “spirituality.” If one is conscious of the connection between “religion” and “spirituality,” there should be something that should be derived from the “religion” research to further research on “spirituality” as a concept and as a word. In order to use it as a concept, it is necessary to further examine and train it. The ambiguity of the term “spirituality” has proved useful, and it is also possible to include a wide range of phenomena in the term “spirituality” that could not be included in the concept of “religion”. It is possible to expect further research in this area but at present there are many problems due to ambiguity. Discussions about “spirituality” are expected to gain prominence and in turn, increase the usefulness of this word.

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## 1. Introduction

In recent years, the word “spirituality” is frequently used in a wide range of research areas, such as religion, medical care, nursing, nursing care, clinical psychology, bioethics, education, and business activities. Not only within academic research areas but also within non-academic areas, such as the arena of mass media and medical care practice, nursing and the nursing care practice, this word is being frequently used.

Definitions of this term vary as per the user’s perspective, but there are many cases with which this word is used to refer to the appearances which were thought of as religion, religiosity and something being

religious or similar [Kasai 2003: 124]. However, being used as a new word either means that a new appearance has occurred which is different from the previous one or that a new cognitive frame has been posed. Also a new “reality” is being formed with the term at the same time [Ueno 2001]. The area, in which the word called “spirituality” is used for, is not limited in the narrow sense of the given term “religion.” In other words, the word “spirituality” is related to religion, religiosity, or something which is related to religiosity; at the same time it could also appear as something different from the above framework. But, as for the point about what relation “spirituality” has with “religion,” it is safe to say that it varies as per the expectations among those who are debating, thereby making it necessary for a thorough review of the use of this term in research areas.

Therefore, this study, first, seeks to gather data about how the term ‘spirituality’ became common in the area of religious research and then to verify how the term is understood in the area of medical care. This study thinks that the medical field is directly confronted with the appearance of “life” and “death,” and that there is something more concerning to normal human beings than being deeply religious. Lastly, this study considers the possibility and the problem associated with the term “spirituality.” It must be meaningful to verify what kind of space in discourse is constructed by the term “spirituality.” If we assume that reality is composed and organized by language, then such a work will indirectly reconsider “spirituality,” in spite of being indirect.

## 2. The spirituality in the religion research area and the medical care area

The term “spirituality” in itself existed as old as history; however, according to Horie, it is charged with the implication and this has to do with the present day usage and this term began to be used from about 1995 [Horie 2003]. The appearances which can be equated as being religious, but this is difficult as it can be said that religion was illustrated by the words, such as “Seishin-sekai (the inner psychological world)” or “Reisei (divine nature)” before it, but many are speaking, it is not religion but it is spiritual, became accomplished from these days and the people in the wide range which has an interest in such an area got to use the word “spirituality.”

Even in the field of religious research, it has been considered that various ambiguous phenomena can be included in the narrow sense of the term “religion” have been the subject of research, but the movement to study them from the viewpoint of “spirituality” can be aligned with that described above.

Hereinafter, I provide two definitions of spirituality by Japanese researchers of religions to clarify the situation of spirituality research in Japan.

- (The quality of) the feeling which leads to anything which crossed itself to feel is working among the inside of itself and the others. [Kashio 2004: 273]
- Mainly, by focusing on the experience of the individual, the party make an experience having to do with extraordinariness doing the unknowable some hand doesn't reach which, an invisible being (e.g., nature, an absolute, inner Divine Mind/a self-consciousness, a special human being and so on) by getting a mystic cohesion and have the feeling that a self is improved. [Itoh 2003: 273]

As shown in these definitions, for the religion researcher, “spirituality” is considered as “the feeling” to the one which is the “religious.” Why was it not “religion” in the area of the religion research? How

did the word “spirituality” become more common? The status that the reconsideration of the concept of religion is put forward as one of the backgrounds can be pointed out. The self-evidence of the term which was so far made self-evident in the criticism to the modern various studies and postcolonial situation, the concept of the “religion,” began to be doubted. The popularization of the term “spirituality” is connected with this movement. Above all, the problem of the cooperation of the religion is thought as problematic.

In former religion research, religion was taken from 3 elements: the thought, act, and group. However, this view, especially the one pertaining to the group, has been criticized in recent years. Above all, the concept “group” is criticized. Regardless of whether the group was a so-called “religious society” or a group of local and ethnic community, “religion” is defined as a group activity which is related to a unique thought. Dulkheim’s definition which emphasized the importance of collectiveness was evaluated in the fields of sociology and anthropology in France. Beatke also emphasized the importance of the “group” from the view point of the historical studies of religions in Germany.

However, it is possible to state that the understanding of religions having to do with a principle of such a collective reaches a limit in modern society with the advancement of information-orientation and globalization. As people move beyond national and regional movements, there are significant changes in the manner of group existence; in other words, how people interact with each other and themselves changes. Amid such changes in circumstances, the limits to capturing religion as a group closed system are starting to be pointed out [Ohtani 2004].

This is not limited to religious groups, but is also a change in human relations and collectiveness itself in modern society. The question also arises whether human relationships on the Internet can be regarded as a “group”, for instance, few people who sympathize with one another over a movie can end up forming a “group” on the Internet. However, if we use only a strict membership as the standard of a group, we may overlook many important phenomena.

Furthermore, this change is not just a “group” or “an individual.” If it is expressed more accurately, it will be changed to a contemporary situation seeking a freer “connection” without being constrained as a member of institutional “religious group.” Tatsuya Yumiyama quotes the phrase “spirituality is religious consciousness” by Daisetsu Suzuki and states as follows:

Suzuki says religious experience is on the foundation of institutionalized doctrine, ritual, organization, etc. of religious group, and spirituality is related to this religious experience. Now, if we can translate spirituality here as spirituality, it is certainly one of the features of modern spirituality that is distinguished from institutionalized doctrine, ritual, and organization that Daisetsu pointed out, that is, it is in non-institutional religiosity. Spirituality protrudes from the religious system, and the phenomenon lies in front of us as a global one common to developed countries. [Yumiyama 2006: 91]

In this way, as the limit of the way to capture religion as “institution” is pointed out, the term “spirituality” has garnered attention.

Next, I summarize the background of the term “spirituality” as it is commonly used in medical field discourse. First, on a practical level, it was tried to introduce the term “spirituality” as the definition of health in the WHO’s Charter. In addition, the term “spirituality” is also mentioned as an item in the “new

medical conscious idea to know” created by the Japan Medical Association in 2005. There, it is pointed out that spirituality has been so far emphasized in patients with terminal cancer and HIV infection in the real medical scene [Nakane/Tazaki 2005].

However, it is necessary to further consider the background regarding how this term became a focus of attention in healthcare, including why WHO and the Japanese Medical Association introduced this term in the first place. Susumu Shimazono explains as follows:

Spirituality has received attention as a contour having a different contour from the traditional religion, and discourse that included hope and expectation began to crowd. This is often explained from the fact that a sense of incompatibility and distance to religion has been strengthened, a new style of growing up to inquire about their own identity and to clarify the ultimate interest. However, on the other hand, from the modern institutions that have been managed under science and rationalism, areas that can't be covered by science and rationalism are revealed. [Shimazono 2006: 19]

What is pointed out here will also be relevant in the medical field. That is, there are two points: (1) criticism of modern rationalism and (2) differentiation from “religion.” Let's first confirm from (1). If one thinks about the critical trend toward this modern rationalism in the medical field, criticism of modern medicine so far corresponds to it.

Modern medicine has focused mainly on how to treat physical disorders. However, the Whole Person Approach requires attention to both the physical and mental needs and at the same time seeks improvement of QOL for patients which is regarded as a medical issue. In particular, the way of medical care for end-of-life patients has been reviewed. Therefore, the word spirituality has been used particularly in the fields of hospice and “Vihara”. If a patient, before dying, starts reflecting on topics such as “the meaning of life” or the “reasons for suffering,” it is only natural that topics related to worldly perspectives on life after death, such as “Raise (Afterlife) and “Higan (Another world),” topics regarding human existence, such as “why do humans live and why do they die,” and even interest in a higher power will start emerging. With increasing criticism of modern medicine, the idea that it is necessary not only to treat diseases but also to respond to the suffering of patients' spirits (spiritual pain) has been spreading. Therefore, the terms “spirituality” and “spiritual care” have proven particularly prevalent in palliative care at the terminal stage.

But we must also think about other important things. In a criticism of modern medicine, the return to a certain religious tradition such as Christianity and Buddhism is not called for, but rather, it has strengthened in order to capture the anti-modern movement with the term spirituality. The term “spirituality” has been considered effective for more people to respond to this situation without being bound by traditional religious traditions. Many patients have a sense of resistance to institutional “religion”; however, there is also high interest in the area that “religion” has dealt with so far. In that dilemma, the term “spirituality” has come to be used. For example, Hayato Higa stated the following:

It was around 1995 that the author began to be interested in spirituality in medical care. At that time spirituality was understood as religious and spiritual care was recognized as religious care. Indeed, the area dealing with patients' spirituality was almost restricted to hospice wards (Christianity) and Vihara wards (Buddhism). However, I came to think that there must be spiritual care that does not rely on a

specific religion. Therefore, in order to explore a part of spirituality that can be felt even by Japanese who lack a religious foundation, we began investigative research with field of Islamic hospital in Jakarta, Indonesia, which is doing spiritual care on a daily basis. [Higa 2006: 13]

In short, using the word “spirituality” instead of “religion” can create distance from religion while, at the same time, refers to religions’ extraordinary side [Kasai 2003: 127]. Therefore, rather than a position to accurately discuss differences and specifics about a certain religion like religious research seeks to do, and rather than seeking distance from the standpoint of a specific religion, it is related to human care such as education, nursing and counseling has been regarded as beneficial for a position that closely closes eyes and refers roughly to religion in general [Kasai 2003: 124-5].

### **3. The religion and the spirituality**

Up to this point, we have briefly considered the background of the use of the term “spirituality” in religious research and medical areas, respectively. What is common to both is that the current state that “spirituality” is used as a term for talking about “religious” taken distance from the conventional “religion” as institutional. Here we discuss the continuity and discontinuity of “religion” and “spirituality”.

Let us point out the continuity of both. According to Miyako Tazaki, who was involved in the creation of the WHO quality of life (QOL) evaluation scale. The meeting was held at the WHO Health Department in 1998 and “religious scholars” from Islam, Judaism, Catholicism and Protestantism, Indian Buddhism, Tibetan Buddhism and Zen Buddhism, along with QOL researchers, were invited. The conference platform was varied across differences in cultural, religious and ethnic values; it was based on a qualitative and quantitative survey conducted across five continents and 18 countries. And as a spiritual conceptual structure, “connection and power with absolute existence, meaning of life, awe, integrity/unity, peace of mind, harmony, hope, optimism, faith” can be mentioned [Tazaki 2006]. Given this situation, the concept of spirituality is beyond traditional established religions, or is considered different from them — not entirely original, but it is still some type of religion. Spirituality should be considered as a concept that inherits its thought and values from the established religion.

So, if we assume that the spirituality is different from that of the established religious tradition, what is the difference? Here, we would like to discuss how three members, Toshiyuki Kubodera, Daien Ohshita and Takaaki Itoh: all are involved in the practice of spiritual care and all perceive the relation and difference between religion and spirituality.

#### **Toshiyuki Kubodera**

Toshiyuki Kubodera claims that spiritual care and religious care each other, but they are still different entities. On that foundation, he explains the difference regarding four points: 1. prayer, 2. postmortem life, 3. guilt feeling, and 4. Assistant.

With respect to prayer, there is absolutely the ultimate existence (Buddha/God) in ‘religious care’, the point that we worship and pray for it. It is decisively different from other care. And, always aware of this praying subject (object of worship), emphasis is put on care to further deepen and strengthen the relationship with this subject of prayer. When the relationship with Buddha and God is restored and a relationship of trust can be established, there is a feeling of supernatural grace flowing: this is an

experience of relief. However, in “spiritual care”, the object of prayer is not constant, and paying attention to what the individual thinks is most important. The point of care is that the relationship will become stronger and deeper.

Regarding life after death, “spiritual care” will explain that physical life returns to the earth and a new life will be born from that earth. However, care-takers do not talk about the question of “who” the life was given by. Whatever the explanation, the emphasis is laid on the patient’s own ideas, understanding, and interpretation and the care-takers assist to support it. In contrast, “religious care” generally tells relief the religion preaches, so that patients can gain the power and hope of living. In addition, for those who are suffering from guilt, in certain “religious care” certain people (such as pastors and priests) will declare forgiveness, but in “spiritual care” there is no such thing; patients feel guilty and bear the guilt quietly, saying something along the lines of, “we deeply regret and swear not to repeat it again.”

Finally, in terms of assistants, “religious care” is assistance obtained from religious doctrines and rituals, and people with such knowledge and experience (pastors, priests, believers, etc.) provide great aid. On the other hand, spiritual care assistants are not limited to counselors, psychiatrists, and religious people, but various other figures like doctors, nurses, therapists, social workers, and volunteers are involved, and the ability of patients to live their lives and assistance is given to grasp the meaning of one’s own life. In addition, “spiritual care” is the indication of what constitutes the basis for self when fear of anxiety and fear is felt, and donors are positioned as seekers seeking with patients alone.

Assistants of “religious care” can show God, Buddha, doctrine and dogma, but assistants of “spiritual care” can’t do that [Kubodera 2006: 56-61]. Although I introduced Kubodera’s thought above, it is clear that in “religious care” and “spiritual care” there are differences in their bearers (religious people or otherwise). Also, there is the difference that care may or may not depend on the doctrine and on the ritual of a particular religious tradition.

However, in another book Kubodera points out “religious care” as one of “special care to spiritual pains”. In other words, “religious care” is considered to be included in “spiritual care.” He asserts that “religious care” does not mean entering into a specific religion and explains it as follows:

To touch religion is one way of concrete care. To touch religion does not necessarily mean to become religious believers. Even if you do not believe in religion people can get more comfort by enjoying a religious atmosphere. There are also unexpected people who have a miniature version of Buddhist scriptures and Buddha statues beside the bed, and those who have a cross and a rosary. Buddhist scriptures and Christian Bible, Shrines and Buddhist pictures, Buddha statues, sacred works, religious music etc. have the ability to comfort the injured and lost self. When you lose yourself in the face of the crisis and lose yourself, religious ornaments, religious buildings, religious paintings, religious music, etc. touch the heart chords and make you feel the holy permanent life. So, I encounter something that accepts me a lot and accepts it. [Kubodera 2004: 85]

In this way, a specific religious tradition has been pointed out as a concrete means of “spiritual care”, but this is a collaboration with “care” by “nature” or “music, paintings, fairy tales, picture books.” When it is done, its “religious color” inevitably diminishes. In other words, it is difficult to think “religion” without “media” such as “nature” or “music, painting, fairy tale, or a picture book” through media. Whether religious “music” or religious “painting”, it is still just “music” or just a “painting”, and it is

difficult to think about pure “religion” excluding them. In this way, religious “spiritual care” is considered at a distance that it is not separated from a specific religious tradition but is not committed to it.

### **Daien Ohshita**

Let’s introduce the ideas of Daien Ohshita. Ohshita shows a certain understanding of the idea that “religious spirit is part of spirituality, but should be considered separately from religiosity”, there are many overlapping parts between the two, and the relationship is difficult to completely separate because it seems to overlap somewhere even if entering from the side of non-religious spiritual communication or entering from the side of religious spiritual communication. In other words, even if there is a difference between non-religious or religious in the first introduction, spiritual care cannot deny the religious mind as a whole. Religious care is a care based on a specific faith that aids in finding a religious framework so that one might explore the meaning of death rather than introduce religious doctrine to an unbeliever [Ohshita 2005: 47-54]. In this way, Ohshita emphasizes the continuity of religious care and spiritual care, but on the other hand it is pointed out that even if saying “religious care” it is still not enforcing “doctrine”.

### **Takaaki Itoh**

Finally, Takaharu Itoh has a response pattern to “transcendence” each of which has spirituality (not only appearing in a crisis situation such as the terminal term). It is assumed to be one of the relationships. And the spirituality which is a relationship with “transcendence” says that it is a relation with “absolute others.” In that sense, spirituality and religion overlap; however, religion is a human activity that tries to express this “transcendence” that cannot be expressed in any analytical language. In other words, regardless of religion or spirituality, relationships with “transcendence” and “absolute others” are regarded as problems, but differences can be found in their appearance. “Religion” is a language expressing the relationship with “transcendence” that cannot be originally taught in an analytical language, and hence there are different “grammar and vocabulary systems” for that reason. That is “individual religion.” Moreover, its “language ability” is called “spirituality” [Itoh 2004]. In other words, while individual religions as manifestations are diverse, it is thought that spirituality exists as their essential element. In such an explanation, it is suggested that Eliade’s association with the hierophany concept or the like is felt, and the connection with religious phenomenology research is felt.

What is the common thought shared by the above three researchers? They all recognize that spirituality in the area of medical care succeeded in developing interest in some elements of an established religion but this “religiosity” doesn’t mean that someone should become the member of the religious society or be restricted by the doctrine of the specific religious society. However, from the viewpoint of patient’s consciousness (Ohshita) and relations with the transcendental being (Itoh), the connection between “religion” and “spirituality” was made clear.

## **4. Issues of the term “spirituality”**

As we have seen, in the medical field, the word “spirituality” is used as a term to deepen the consideration of the meaning of human life and the way to accept the death not in the area of a specific religious position but in the area that can be called “religious” beyond them. There are also religious researchers who tackled such problems, but in recent years such work has been requested in the field of practice.

However, the term “spirituality” seems to have many problems yet. In particular, further examination will be necessary to use it as a term for research.

First of all, it varies from one to another whether “spirituality” is as something as an entity for all human affairs, or is it a concept set at the meta level to analyze concrete phenomena? For example, it is possible to compare and analyze the New Testament in Christianity, Buddhist scriptures, and the Islamic Quran as “scriptures”, but in this case “scripture” is a generic concept of concrete and individual example of the New Testament, Scripture, or the Quran. There is not something like the “scripture” itself, but “scripture” is only a concept which is a compilation of individual specific texts that have existed for generations.

For the term “religion” too, discussions have been repeated over this problem. For example, many classical religious phenomenologists who thought that “religion” exists as a substance, compared and typified various religious phenomena all times and places and attempted to extract the “essence” of religion; however, since classical religious scholars who relied on Christianity/Western religious tradition tend to realistically grasp the concept of Christian color “essence” (Rudolf Otto’s *Numinose* or Eliade’s *Hierophany*, etc.), the criticism of the way Christian centrist-oriented/Western-centered research has so far been done. Although the research on the evaluation scale of “spirituality” which has been done in recent years regarded “spirituality” as substantive, is there a possibility that such a study will fall into the same decline as the concept of “religion” in the past? “Religion” has been thought to be a culturally prescribed phenomenon, but how about “spirituality”? Is it a universal phenomenon to mankind, who escaped historical and cultural regulations, and is considered to be “entity”? In this regard, further consideration will be necessary.

It is pointed out that even if it is a concept rather than an “entity,” there is a problem of value neutrality. Kasai has used the word “spirituality” as the usage of the word “mentality” which is distant from religion, and at the same time “something proposing essentialist-universal ideal on the premise of a specific religion” [Kasai 2003: 128]. Furthermore, he said, what is common to the usage of “spirituality” is not the universal essence of religion, but a specific value view. For example, the motif of “growth” that the devoted prayers of evangelists and professionals of human care preach as ideals [Kasai 2003: 143]. In other words, it is pointed out that this term is not a value-neutral concept for research, but rather demonstrates “ideal” or “specific value” of those who use it. Of course, even though it is impossible for researchers to be purely value neutral, the terms explicitly showing “ideal” or “specific values” are not suitable as research concepts.

Furthermore, it is critical to point out the problem of parties in spirituality research. For example, Tsuruoka, who reviewed the spirituality study book written from the standpoint of religious research, points out the problem of qualities required of spirituality researchers. Tsuruoka stated that spirituality is the subject of study, as well as research style. And spirituality research is linked to the self-awareness or emphasis of researchers themselves, and research on spirituality may call for researchers themselves to be spiritual, that they are “spiritual”. Tsuruoka surveyed the problem of distance to the research subject and said that this is “a big problem from the beginning of the occurrence of modern religion studies”. He asks if researchers must be spiritual and if so, why [Tsuruoka 2005].

In this problem, it will be necessary to think more exactly as to who the party is. In the case of religious research, problems have been set up in the form of how researchers and research subjects are involved. However, at medical practice sites as discussed in this paper, circumstances may differ. At

medical sites, the parties to the disease are patients and are considered treated by medical personnel; however, both parties share the clinical site, and from the standpoint of further research on the manner of treatment, both patients and medical personnel are positioned as “subjects” of research. In other words, it is necessary to think at three levels, that is, patient/practitioner/researcher, not rely on the binary confrontation diagram “researcher” and “research subject”. In this case, in practice, it may be required that medical personnel as practitioners be “spiritual”. However, it is questionable whether or not it is necessary to be “spiritual” when we investigate those practicing places as researchers.

## 5. Conclusion

In this paper, while considering the relation between “religion” and “spirituality”, I pointed out the issue of “spiritual research” this time at the end. If one is conscious of the connection between “religion” and “spirituality”, there should be something that should be derived from the “religion” research so far in “spirituality” research, and also the word “spirituality”. In order to use it as a concept, it is necessary to further examine and train it. At the same time, the ambiguity of the term “spirituality” has proved useful, and it is also possible to include a wide range of phenomena that could not be included in the concept of “religion” so far in the term “spirituality.” It is possible to expect further expansion of the research area, but at present there are many problems due to ambiguity. However, it does not imply the effectiveness of the word spirituality. Rather, the opposite is true. Discussion about the word spirituality would be more active and deeper and be expected to increase the usefulness of this word.

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