The Reception and Transformation of Homeopathy in Japan

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Abstract

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This thesis examines from a medical anthropological viewpoint how the practice of the newly imported complementary and alternative medicine (CAM) has been transplanted, received and transformed in Japan. More specifically, I focus on homeopathy, which was introduced into Japan in the late 1990s.

To address the research question, I focus on the practice of homeopathy from the anthropological viewpoint. The adoption of any new form of medicine is influenced by the prevailing medical, social and cultural context. So, how and why was homeopathy introduced into Japan the late 1990s? I explore this question by focusing on three aspects of the reception of homeopathy in Japan: (1) the institutionalisation of the homeopathy, including the formation of associations of practitioners and homeopathic colleges; (2) the translation of the theory and practice of homeopathy by the practitioners into a culturally acceptable form; (3) the utilisation and consumption of homeopathy by the patients, their families and self-prescribers. Over eighteen months of fieldwork in Japan led me to focus on these three elements of homeopathic practice.

Regarding the theoretical framework, this mainly explores medical pluralism and the health care system in Japan from an anthropological perspective, and the globalisation and transmission of medicine.

I argue that the success of homeopathy in Japan was largely thanks to the transmission strategies set by the founders of the colleges for lay homeopaths. Mothers in particular, concerned by worries over family health care, were drawn by this approach. Furthermore I also argue that this group not only became consistent users of homeopathy but also propagated the therapy through mothers' self-help groups, creating thereby a strong tie with the lay homeopaths. I argue that mothers gained a sense of the empowerment through homeopathy. Within the Japanese health care system it was the popular sector that received and developed homeopathy.

Preface

My initial motivation for this research came from two experiences on the limitations of biomedical treatment and the difficulty of choosing suitable alternatives among the complementary and alternative therapies. First, my late father developed dementia in the wake of the side effects of his strong medicine, although the medicine did indeed save his life. The dementia could not be treated by biomedicine and I was helpless. It was a hard time for us both. The second experience was that of a late friend, who had a brain tumour and died from leukaemia in her forties. She had experimented with several complementary and alternative therapies and I became interested as a result and realised how difficult it could be to know which one to choose. She tried everything from traditional Japanese medicine like *Kampo* to imported medicine such as homeopathy. She seemed to expect a miraculous recovery from this new European therapy, and there were indeed rapid signs of change. Yet, although my friend consulted some homeopaths in Japan, she was not cured. She said to me, 'Study homeopathy if you go to the UK. I know homeopathy is a wonderful medicine. However, there are no prominent homeopaths in Japan.' It was the first time I heard the word 'homeopathy'. That was ten years ago.

After that I had the opportunity to go to the UK and study homeopathy for a year. In my second year, I came across medical anthropology and wondered whether I should become a homeopath, or whether I should study medical anthropology and research homeopathy. I chose medical anthropology because I knew there was little qualitative research on CAM in Japan, most of which was by medical doctors interested in integrated medicine. On the other hand, there was a long history of qualitative research and study of traditional and folk medicine in medical anthropology. Hence, I decided to contribute to CAM as a social scientist, from the aspect of medical anthropology, rather than become a homeopath. This study is my tribute to my precious experiences with these two dear people.

Acknowledgements

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The late Professor of Japanese anthropology, Yoneyama Toshinao, opened the doors of the University of Oxford for me when I looked for the place to study in the UK. Professor Roger Goodman helped me to become a senior associate member of the University and encouraged me when everything was new to me. Without the advice and support of these two people, I would never have been able to complete this journey.

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Thank you to the founders of homeopathic institutions and colleges who allowed me on to their premises for my fieldwork. Thank you, too, to all the anonymous students at the homeopathic colleges and interviewees.

Last, but not least, my gratitude goes to my family: to my late father Nonami Kohei ; to my mother Nonami Etsuko and my sister Miura Naoko, who consistently stood by me with warm help and encouragement. My brother-in-law Miura Kunitsugu too, and my two dear nieces Nishikawa Junko and Miura Kumiko, have supported me with their kindness and happy chatter.

Without all this support, this thesis would never have been completed.

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Notes on the Text

I have followed the Japanese custom for all Japanese names cited, putting the family name first followed by the first name. However, in the bibliography, I have followed Western practice, whereby all Japanese authors appear with a comma after the family name.

I used macrons where these occur in Japanese personal or place names (e.g. Kondō). Specific Japanese terms appear in italics both macrons and italics were referred (e.g. *iyashi*), unless such names or words are routinely accepted in the English language (e.g. Tokyo, Osaka, etc.).

For the Japanese words which were taken from Western language such as hīringu (for healing) or supirichuaru (for spiritual) were not followed by the standard Romanisation. This is to avoid confusion for those who do not know Japanese. Hence such Western loanwords are Romanised in their original form but italicised (i.e. *healing* or *spiritual*).

The principals of all the educational institutions and colleges of homeopathy in Japan, the informants and interviewees are all anonymous.[1]

A conversion rate £1 = 170 Japanese yen was used, which is the average that pertained between 2007 and 2008 when I was carrying out my fieldwork.

[1] See 'Ethical Issues' in the Introduction

Introduction

This thesis examines from a medical anthropological viewpoint how the practice of the newly imported complementary and alternative medicine (CAM) has been translated and received within the specific parameters of the Japanese socio-cultural and medical environments. More specifically, it focuses on homeopathy, which was introduced into Japan in the late 1990s. This introduction will begin with an outline of the background purpose and significance of the research that forms the basis for this thesis, followed by a presentation of the theoretical and methodological framework in which this was conducted. It will conclude with an explanation of the structure the whole thesis is to take. Then the structure of the thesis is explained.

CAM has become increasingly popular worldwide over the past decades (Eisenberg et al. 1993, Eisenberg et al. 1998, WHO 2005, Haller 2009, House of Lords Select Committee on Science and Technology 2000). Japan has not been an exception to this trend. The rise of CAM in Japan has brought a proliferation of therapies other than Japanese traditional medicine such as *Kampo* (Imanishi et al. 1999, Kamohara 2002, Yamashita et al. 2002). Imanishi (2003) pointed out that imported therapies such as

aromatherapy, reflexology, chiropractic and osteopathy are gradually gaining in popularity (Imanishi 2003). The rise of CAM worldwide is linked with the diversification of CAM therapies in Japan.

How is the diversification of CAM placed within the Japanese health care system? The country's medical doctors claim that the growth in popularity of these therapies has led to the promotion of integrated medicine, whereby biomedicine is combined with CAM. However, critics call for the CAM therapies to be covered within the National Health Insurance System (NHIS). That they are not is mostly due to a lack of scientific evidence for the efficacy of the treatments. In the response to the popularity of CAM, in 2010 the Hatoyama Yukio Cabinet[1] finally decided to consider the active promotion of 'Integrated Medicine' from the viewpoint of the extension of healthy life expectancy as government policy[2]. The Ministry of Health, Labour and Welfare (MHLW) has now, finally, launched a team to investigate the project (I had finished my main fieldwork before this announcement). Empirical study is indispensable to elucidate the action of the government.

[1] The Hatoyama Cabinet lasted from September 2009 to June 2010 in Japan.
[2] Webpage of Ministry of Health Labour and Welfare, http://www.mhlw.go.jp/seisakunitsuite/bunya/kenkou_iryou/iryou/topics/dl/tp130930-01_02.pdf, accessed 6 October, 2014

Medical anthropologists have contributed to the study of medical pluralism from the different perspectives of traditional and indigenous folk medicine (e.g. Leslie 1976b, Janzen 1978, Amarasingham 1980, Lock 1980, Last 1981, Ohnuki-Tierney 1984, Crandon-Malamud 1993, Nichter and Lock 2002, Koss-Chioino et al. 2003, Littlewood 2007). Some study on CAMs in the West and CAM has been usefully discussed by health professionals. (e.g. Kleinman 1980, Baer 2001, Johannessen and Lázár 2006, Helman 2007).

Running alongside the concept of medical pluralism, one feature in the globalisation of medicine, as mentioned above, is that CAM therapies are now received and practised beyond the boundaries of the countries where they originated. Important studies on the phenomenon include those by medical anthropologists (e.g. Adams 2002, Frank and Stollberg 2002, Hog and Hsu 2002, Craig 2007). However, these studies confine themselves to examining how CAMs of non-Western origin are accepted in Western countries. I will argue that it is essential to look, also, at the globalization of CAMs in the opposite direction: to explore how CAMs of Western origin, such as reflexology, aromatherapy and homeopathy are practised in non-Western countries – and, in this case, Japan.

Why have the Japanese taken to CAMs of Western origin when they already have a rich heritage of traditional medicines and therapies such as *Kampo*? This thesis focuses on homeopathy a recognised 'medical system' with systematic and comprehensive principles, and in that sense similar to Chinese Medicine and Ayurvedic Medicine (Castro 1990, Dannheisser and Edwards 2003, WHO 2005, House of Lords Select Committee on Science and Technology 2000). Today homeopathy, which is now over 200 years old, has spread to nearly 50 countries across the globe. Homeopathy is currently one of the most well-known and influential forms of CAM (Lockie 2000, WHO 2005, Dinges 2014).

The main research question I have chosen to focus on is how the practice of homeopathy has been introduced, translated and received into Japan. To address this question, I focus on the practice of homeopathy from an anthropological perspective. The adoption of any new form of medicine is influenced by the prevailing medical, social and cultural context. So, how and why was homeopathy introduced into Japan the late 1990s? I explore this question by focusing on three aspects of the reception of homeopathy in Japan: (1) the institutionalisation of homeopathy, including the rise of associations of practitioners and homeopathic colleges in Japan; (2) the training of practitioners capable of translating the theory of homeopathy into practice; and (3) the consumption of

homeopathy by patients, their families and by self-prescribers. How do the institutions and colleges translate homeopathy into Japanese culture? How are they teaching homeopathy as a scientific method for healing patients? What groups are drawn to homeopathy as providers and consumers? How do they accept and modify homeopathy as it was originally practised in Western Europe? This thesis will examine these questions so as to examine the cultural and social processes that accompany the introduction and reception of homeopathy in a particular Japanese historical setting.

In what follows, I briefly describe the history of homeopathy, offer an outline of this medical practice, and describe its popularity outside Western Europe. I then discuss how my study on homeopathy in Japan can make a unique contribution to key medical anthropological themes such as medical pluralism, globalisation and the transmission of medicine.

1. The Overview of Homeopathy

History of Homeopathy

Homeopathy originated with Samuel Hahnemann (1755-1843), a medical doctor and pharmacist, in Germany. In contrast to the allopathic treatments of biomedicine,

homeopathy is based on the principle of '*similia similibus curentur*,' or 'like cures like'. He found the principle when he gradually became disillusioned with what he saw as the cruel and ineffective treatments of his time (blood-letting, purgings, and poisonous drugs with side effects) gave up his practice as a medical doctor, and concentrated instead on study, research, writing and translation. Working on a translation of Dr William Cullen's *A Treatise on Materia Medica*, Hahnemann became interested in the fact that a dose of Cinchona – from which quinine is derived – was said to produce the same symptoms as malaria, the disease Cinchona was known to alleviate: periodic fever, sweating and palpitations. At first, he was sceptical and tested small doses on himself. He then observed and made sure of this by giving Cinchona to a healthy person. Thus he came upon the idea that a substance capable of producing symptoms in someone well is capable of curing them when they are sick (Vithoulkas 2004[1980]:96). This discovery was fundamental to the development of homeopathic theory and practice.

This led Hahnemann to establish the first law of homeopathy: '*similia, similibus, curentur*,' or 'like cures like'. He named the principle of curing with similars 'homœopathy,' from the Greek *homoios* ('similar') and *pathos* ('suffering' or 'disease'), in order to differentiate it from conventional medicine, which was based on 'allopathy' in *the Organin* of the sixth edition (Hahnemann 2001[1842]). In fact, the principles that

Hahnemann codified had been described as early as the fifth century BC, by Hippocrates, who wrote that there were two methods of healing: by 'contraries' and by 'similars'. However, Hahnemann was the first person to practise this principle consistently, in the new science of homeopathy.

In addition to this principle, homeopathy has several other principles such as 'vital force', 'treatment of the whole person,' 'constitutional treatment,' and 'susceptibility.' These concepts concern not only the remedy itself but also how to treat patients holistically. Here I will explore only the first two principles. The remaining principles will be discussed as they arise in later chapters. The first principle, 'vital force', Hahnemann (2001 [1842]) describes as follows:

> Our life force (vital force), as spirit-like dynamics, cannot be seized and affected by damaging impingements on the healthy organism (through inimical potencies from the external world that disturb the harmonious play of life) other than in a spirit-like, dynamic way. In like manner, the only way the medical-art practitioner can remove such morbid mistunements (the diseases) from the dynamics is by the spirit-like (dynamic, virtual) tenement-altering energies of the serviceable medicines acting upon our spirit-like life force. (Hahnemann 2001 [1842]: 70)

As we can see Hahnemann viewed ill health as the result of an internal imbalance affecting the body's vital force and disrupting its equilibrium. If this vital force is put under strain or weakened by imbalance, illness results. In stimulating the body's self-healing abilities to fight any imbalance, the vital force produces symptoms, which may manifest themselves externally in such symptoms as a fever or a skin rash, or emerge as

emotional or psychological states, such tearfulness or irritability (Lockie 2000:18). For Hahnemann (2001 [1842]), '[A]n effective medicine must help the vital force to redress the internal imbalance, enabling the symptoms produced by that imbalance to disappear, and this is what homeopaths seek to achieve' (2001[1842]:18). This principle is different from the concept of treatment in biomedicine, in which the disease is attacked in isolation. Interestingly, Miranda Castro, a medical homeopath in the UK, points out that '[T]he orthodox medical view, or germ theory, of disease is that illness is a 'bad' thing. An alternative medical view is that disease is a 'good' thing, altering the body to the necessity of taking some time and space to have a good clear-out. I think that disease is neither good nor bad' (ibid.: 31). The principle of 'vital force' as well as the idea that 'like cures like' thus plays a crucial role, one that differs from principles of biomedicine. The concept of 'vital force' can be analysed in relation to *qi* (*ki* in Japanese) of East Asian medicine and also in the discussion between mechanism and vitalism. Furthermore, the viewpoint that 'disease is a 'good' thing' is explored in relation to how homeopathy is translated in Japan (see Chapter 3).

On the other hand, from the point of view of the practices, in consultation, the second concept, 'treatment of the whole person' is indispensable. Castro explains,

> [T]he basis of this belief is that symptoms, diseases or pains do not exist in isolation, but are a reflection of how the person as a whole is coping with stress…it is the whole person that counts – not just the physical body but also the mental and/or emotional 'bodies' (Castro 1990:25).

She stresses that '[T]he homeopath looks beyond the 'presenting complaint,' beyond the label of the disease (for example, 'tonsillitis,' 'migraines' or 'food poisoning') to the 'totality of symptoms' a person experiences' (ibid.). Thus, in a homeopathic clinic, even if the patient suffers from a physical pain or symptom, the homeopath will usually look into the cause at a mental and emotional level. This excludes, of course, emergency and temporary symptoms. 'Holistic medicine' was also at the core of Japanese traditional medicine, *Kampo* (Lock 1980). Hence, Holistic medicine should be significant for how the Japanese comprehend and receive homeopathy.

Basically, homeopathic remedies are prescribed by homeopathic practitioners (called homeopaths) in the clinic and by themselves or family members for children at home. In accordance with the principles and concepts discussed above, the homeopath takes a holistic case that allows them to match both remedy and potency to each patient individually. It is the patient who is treated, rather than the illness, and this is effected by stimulating the vital force.

Thus Hahnemann's principles exemplified by phrases such as 'like cures like,' 'vital force' and 'treatment of the whole person' are valid to understand both how to treat

patients from the conception level and how to practise from the consultation level in homeopathy. The further principles of homeopathy will be also examined in the following chapters in terms of the translation of homeopathy in Japan.

Globalisation of Homeopathy

Although the principles of homeopathy were established in the 18th century, they are still in use today. In France, for example, only medical doctors are permitted to offer homeopathic consultations, whereas some countries such as in the UK and the US, both medical doctors and non-medical people[3] are permitted (Jütte et al. 1998, Baer 2001, Haller 2009). Furthermore, in India, homeopathy is officially accepted as one of the two widely used forms of medicine: biomedicine (allopathy) and homeopathy (Frank and Ecks 2004, Ghosh 2010). Needless to say, the practice of homeopathy is influenced by the policy of medical treatment in each country.

[3] Shama (1995) observes that, 'These (people without medical qualifications) often object to the term 'lay', claiming that it should not be applied to any person properly trained in homeopathy, only to those untrained enthusiasts who practise out of interest and without payment' (1995:185-186). Such homeopaths often call themselves 'professional homeopaths'. However, I will use the term 'lay homeopath' in this thesis to distinguish them from medically qualified homeopaths ('medical homeopaths').

The process of the introduction of homeopathy also varies in different countries. This aspect of the globalisation of homeopathy has been subject to a number of investigative studies within the discipline of the history of medicine (Haller 1981, Nicholls 1988, Haller 2009, Dinges 2014). Knowledge of homeopathy in Europe was spread along with the successful treatment of victims of a cholera epidemic that swept through Central Europe in 1831. In Raab, Hungary, where homeopathy was practised, cholera was more successfully treated than elsewhere in Europe, where it was tackled with conventional medicine (Castro1990:10). Due to this and other successes during the 19th century, homeopathy spread rapidly across Europe to Asia and the Americas. By the time of Dr Samuel Hahnemann's death in 1843, homeopathy was firmly established in around Europe, although there remained antagonism and mistrust between the advocates of conventional medicine and homeopathy. In the 20th century, homeopathy was largely marginalised until the last decades, which saw a resurgence in the popularity of homeopathy, possibly due to disenchantment with aspects of conventional medicine (Dannheisser 2003; Castro 1990).

Sharma (1995) has studied this revival in popularity, which began in the late 1970s with the rise of CAM in the UK (1995:185). Homeopathy was first brought to England in 1828 by the physician Frederick Quin, who founded the British Homœopathic

Society, with membership restricted to doctors. Barry (2006) describes the process as follows: '[H]ahnemann's ideas were tempered by integrating them with medical ideas and downplaying spiritual elements' (2006:90). Alongside the development of the medical version of homeopathy, a non-medical tradition emerged. Barry states that,

> [T]his model of homeopathy was closer to Hahnemann's intended doctrine: it disregarded diseases and paid attention to the unique picture of individuals' symptoms, including those that might seem trivial to medical practitioners. It also maintained the spiritual dimension (2006:90).

Since then, medical and lay homeopaths have coexisted in the UK. Barry also explores the dualism between them: '[M]edical versus lay; the philosophical underpinnings of the therapy; biomedicalised versus therapists; and the location of provision; inside the NHS medical system and outside' (ibid.). The minimum training required for a qualified doctor to become a medical homeopath in the UK is six months part-time whereas professional homeopaths train for three or four years. In the UK medical and non-medical (lay) homeopaths coexist, although they may have a different understanding of homeopathy. Thus whether only medical doctors may prescribe remedies or whether both medical homeopaths and lay homeopaths may prescribe depends on the policy of each country.

In addition, given the lack of mutual comprehension between medical and lay homeopaths, medical doctors doubt the safety of lay homeopaths. Medical doctors sometimes claim lay homeopaths do not have sufficient medical knowledge and therefore

may misjudge the severity of the aggravation which sometimes occurs in the process of recovery after taking remedies.

In 2010 in Japan a lay homeopath (a midwife) was brought to court on just such grounds (this was after my main fieldwork in Japan had been completed). This led to the therapy being excluded from the official medical scene in Japan. 'Homeopathy doesn't work! The science council of Japan bans it from medical scene',[4] ran the headline of one Japan's leading newspapers, the *Asahi shinbun* on 25 August 2010. This was the first time homeopathy had hit the headlines in Japan. The following is a brief summary:

A midwife who was also a homeopath went on trial in August 2010. The case was of a woman who had given birth in August 2009. One month later, the baby vomited and was diagnosed with a vitamin K2 deficiency. Two months later, the baby died of respiratory failure. It was reported that, rather than give the baby the vitamin K2, the midwife gave homeopathy. This decision was made in the face of the recommendation policy put in place by the Ministry of Health, Labour and Welfare (MHLW), that Vitamin K2 was recommended for new babies soon after birth, especially when the baby was being

[4] According to the website of the Science Council of Japan (SCJ), the 'SCJ is the representative organisation of the Japanese scientific community ranging over fields of sciences subsuming the humanities, social sciences, life sciences, natural sciences, and engineering.' One of its functions is 'to deliberate on important issues concerning science and help resolve such issues.' (http://www.scj.go.jp/en/index.html , accessed 9 October, 2014.)

fed only on mother's milk. Therefore, the mother accused the midwife of negligence because she had failed to provide suitable medication and, as a result, the baby had died.[5]

A month before it opened, several major Japanese newspapers previewed the trial and the incident gradually turned into a social issue. 'Homeopathy is clearly denied by scientific evidence and is nothing more than a 'fairy tale' (*kōtō mukei*). It not henceforth to be prescribed by any medical practice within the National Health Insurance System'.

Three weeks before the trial began, the Science Council of Japan announced in parts:

> Homeopathy, which until recently scarcely appeared its face in public, has witnessed a rapid expansion amongst healthcare providers in Japan of late - which has even extended to the establishment of training colleges for homeopaths. We cannot help but feel perturbed by this phenomenon.
>
> ... [the] risk that patients, in relying on homeopathy, will miss opportunities to receive more reliable and effective treatment is a major issue. On occasion, this will necessarily result in situations whereby their lives are put at risk. For this reason, however much it might act as a placebo, we cannot accept the use of homeopathy as treatment by healthcare providers.
>
> ... The number of people who believe in homeopathy in Japan is far from great; however if we do not work to expunge it from the arenas of medicine, dentistry and veterinary medicine, there is the concern that mistaken view of it as a 'safe and effective treatment that is close to nature' will spread and that the situation will deteriorate, as it has done in Europe and the US. All involved in those arenas must do their bit to expunge unscientific practices like homeopathy and encourage the spread of correct scientific practice instead.

[5] In December 2010, the settlement was established between the mother and midwife. However, the settlement contents have been sealed and are not publicly available.

> … To conclude we will say once more: the therapeutic effect of homeopathy has been disproven scientifically, leaving no room for doubt. Saying that this 'does work' and then using it in treating patients is a deplorable practice. We should like this to be understood by as many people as possible. (Translated Nonami)[6]

In reply, the institutions representing medical doctors, dentists, veterinarians, nurses and midwives announced they would stand by the Council's statement. *Asahi shinbun* pointed out that it was exceptional for a scientific agency to deny the practice of a certain medical treatment. Thus, at a stroke, the use of homeopathy was excluded from the medical scene without waiting for the result of the trial and without any independent examination of the efficacy and safety of homeopathy in Japan. Although the statement was issued after my fieldwork, the standpoint of medical doctors for homeopathy in Japan was similar before the incident.

The medical homeopath and author of *Trick or Treatment* (Singh and Ernst 2008), Edzard Ernst, is also critical of the rise of homeopathy, saying that: 'It was considered by many Westerners to be an exotic, natural, holistic and individualised form of medicine, and an antidote to the corporate medicine being peddled by giant pharmaceutical corporations in Europe and America' (145). Further research on the reasons for rising consumer demand for homeopathic remedies is certainly desirable.

[6] The Science Council of Japan, http://www.scj.go.jp/ja/info/kohyo/pdf/kohyo-21-d8.pdf, accessed 8 July, 2015 (Translated Nonami)

Thus throughout the world where it is practised, there are arguments whether homeopathy should be accepted as a medical system, who should be practise it, and how homeopathy is used in the commercialisation of medicine. These aspects are key to the following examination of how homeopathy was received in Japan.

Anthropological Research on Homeopathy

The practice of homeopathy has been examined in anthropology from different perspectives (e.g. Leslie 1976a, Bhardwaj 1980, Cant and Sharma 1999, Baer 2001, Barry 2002, Barry 2003, Frank and Ecks 2004, Kelner et al. 2006, Zimmermann-Viehoff and Meissner 2007). Leslie (1976a) pointed out that homeopathy plays a significant role in India from the point of view of medical pluralism (Leslie 1976a). Bhardwaj (1980), for example, explores the spatial and geographical dimension of homeopathy in India. He focuses on Bengal, where homeopathy has been used more widely than in other regions and offers two conclusions. First, 'Bengali physicians made serious efforts to harmonise the fundamental principles of homeopathy.' Second, 'its early expansion was not dependent on the efforts of an alien power, but rather on the efforts of the Indian people themselves' (1980:214). Bengali physicians played a significant role in the early phases

of the naturalisation process by harmonising homeopathic principles with Indian culture and then propagating homeopathy throughout India. In addition to the Bhardwaj study, Frank and Ecks (2004) examined the practice of homeopathy in India from the perspective of how the homeopathic conceptualization of the healing process is understood, by patients, to blend with Indian healing concepts.

Cant and Sharma (1996) examined professionalisation strategies within CAM in the UK; with reference to homeopathy, they analysed how knowledge was constructed and communicated by both medically and non-medically qualified homeopaths, and how homeopathy is linked to legitimacy, status and authority in the healthcare market. They concluded that changes to the context and transmission of homeopathic knowledge were necessary as part of the professionalisation process. Christine Barry conducted doctoral fieldwork on homeopathy in South London for her thesis (Barry 2003), exploring the multiple perspectives of biomedical and lay homeopaths, self-prescribers and students of homeopathy. She found that different groups of users of homeopathy held different beliefs around health, healing and the body. Furthermore, she described how tensions between medical and homeopathic practice led to prescribing behaviours that confused patients.

These studies are relevant to the present discussion, (a) because the import of homeopathy to Japan has mainly been through contact with the UK; and (b) homeopathy was imported to India from the West. However, as mentioned above, the practice of homeopathy is different in the West and Indian social and cultural contexts. No anthropological study of homeopathy in Japan has been conducted before; as such this thesis fills a gap in the literature (see Chapters 2, 3 and 5).

To summarise, the understanding of homeopathy and its reception in any given country varies according to the traditions of that country. In Japan, homeopathy was imported principally from the UK and, hence, it is practised by both medical and lay homeopaths in Japan too. I will use my research data to investigate the characteristics of homeopathy in Japanese medical and socio-cultural environment.

Evaluation of Homeopathic Treatment

Regardless of the prevalence of homeopathic treatment worldwide and its strong philosophical foundations, doubts about its efficacy are common, especially amongst biomedical researchers (e.g.O' Keefe 1986, Reilly et al. 1986, Kaptchuk 1997, Linde and Jonas 1997, Kaptchuk et al. 2000, Jonas et al. 2003, Shang et al. 2005). Homeopathic

remedies are diluted substances which include plants, animals and sometimes no substance which can be described in biomedical terminology – but rather what homeopathy calls 'energies'. Therefore, biomedical discussion of the efficacy of homeopathy ascribes its operation to the placebo effect: 'Are the clinical effects of homeopathy placebo effects?' (Linde and Jonas 1997, Shang et al. 2005). The reason is that the principles underlying homeopathy have little in common with the current symptomatic biomedical approach. In addition to this discrepancy between homeopathic philosophy and biomedical practice, most scientists are sceptical about the process of making a homeopathic remedy. These are some of the reasons why Randomised Control Trials (RCT) into homeopathy have been held in recent years (Reilly et al. 1986, Kaptchuk 1998).

Kaptchuk (1998) reviews the blind assessment of homeopathy from the 19th century. The experiments were carried out by a cooperative venture between homeopaths and orthodox physicians sponsored by the Milwaukee Academy of Medicine in 1879-80, which could be described in modern terms as 'double-blind'. However, Kaptchuk concludes '[T]he trial had unanticipated recruitment problems, and the results were inconclusive' (1998:402). Homeopathy has been subject to several phases of blind assessment over more than 200 years but results remain inconclusive.

In a recent RCT, Reilly et al. (1986) tested whether patients suffering from hayfever would benefit from homeopathy's non-active substances. The result was that, '[T]he homeopathically treated patients showed a significant reduction in patient and doctor assessed symptom scores' (1986:881). They conclude that '[N]o evidence emerged to support the idea that placebo action fully explains clinical responses to homeopathic drugs' (ibid.). Other scientists argue that homeopathy violates 'natural laws' and thus any effect must be a placebo effect (O' Keefe 1986, Gotzsche and Renckens 1993). Linde and Jonas (1997) explored whether the clinical effect reported in randomised controlled trials of homeopathic remedies was equivalent to that reported for placebo by using meta-analysis. The result was '[N]ot compatible with the hypothesis that the clinical effects of homeopathy are completely due to placebo' (1997:834). The combined odds ratio showed a twofold benefit in favour of homeopathy, even after statistical correction for publication bias. However, they found 'insufficient evidence that homeopathy is clearly efficacious' (ibid.).

In the most influential study, Shang et al. (2005) compared 110 trials of homeopathic remedies against a placebo with 110 trials of conventional medicines, which were also tested against a placebo. They concluded that '[T]here was weak evidence for a specific effect of homeopathic remedies, but strong evidence for specific effects of

conventional interventions. This finding is compatible with the notion that the clinical effects of homeopathy are placebo effects' (2005:726). Thus in spite of the research over years, and although there are some positive responses, there is no specific scientific evidence in favour of homeopathy.

Vandenbroucke and De Craen (2001) have devoted much research to exploring the different approaches taken in the scientific evaluation of homeopathy. They argue that homeopathy has a long and extensive history of evaluation by RCT and 'the debate surrounding homeopathy makes the contradictions between seemingly solid evidence and scientific judgement most clearly visible' (2001:507). The authors offer examples of contradictions: that in conventional medicine, randomised trial evidence is sometimes accepted and the theory discarded while at other times researchers stick to the theory and dismiss the 'facts' (ibid.: 510). They conclude that '[T]he confrontation concerning the results of randomised trials in alternative medicine teaches us a lot about our way of reasoning in conventional medicine. The extreme challenge presented by alternative medicine is that some trials have positive findings when that is impossible; this situation leads us to reflect that the same happens in conventional medicine' (ibid.: 512). Thus they argue that even though scientific evidence sometimes proves the efficacy of CAM, clinical professionals find it difficult to admit.

In conclusion, homeopathy has spread worldwide with its established principles and has been practised in different ways according to the governmental policy of medical treatment in each country within 200 years. Although its efficacy is still discussed within the health research, homeopathy gained popularity as part of the general rise of CAM. There would appear to be a particular expectation on the part of ordinary people in relation to homeopathy, despite the various discussions of homeopathy as 'placebo effect'. Both how homeopathy is introduced into Japan and the Japanese people's expectation and evaluation of homeopathy are essential to any study from an anthropological perspective that is worthy from a qualitative research point of view rather than quantitative research like RCTs.

2. Theoretical Framework of This Study

Medical anthropology offers several angles from which homeopathy in Japan can be studied. Regarding the theoretical framework adopted here, this thesis mainly explores medical pluralism and the healthcare system from an anthropological perspective, and looks at the globalisation and transmission of medicine in relation to the trend of globalisation. In order to support to examine them, narrative analyses are also examined.

The perspective of medical anthropology is also applied to detailed narrative analysis of practitioners and patients. These concepts are examined below.

Medical Pluralism

Multiple medical modalities may coexist in the same community or society, although medical professions like to claim a monopoly. Medical anthropologists have contributed to the study of medical pluralism from different perspectives (e.g. Leslie 1976a, Leslie 1976b, Janzen 1978, Amarasingham 1980, Lock 1980, Last 1981, Ohnuki-Tierney 1984, Crandon-Malamud 1993, Nichter and Lock 2002, Koss-Chioino et al. 2003, Littlewood 2007). 'Medical pluralism' is a term coined by Charles Leslie in the context of the professionalisation of medicine in India (Leslie 1973). Leslie's study examined multiple medical systems in India, with a focus on medical revivalism. Arguing that each system had a hybrid origin and had developed syncretically, he concluded that medical revivalism was in fact a misnomer. As he saw it, aspiring entrepreneurs eager to shape their own careers had learned to practise traditional Indian medicine as a means of creating their own niche as medical practitioners, a trend that had resulted in a dual structure of professional medical institutions within the pluralistic Indian medical system (1976a:364).

Leslie's ideas of professionalisation, hybridisation, syncreticism and niche should offer the keys with which to explore homeopathy in Japan.

Whereas Leslie examined the multiple medical modalities within traditional medicine in India, Janzen (1978) explored medical pluralism in Bakongo, in Lower Zaire, after biomedicine was introduced. He argued that, contrary to what one might expect, the people of Zaire did not accept that biomedicine should hold an exclusive position. Rather, the practice of native medical doctors and traditional therapies between relatives still exists, and biomedicine and traditional healing modalities are complement each other (Janzen 1978:3). Biomedicine, in other words, has been successfully introduced into Zaire in a way that does not conflict with indigenous medical cultures. Furthermore, Baer (2001) investigated medical pluralism in the US in the 19th century. His conclusion was that, 'the phenomenon of medical pluralism has historically reflected and continued to reflect class, racial/ethnic, and gender relations in American society' (2001:3). This makes it clear that an analysis of social factors, from a variety of perspectives is required in any examination of medical pluralism.

Nichter and Look criticised Leslie (1976a) for 'the dualism between "traditional" and modern', insisting that 'all bodies of medical knowledge are dynamic and change as the result of political and social factors as well as the diffusion of knowledge and

technological innovations' (Nichter and Lock 2002:2). Medical pluralism is influenced not only by current science and technology but also by political and social factors. Nichter and Lock take a broad perspective, and hold that 'everyone is alert to global pluralism in medical knowledge and practice' in the current atmosphere of medical globalisation (2002:1). The study of medical pluralism is thus concerned with the choices and strategies involved in health-seeking behaviour, and with making distinctions between the multiple medical systems and healing modalities available in a given society and within the political strategies adopted at any time.

Furthermore, with the rise of CAM worldwide, Singer and Baer (2007) point out the 'syncretism' of different kinds of therapies. In economically developing countries, practitioners of specific healing modalities borrow techniques from other healing modalities, such as folk healers who use biomedical drugs. In industrialised countries, medical doctors use various therapeutic techniques such as homeopathy, herbalism, and acupuncture and see this as 'integrated medicine'. Yet within the hegemony of biomedicine, the challenging status of alternative healing modalities must be reframed in a mode that reinforces the superiority of biomedicine. CAM practitioners are thus transformed to the level of medical assistants, similar to nurses, physicians' assistants and physical therapists.

Moreover, Cant and Sharma (1999) suggest a new trend of medical pluralism called 'new medical pluralism'. In an attempt to put forward a sociological account of alternative medicine in the UK, the authors point out that:

> There has always been the possibility of choice between different kinds of practitioner… and there have always been multiple ways of understanding health and sickness (1999:1).

However, while biomedicine has enjoyed a hegemonic position for at least a century, the authors suggest that the popularity of CAM may 'appear to be undermining it and bringing about a revival of pluralism' (1999:1). Their characterisation of 'a new medical pluralism' suggests that the pluralism that has emerged over the past decades differs considerably from 'pre-modern' forms of pluralism in that the latter is highly structured.

> The ways in which this structuring is achieved varies locally, but is not determined entirely by pure market conditions (if by this we mean considerations of commercial supply and demand). It is a pluralism in which biomedicine still has a dominant position and still plays a major part in the process by which different therapies are accorded different degrees of legitimacy and prestige. There is a marked difference in status between those therapies that are permitted to practise within the biomedical clinic, and those for which such a role is at present unthinkable (1999:189-190)

Thus, as concerns CAM in the UK, according to Cant and Sharma medical pluralism is highly structured within the hegemony of biomedicine. Singer and Erickson (2011) also point out that researchers must explore how power relationships shape both plural medical systems and relations between biomedical doctors, practitioners and folk healers, as well as patients. This thesis describes how the relationship between powerful bodies has

shaped Japan's newly adopted medicine, homeopathy, within the Japanese medical system, as part of the phenomenon of medical globalisation (see Chapter 2).

To conclude, medical pluralism in medical anthropology offers several angles from which to explore how homeopathy has been received in Japan: its existence as a niche discipline, its professionalisation, the social class of those attracted to it, power relations in the medical structure, and the socio-cultural context surrounding its interactions with indigenous medical systems.

The Healthcare System from an Anthropological Perspective

Whereas medical pluralism studies medicine in a particular country or region from the perspective of the variety within its medical system, Kleinman (1980) argued that within complex societies medical care is provided not only by only medically qualified but by lay people as well. He categorised three overlapping and interconnected sectors of health care: the popular sector, the folk sector and the professional sector. Helman (2007) developed this concept and concentrated his examination of 'healthcare pluralism' on modern urbanised societies, whether Western or non-Western. He broke down Kleinman's three sectors in relation to 'healthcare pluralism' as follows (2007: 82-119).

In the popular sector the family, and especially the women, play a significant role by maintaining healthcare and through self-medication. Helman's analysis also examines people by ties of kinship, friendship or neighbourhood; or by membership of workplace or religious organisations, all of which can be characterised by informal and unpaid healing relationships. Furthermore, such informal relationships extend to self-help groups like Alcoholics Anonymous (AA), which originated in the US (ibid.: 82-83).

In the folk sector, folk healers can be either sacred or secular and are not part of the official medical system. The sector is placed between the popular and professional sector and is especially large in non-industrialised societies. The variation ranges from purely secular and technical experts such as midwives and herbalists to spiritual healers, clairvoyants and shamans (ibid.: 84). Helman points out that CAM as a special form of healthcare overlaps both folk and professional sectors. It includes acupuncturists, homeopaths, chiropractors, osteopaths, herbalists, naturopaths, spiritual healers, hypnotists, massage therapists and meditation experts (ibid.: 92). In the professional and officially recognised sector, the organised and legally sanctioned healing professions include not only medical doctors but nurses, midwives and physiotherapists. Helman states that 'the relationship between folk and professional sectors has usually been marked by mutual distrust and suspicion. Most doctors have tended to view folk healers as quacks,

charlatans, witch doctors or medicine men, who pose a danger to their patients' health.' (ibid.: 89).

Thus, in the healthcare systems of modern urbanised societies, the three sectors are interrelated but play different roles. Particularly since the rise of CAM, the boundaries of the folk and professional sectors have become ambiguous. I will explore how the country's newly imported medicine affects these three sectors within its healthcare system.

To conclude, a medical anthropological perspective will be used to analyse the introduction of homeopathy into Japan, which will be explored from the perspective of medical pluralism within the country's healthcare system.

Globalisation and the Transmission of Medicine in Medical Anthropology

The concept of globalisation is examined in relationship to academic disciplines such as economics and politics. The term 'globalisation' became common in anthropology around 1990 (Robertson 1995, Eades 2000, Eriksen 2003). Eriksen (2003), for example, examines how anthropological methodology should respond to a globalised world (2003:1). Eades (2000) notes that the term 'globalisation' has been used to cover two

processes: the globalisation of the world economy and the global diffusion and 'creolisation' of cultural forms and meanings (2000:4-5). Strathern (1995) stresses the importance of encompassing local processes within a global perspective. The study of the globalisation of anthropology offers an insight into how we explore the shifting context of knowledge within a globalised world.

The term 'glocalisation' offers a useful way of examining these contrasting streams. The Oxford Dictionary of New Words (1991) notes a Japanese influence on the etymology of this term, apparently 'modelled on Japanese *dochakuka* (deriving from *dochaku* "living on one's own land"), originally the agricultural principle of adapting one's farming techniques to local conditions, but also adopted in Japanese business for *global localization*, a global outlook adapted to local conditions'. According to Robertson (1995):

> The terms 'glocal' and 'glocalisation' became aspects of business jargon during the 1980s, but their major locus of origin was in fact Japan, a country which has for a very long time strongly cultivated the spatio-cultural significance of Japan itself and where the general issue of the relationship between the particular and the universal has historically received almost obsessed attention (1995:28).

Hence, glocalisation is strongly connected to factors of space and time specific to a particular culture.

Regarding the transmission of adopted and exported forms of medicine, analysis of the glocalisation of medicine is now being studied in the context of its globalisation. In medical anthropology, the globalisation of traditional medicine has already been discussed (e.g. Adams 2002, Hog and Hsu 2002, Craig 2007, Marsland 2007, Hsu 2008). Hog and Hsu (2002), for example, discuss the globalisation of Asian medicine to the Western countries. They point out that: 'The notion of "glocalisation" stresses that the processes of local transfer happen in a highly commercialised sphere, a global market, where Asian medicines have become marketable commodities'(2002:206). Sharma (1995) discusses practitioners and users of CAM in a commercialised field, and speaks of providers and consumers of the service within a world characterised by consumerism. From the point of view of the consumption of homeopathy in Japan, the consumer aspect should be significant for this research.

Regarding the globalisation of Japanese traditional medicine, Adams (2002) explores the globalisation process of *shiatsu* in Britain and Japan as both practitioner and researcher in his ethnographic research. He compares the holism inherent to East Asian medical practice and the underlying notions of personhood in Japan to the practices and attitudes prevalent in Britain, and illustrates how the concept of holism differs in the two countries. He argues with Lock's concept of holism in Japan, that 'the Japanese holism is

constant interaction between the human body and social and material environment' (Lock 1980:218), seeing holism in Britain as 'informed individualism' (Adams 2002:262):

> The concept is embodied and manifest in the form of different aesthetics of touch. These aesthetics are animated by the notion of a self-defining, autonomous individual in the form of person as 'mind-body-spirit' (2002:262).

Adams also points out that:

> At the *shiatsu* school, and in my own work as a student-practitioner, conceptualisation of holism and attendant embodied modes of 'holistic shiatsu touch' rest more on notions of the individual rather than the socio-centrically defined person, and thus perhaps are representative of the globalization as individualization.' (ibid.)

Adams came to his understanding of the different nature of holism in Japan and in the UK from the practice of *shiatsu*. This perspective will be explored in Chapter 6.

Thus the concept of the globalisation and transmission of medicine in relation to the globalisation of homeopathy, as described above, should be investigated from the perspective not only of hybridism, syncretism and holism but as the commercialism of medical care.

Narrative Analyses in Medical Anthropology

Although medical pluralism, globalisation and transmission of medicine are central to the discussion, narrative analyses are also essential to support this thesis. In order to explore

the aspect of healing effected by homeopathy through my collected fieldwork data, I examine how homeopathic users in Japan decontextualise disease and illness when turning to this newly adopted medicine. Here, the narratives of the patients play a significant role in exploring the experience of illness and the practice of healing. Especially, the concept of emplotment in narrative analyses in medical anthropology gives insight into how the experience of illness is emplotted through the encounter with homeopathy.

The illness narrative has become an object of study in medical anthropology since the 1980s. The importance of the narrative that occurs in clinics is discussed in both medicine and medical anthropology (Balint 1959, Mishler 1984, Kleinman 1988, Greenhalgh and Hurwitz 1998). Arthur Kleinman's *The Illness Narratives* (1988) was influential in introducing the concept of narrative into medical anthropology. In his role as a psychiatrist in an increasingly evidence-based medical culture that emphasises physiological processes, behavioural patterns and symptoms, Kleinman found that narrative provided access to the patient's individual experience and restored the role of meaning in the illness experience (Goodman 2001).

What, then, is narrative? Mattingly and Garro observe that:'[N]arrative is a fundamental human way of giving meaning to experience' (Mattingly and Garro 2000:1).

Byron Good describes narratives: 'I explore the hypothesis that narrative, the imaginative linking of experiences and events into a meaningful story or plot, is one of the primary reciprocal processes of both personal and social efforts to counter this dissolution and to reconstitute the world' (Good 1994:118). Thus Good and Mattingly stress the relationship between the person's experience and representation and also add to the notion of narrative as 'giving meaning to experience'. Mattingly and Garro (2000) point to the meaning of shared narrative: 'Sharing a narrative is a highly intersubjective process that involves both telling and interpreting experiences, allowing narratives to mediate between an inner world of thought-feeling and an outer world of observation' (2000:1). In anthropology the notion of narrative has a wider connotation that includes experience, representation, meaning and interaction.

Narratives that relate to a therapeutic approach feature in the work of Byron Good (1994). Good develops the concepts of 'emplotment' and 'subjunctivising' for use within the analysis of the illness narrative, drawing on interviews with epilepsy patients in Turkey (Good 1994). He examines how illness narratives are structured in cultural terms and how these reflect, or give form to, distinctive modes of lived experience. Good concludes that illness narratives are constructed in the interaction of narrator and listener, where the patient 'emplots' their narrative, and he finds that it is through narrative that

the patients can open up and embark on the alternative, desired way of life. Good summarises that narratives 'emplot' experience, revealing its underlying form (Good 1994:121).

Mattingly (1998) successfully developed narrative theory within medical anthropology with the concept of 'therapeutic narratives' and the relation between narrative and healing. She coined the term 'therapeutic emplotment' with reference to the work of occupational therapists, demonstrating that narrative is emplotted through the interaction of practitioner and patient, and that this narrative becomes in turn the basis for future social action. She also points out that "'therapeutic efficacy" depends upon the patient and therapist finding some way to actively construe and connect clinical actions into a larger, cumulative process—making a larger story out of a series of on-going actions. The clinician's narrative task is to take the episodes of action within the clinical encounter and structure them into a coherent plot'(1998:83).

Mattingly thus developed Good's concept of emplotment for use in clinical settings as 'therapeutic emplotment'. In my earlier, master's thesis, I focussed on narratives that took place in homeopathy clinics in London. I analysed narratives between homeopaths and patients and argued that narratives that unfold in clinics have, themselves, an effect on the process of healing illness. This was achieved by applying the concept of

therapeutic emplotment developed by Mattingly (Nonami 2007). This thesis, by contrast, draws on narratives that took place in Japan's homeopathy schools and clinics. In this way, I develop the concept of emplotment through these several homeopathic narratives (see Chapter 4).

Thus I will discuss the introduction of homeopathy in Japan from several angles: medical pluralism and health care system from an anthropological perspective, and the globalisation and transmission of medicine, and narrative analyses.

3. Methodology

Fieldwork

In order to answer the research question, I focus on the practice of homeopathy in Japan; but because there is little governmental and official data related to this newly-introduced therapy in the country, I chose to assess the situation from an anthropological viewpoint. The collection of books and research materials that are listed in the bibliography necessarily represent a fragmented picture that needed underpinning with further research. Hence, I needed to find out at first hand who was aware of and used homeopathy in order to acquire a representative overview of the 'homeopathic social network' in Japan.

Background of My Research — Fieldwork in the UK

My research on homeopathy began in the UK. I conducted a comparative study of CAM in the UK and Japan from September 2004 to August 2005 as an associate member of St Antony's College at the University of Oxford. I interviewed the principals of two colleges of homeopathy which represented different approaches to the subject, both of which had enrolled Japanese students, and decided to study at one of these as a student. The principal also admitted me as a researcher and gave me permission to carry out fieldwork on my fellow students. I attended the college for two days a week and also went to a part time course on two weekends. In addition to this, I joined a Japanese students' homeopathy study group.

On top of that, I joined two student clinics, run by different colleges, for a total of ten days. To help me in my research on case-taking, a patient allowed me to take her case under supervision by a qualified homeopath. Again, with the permission of supervisors, homeopaths, and patients, I recorded the clinics and collected the data for the research on narrative analyses. This was the data that underpinned my MPhil thesis on narrative analysis. During the fieldwork for that thesis, I interviewed three Japanese

homeopaths who practised homeopathy in London, and two Japanese students. I went to two conferences for homeopaths and visited three wellbeing centres that offered CAM therapies in London and Oxford. And, finally, I myself consulted homeopaths on five occasions.

To summarise: I conducted fieldwork in the UK as student, as student practitioner, as client, and as a participant observer of homeopathy.

Regarding other research into CAM, I joined the different kinds of workshops on newly established folk medicine suggested to me by homeopaths and other friends. These introduced me to two forms of hands on healing, *reiki* and *jorei*, both originally from Japan; and led to workshops on angel therapy®, NLP (neuro-linguistic programming), Flower of Life practices®, metamorphosis®, and Reconnection®, all of which are currently practised in Japan. I also attended the Mind, Body and Spirit festival held in London.

These experiences in the UK which antedate my fieldwork in Japan, are directly connected with my research in Japan because they brought me up close with the attitudes of the country's practitioners and patients. That was vital in the same way that a researcher of non-native people studies their language. It was important for me to understand the

philosophy and practice of homeopathy and alternative thinking to mainstream medicine in the UK.

In the course of the fieldwork, I started to study medical anthropology in order to examine my data from this discipline and enrolled to the MSC course in medical anthropology at Institute of Social and Cultural Anthropology at University of Oxford in 2005. Then I enrolled to MPhil in medical anthropology in 2006 and DPhil in Social and Cultural Anthropology in 2007.

Fieldwork in Japan

My field site covered two settings: those concerning homeopathy and those that reflected the other healing modalities that I had, largely, already experienced in the UK. I conducted the fieldwork over a period of 18 months mainly in Osaka prefecture, from September 2007 to February 2009. Osaka prefecture, located in the western part of Honshu, is predominantly urban. Osaka is Japan's second-largest city. I conducted fieldwork in one distinct setting, which I call College 1 located within Osaka.

Fieldwork on Homeopathy

I planned my fieldwork on homeopathy as follows: participant observations at homeopathic colleges, courses on self-prescribing at those colleges, self-study meetings, and conferences; plus interviews with patients and homeopathic self-prescribers, professional homeopaths and medical doctors; and experiencing homeopathy myself as a patient.

I spent the first 10 days of September 2007 in the Kantō region, which encompasses Tokyo, Saitama, Kanagawa, in order to collect information about homeopathic colleges, and interview homeopaths and users.

Second, regarding colleges, I was allowed to attend mainly the first-grade classes at the Osaka branch of College 1 for the nine months from October 2007 to June 2008: classes for all grades of part-time course were normally held twice a month on weekends. I conducted participant observation in the College 1 classes, at six of the regular self-prescribing courses (SPC) held for the public, and at self-study meetings. These days would be organised spontaneously by the students about twice a month on weekdays. I attended in total ten days of the SPC courses, six days of self-prescribing courses, and three self-study course weekdays. When I attended these classes and meetings, I would

share lunch and sometimes dinner with the students and teachers. This allowed me to discuss what they had experienced and to learn what they thought about homeopathy on a more personal and intimate level. One student in College 1 regularly held her own classes in Kobe for the public and I attended one of these too. In total, I spent 29 days in College 1, spread over a period of nine months.

Third, in November and December 2007, January 2009, I was allowed to observe three homeopathic colleges in Tokyo, Kyoto and Osaka for six days in total. Altogether my fieldwork as a participant observer amounted to 35 days spent attending colleges of homeopathy, spread over a total of sixteen months.

Regarding participant observation in clinics, there were difficulties. I visited well-known homeopathic clinics in Tokyo and Osaka and requested participant observation status for consultations, but unfortunately most of the homeopaths refused to have their consultations observed. The reasons are ethical because there is a custom of total confidentiality between homeopath and patient; even students have to wait before being allowed to sit in on a live clinic. Many patients feel uncomfortable when an outsider such as myself is present and 'observing' from a curious angle. It could also put pressure on the homeopath. There was nothing more that I could do, despite my eagerness, although narrative analyses through observed consultations had been one of the main aims

of my fieldwork. Nonetheless, in the end I was able to observe the consultations of ten patients. I spent fourteen days carrying out participant observation in a clinic.

Furthermore, I conducted interviews with 37 people, who included the principals of homeopathy colleges, homeopaths, students, homeopathy users, patients and their families. I interviewed them between one and five times. Because of the unexpected obstacles to my collecting data in the clinics, I collected illness narratives from the patients in post-clinic interviews instead. In total, I conducted 95 interviews over a period of 18 months.

In February 2009, I held a seminar for teachers of homeopathy from different colleges in Japan in order for us all to discuss different methods of prescribing, principally 'practical' and 'classical.' These methods are usually on the topic in different colleges and in my interviews.

Fieldwork on CAM and Other Healing Modalities

Aside from my research into homeopathy, I also continued the fieldwork on CAM that I had begun in the UK in 2004. Regarding CAM research, I trained in three therapies as a practitioner and received clients. I selected the therapies I had repeatedly heard mentioned

by several people during the fieldwork in the UK and Japan and read about in magazines and best-selling books related to CAM. I trained as a practitioner of two forms of healing imported from the US: Angel Therapy® and Reconnection®, and one Japanese ritual, *miko biraki* (a Japanese ritual that opens the ability to connect with the divine). For Angel therapy®, I joined a five-day workshop in October 2007 attended by 144 people. I have since practised spiritual healing as a practitioner and gave sessions to clients. I also held monthly one and two day Angel Card workshops from December 2007 to January 2009. In all, I have worked it with 33 clients. Furthermore, my training in Reconnective® Healing and the Reconnection® took place at six-day seminars held in Tokyo in April 2008. Since then, I have practised these spiritual healings over periods of one and two consecutive days with 34 clients. Regarding *miko biraki*, I learned and practised a ritual from a medium in Kyushu and held the ritual twice, once as a receiver and once as a giver, on February and March 2009. Thirty-three people were interested and attended.

In terms of CAM research, although I do not include my sessions as a practitioner in the fieldwork data, the discussions I held with other practitioners to prepare workshops and my conversations with clients after the sessions were over are included as data. This was fully explained to the clients and permission was granted. Some workshop participants and clients had used homeopathy and volunteered to be interviewed.

From August 2008 to January 2009, I also joined seminars and received sessions on other therapies new to Japan: a ten-day meditation seminar of Vipassanā Meditation from India in Kyoto, and two day seminars twice on Ho'oponopono from Hawaii held by Dr Ihaleakala Hew Len in Tokyo. I have been practising these healings on myself since then. Furthermore, I joined the NLP meeting five times and received six NLP sessions, a crystal healing and a theta healing as a client in Osaka. I furthermore attended a Five-Love Language seminar given by an Australian, and received therapy from her.

From April 2008 to January 2009, I had the opportunity to teach medical English for one day a week for a year at a college training nurses, midwives and physiotherapists. This experience inspired me to give talks to 18-year-old women who hoped to join the medical profession in Japan.

From September 2007 and March 2009, I attended *iyashi* (healing) fairs in Osaka and Kobe on two occasions, Holistic Medical conferences in Tokyo, and the annual conference of Anthropology Japan in Japan (AJJ) in Tokyo. I have also gone to four lectures given by medical humanities department at Osaka University and one meeting for anthropologists held at Kyoto University.

Thus my fieldwork on homeopathy and on other therapies was conducted simultaneously. The schedule was irregular. Normally I would spend two days with homeopathy and one or two days as a practitioner or client of one of the other therapies, plus one day at a medical college, but the schedule had to give way to my participation in workshops and seminars.

From 2010 to 2014, after finishing the fieldwork in Japan, during the period of writing up my doctoral thesis, I put aside time to conduct interviews with patients whom I had met in the clinics when observing so as to follow up on how they felt about their health. I also conducted interviews and joined self-prescribing courses with homeopaths whom I had met in the colleges as students and newly 9 people who include their patients and the participants of self-prescribing courses so as to how they work as homeopaths after graduation.

In addition to the fieldwork detailed above, I collected Japanese books, magazines and newspapers related to homeopathy and CAM. For homeopathy in particular, I checked and read most of the material available National Diet Library. This included related books and both consumer and professional magazines. This research was most useful in helping me pinpoint key people whom I should interview and where I should go for the fieldwork. Furthermore, the internet was a significant tool for collecting

data, and to advertise my healing skills to potential clients and workshop participants. Each college of homeopathy has an official website, and most private clinics, whether run by medical or professional homeopaths, have their own sites, which allowed me to check and obtain recent information. Websites change frequently: at least one week, sometimes every day, but I would check the data just as often, and found it invaluable for my work.

Thus I conducted fieldwork in Osaka, Japan, over an 18-month period: participant observations and interviews on homeopathy and some therapies of healing modalities; collecting materials through books and magazines; through the Internet.

Ethical Issues

Throughout my fieldwork in Japan, I was mindful of protecting informants' rights to privacy. I always provided informants with detailed verbal explanations of the purpose and methodologies of my research and offered the option of anonymity within the thesis, and I invariably received formal, though verbal, consent from informants. When I met the principals of the homeopathy colleges and training courses I made clear the importance of long-term participant observation as an anthropological methodology. I observed the same procedures in my interviews with homeopaths and users of homeopathy. I arranged

participant observation within homeopathic clinics and colleges during my interviews with homeopaths, and only after explaining the purpose and methodologies of the research. The way I went about asking for permission to conduct participant observation was to wait for the end of the interview before explaining the anthropological value of narrative analyses of clinical settings. I also observed identical procedures to the above *vis-à-vis* the fieldwork.

Throughout the thesis, I removed the real names of all of actors and used pseudonyms. References related to these individuals, including books, journals and websites, were also indicated by pseudonyms and numbered.

4. Structure of This Thesis

There are seven chapters in this thesis. Chapter 1 focuses on the background of the introduction of homeopathy in Japan. Here, to begin with, the Japanese medical system and its problems are examined in relation to the National Health Insurance System (NHIS). Then, the changing cultural landscape of the use of CAM in contemporary Japan is investigated, in relation with the *iyashi* (healing) boom. The use of CAM alongside

traditional and folk medicine, and the rise of diversification into complementary and alternative medicine is examined in relation to the introduction of homeopathy in Japan.

Chapter 2 explores the development of some of the homeopathic institutions founded before and after the 1990s. The focus is on two of these institutions and the practitioners who established them, together with their strategies to introduce homeopathy in Japan. It also examines the role these institutions have played in the Japanese medical system. Finally, the chapter reviews how UK practice influenced the Japanese practice of homeopathy, from the point of view of the globalisation of medicine.

Chapter 3 examines homeopathy in relation to the institutions introduced in Chapter 2. It surveys how homeopathic philosophy, i.e. the principles that underlie the discipline, is contextualised and how it is taught in Japanese colleges. The approach to homeopathic philosophy taught by the colleges has played a significant role in how homeopathy is practised in the country. The chapter then describes how homeopathy was translated and transmitted within the Japanese socio-cultural context and how the colleges have worked to legitimise the efficacy of the discipline. One college, which is headed by a lay practitioner, is highlighted as a case study and two other colleges are studied for the sake of comparison.

Chapter 4 focuses on practitioners, i.e. on homeopaths. Drawing on interviews with homeopaths and on participant observations in the clinics, I look first at the differences between medical and lay homeopaths. The homeopaths are drawn from one-time patients, business people and housewives; their ranks also embrace members of the medical professions who have either added homeopathy to their existing discipline or moved outright into the new therapy: these include doctors and pharmacists. The chapter explores what motivated individuals to leave former careers and become homeopaths. Second, the social and cultural values of these homeopaths are examined from the point of view of medical pluralism.

Chapter 5 examines the healing process of homeopathy through narratives. I focus on one patient who is a typical type of Japanese patient in terms of gender, age and class: after following her for the thirteen months of her treatment, I analyse the data recorded in the clinic so as to explore how the process of healing unfolded in this typical case. This chapter highlights the characteristics of the homeopathic consultation through the illness narratives of this patient and how the patient emplots her illness narratives into her new life in a clinical setting. This leads to a consideration of how socially constructed illness is healed by homeopathic treatment. A theoretical framework is built up from narratives

in the clinic (Hunter 1991), illness narratives that are constructed in a social and cultural context (Hunt 2000), and therapeutic emplotment (Good 1994, Mattingly 1998).

Chapter 6 turns to the patients, their families and the self-prescribers. I focus in particular on 30-40 year-old mothers and their children in relation to parenting and medicine. The chapter opens with a review of the current social environments of the mothers. This leads into how these individuals heard of, experienced and evaluate homeopathy. What characterises homeopathic users compared to those who choose biomedicine or other CAMs is studied in the context of the Japanese healthcare system.

Chapter 7, the final chapter, explores the issue of the safety of homeopathic treatment by lay practitioners, in the light of the doubts voiced by medical doctors of lay homeopaths who practise without medical training. Are lay homeopaths in Japan unsafe? I focus on the issue from the viewpoint of the relationship between the practitioners and their patients. I record in detail the relationship between one lay homeopath and her patient, and use this as a basis from which to compare the relationship between doctors and patients, and between practitioners and patients in the West, and between doctors and patients in Japan. The chapter pays particular attention to the 'entrusting' style of treatment (*omakase iryō*) put forward by Munakata (1989), as a lens through which to

examine the characteristics of the long-term relationship between patients and practitioners in Japan.

The Conclusion summarises the seven foregoing chapters and returns to the research question to evaluate the contribution of anthropology to this thesis.

Chapter 1　The Japanese Healthcare System and CAM

Homeopathy was introduced in Japan in the late 1990s and is now gaining popularity. This introduction and reception of homeopathy in Japan occurred against the background of historical change in the healthcare system and medical pluralism in Japan, which can be characterized as diversification of CAM in Japan. This chapter will examine the Japanese health care system and the rise and diversity of CAM in Japan in order to analyse the background of the introduction of homeopathy. Why did the rise of the diversification of CAM occur?

This chapter will open with an overview of the National Health Insurance System (NHIS), which plays a significant role in the healthcare system. Second, I will explore the changing cultural landscape of CAM use in contemporary Japan, especially focused on the *iyashi* boom. This will be followed by an analysis of the degree to which Japanese traditional medicine, especially *Kampo,* is involved in the current Japanese medical system. After that, I will investigate the use of CAM in relation to the plurality of Japanese medical systems. The chapter will then examine the establishment of institutions CAM and educational system including CAM from Western countries.

1. Japanese National Medical System

This section sets out the Japanese national medical system and its problems before exploring how the problems have led to the use of CAM.

In 1938 Japan established a comprehensive National Health Insurance System (NHIS). This system was characterised by three elements: everyone would have the right to insurance cover (1); the medical services were to be supplied mainly by the private sector (2); and there would be a 'free access system' (*furii akusesu sisutemu*) in clinics and hospital treatment (3) (Shimazaki 2011:395). From the point of view of users, the most important element was that 'everyone has the right to be covered'. The medical care sanctioned by this system is treatment from biomedical doctors, and also from acupuncturists and manual therapies qualified by national examinations in traditional medicine. They are recognized by the MHLW. The system works well.

Under this system, NHIS cover is compulsory. Those who cannot afford to pay are assured cover by a 'livelihood protection system' which ensures that treatment is free of charge and equal in quality to the treatment bought by those who have taken out NHIS

cover for themselves. Various types of NHIS cover are limited to government and non-profit organization employees (Ikegami and Campbell 1995).

The insurance system bears 70% of the medical expenses for those under the age of 70 and 90% thereafter, so medical treatment covered by NHIS is affordable. Moreover, patients are free to select whatever medical institution they wish, whether hospital or clinic, public or private. For this reason, it is evident for the Japanese that medical treatment within NHIS is more likely to be chosen than CAMs which are not covered with NHIS.

On the other hand, the Japanese medical system has lead to the so-called 'three-minute consultation' (*sanpun shinryō*) and, literally, 'soaking in drugs' (*kusuri-zuke*). The low cost, equality of provision to all, and the freedom to select treatment have made it easy for the Japanese use their clinics and hospitals. There are more private clinics than public hospitals in Japan. Therefore, it is supposed that private clinics notch up more consultations and treat more patients than the public clinics and hospitals. In fact, the number of outpatients and hospitalizations in Japan is extremely high (Suzuki 2003:44). The Japanese went to an outpatient clinic on average 21 times a year in 2000 in contrast to three to six times in North America and Europe (Suzuki 2003:93). Suzuki (2003) points out that Japan's so-called 'three-minute consultation' is caused by the imbalance of

patients to doctors. The number of patients per doctor and nurse is over four times as many as in North America and Europe (Suzuki 2003:44). Ironically, the patients' dissatisfaction with their short consultations is indirectly caused by their freewheeling behaviour towards treatment. This reality appears to lead patients to seek out private CAM practitioners, which offer longer consultations.

Regarding biomedical drugs, Japan's per capita consumption of pharmaceuticals is amongst the highest in the world. According to a survey by the MHLW in 1989, patients over the age of 70 were on an average of four to six different medicines simultaneously. Such excessive prescribing has also prompted 'soaking in drugs' (Leflar 2002:30). One reason may be the Japanese medical system, where there are more private clinics than public hospitals (see above). Most medical doctors depend for their remuneration on the insurance system. Furthermore, tests and prescription medicines earn more insurance points than, say, operations. Thus 'soaking in drugs' is caused by the economics of medical provision under the NHIS.

However, at the same time there are also historical and cultural factors: for example, the anxious attitude of clinics and hospitals towards the patient, the doctors' fear of being sued, and the expectations of patients (Leflar 2002:43). Regarding the expectations of patients, traditionally *Kampo* doctors prescribed multiple kinds of dried

herbs to restore patients to health (Ohnuki-Tierney 1984:91-122) and this may have influenced patients to expect to be prescribed several drugs even though *Kampo* medicine has been replaced with biomedical drugs (Lock 1980:246-247). For reasons of good business, private medical doctors have also tended to satisfy patients' expectations by prescribing plenty of medicine. Regarding their anxiety, medical doctors carry out more examinations and prescribe more medicine to forestall the possibility of being sued in the case of misdiagnosis (Suzuki 2003:106).

As mentioned above, the characteristics of Japanese medical culture appear to have induced Japanese people to demand an excessive amount of medical drugs from their doctors. On the other hand, Japanese people recognize the side effects of medicine, especially of biomedical drugs based on unnatural chemical synthesis.

For this reason, the 'soaking in drugs' phenomenon, in particular, has become a social problem. When compared to other countries, these drugs are prescribed overwhelmingly in Japan. Many side effects from overuse have been reported; 'Children ~ drinking ~ psychotropic drugs that do not want to be drugged' 2012 NHK Today's Close- etc. In response to this situation, the prescription of psychiatric drugs had also been subject for years by MHLW. In 2014, MHLW finally decided not to pay for the remuneration on the insurance system for doctors when they overuse a psychotropic agent

such as an antianxiety agent and sleeping pills for patients starting from 2015. This aims at avoiding drug dependence and critical side effects[7]. Furthermore, another unwanted side effect of psychotropic drugs is the problem of dependence. Because of the stigma attached mental illness in Japan, visits to a psychiatrist can be potentially injurious to an individual's social well-being. All the above contributes towards a situation whereby many Japanese patients choose CAM rather than consulting a psychiatrist (see Chapter 5 and 6).

The public's fear of artificial chemicals may have been exacerbated by the best-selling book, *fukugo osen* (Multiple Pollution) by Sawako Ariyoshi in the 1970s, concerning environmental pollution and side effects from the interaction of multiple artificial chemicals: synthetic detergents, chemical fertilizers, food additives, pesticides, herbicides and so on (Ariyoshi 1979). This book argues that there have been produced many different kinds of chemical substances which had not existed in natural environment and might cause to affect each other, and we cannot predict how much the environment contaminates and how much we get health damage from them. The

[7] *Yomiuri Shinbum* (Newspaper) 7th March, 2014.

statements contained in this book fuelled the anxieties of many ordinary Japanese people vis-à-vis the safety of artificial chemicals, including the drugs used in biomedicine.

Medical mistrust is also worsened by iatrogenic disorders. It is this background that is responsible for the suffering caused by drug-induced conditions such as the thalidomide babies and SMON (subacute myelo-optico-neuropathy) disease in the 1950s and 1960s, and more recently viral hepatitis C and incidents in which haemophiliacs have contracted HIV from contaminated blood products. These scandals have highlighted the potential for suffering caused by medical treatment and created anxieties about side effects and unnecessary treatment. Since thalidomide, these anxieties are especially acute in the cases of pregnant women and breast-feeding mothers.

As a current movement, in 2005, Japan established a National Centre for Child Health and Development to make available medical information to pregnant women. According to research covering 1,000 pregnant women and breast-feeding mothers produced by the Aichi Pharmaceutical Association, 60 percent of their respondents had worries about using of biomedical drugs and 70 percent responded that they expect to

establish advising rooms and facilities.[8] These situations make some mothers avoid biomedicine drugs and seek safe and natural ones (see Chapter6).

To conclude, NHIS makes the Japanese medical system accessible and convenient. Paradoxically, it has also led to the slogans of the 'three-minute consultation' and 'soaking in drugs' to be thrown at it. For this reason, the users of the medical system are dissatisfied with the long 'waiting times' the 'lack of communication with medical doctors', and 'worries about excessive drugs and examinations'. This phenomenon, too, has appeared within the last 50 years and may have had an effect on the rise of CAM in Japan.

2. A Changing Cultural Landscape of the Use of CAM in Contemporary Japan: on *Iyashi* Boom

So far, I have reviewed Japanese patients' easy access to biomedical treatment within the NHIS and how this has caused problems. The predominance of biomedical treatment and the problems caused by it under the NHIS do not sufficiently explain the changing nature of medical pluralism in contemporary Japan. In order to fully understand the increasing

[8] Aichi Children's Health and Medical Center, Comprehensive Community Health Promotion Project 2006, http://www.achmc.pref.aichi.jp/sector/hoken/information/pdf/drugnetwork2006.pdf, accessed 7 October, 2014.

popularity of CAM, especially therapies that originate in Western countries, what needs to be taken into account is the social and cultural shift in contemporary Japan, which is sometimes referred to as '*iyashi* boom'. In what follows, I describe what '*iyashi* boom' consists in and how it is analysed by social scientists in Japan.

Yamashita et al. (2002) also pointed out that, 'Altogether, the data suggest that the Japanese people are basically dependent on OWM (Orthodox Western Medicine), at the same time they are seeking further benefits or affinity for their health' (Yamashita et al. 2002:92). So, do Japanese people seek out CAM for its holistic aspects or do they resonate to its different ways of thinking? From this viewpoint, the next areas to explore in relation with the rise of CAM in Japan are the phenomena of *iyashi*, spiritual way of thinking and the LOHAS (Lifestyles of Health and Sustainability) boom that came to Japan in the 1980s. I will first briefly explain the social and economic background of the boom.

It is said that social change affects local medical care (Leslie 1976a). Jerry Eades characterises Japan's recent dramatic change as follows: 'After the preceding decades of rapidly increasing prosperity, the 1990s turned out to be a particularly turbulent period in Japanese history' (Eades 2000:1-2). The collapse of the 'bubble economy' triggered collapses on the stock market and in land prices and confusion in the financial sector. In

1993, the Liberal Democratic Party (LDP), that had remained in power since 1955, was replaced in government by a coalition of small parties. These economic and political changes were exacerbated in March 1995 when, just two months after 6,000 people had died in the devastating Kobe earthquake, more lives were claimed in a terror attack by Aum Shinrikyo, a religious doomsday cult, that released deadly sarin gas during the rush-hour in the Tokyo metro (Reader 2000). For many citizens, Japan's self-image as a safe country—its 'myth of safety' (*anzen shinwa*)—was broken. The subsequent period of recession, initially known as the 'lost decade' and now as the 'lost decades', Japan's rising unemployment rate and the collapse of permanent employment models have engendered an increased level of generalised anxiety (Eades 2000: 1-2).

Japan was in the midst of social change in the 1990s when homeopathy was introduced in Japan. A decade earlier, Japanese society was welcoming three social and cultural phenomena: the *iyashi būmu* (healing boom), the *supiricyuaru būmu* (spiritual boom) and LOHAS. Each of these reflected the current of social change in the contemporary socio-economic environment and culture. They also influenced the popular understanding of CAM. Since *iyashi* (healing) is an indispensable concept in this thesis, I turn first to explore the reasons why these new social and cultural phenomena began to appear Japan during the 1980s.

An economic researcher with Mitsubishi UFJ Research and Consulting, Arimoto Yumiko, in a book called *Supirichuaru sijō no kenkyū* (A Study of the 'Spiritual Market') analyses the explosion of *iyashi* and the spiritual boom from the perspective of market economics. This book indicates the spiritual business that saw the consumers of *iyashi* (literally 'healing'), spiritual way of thinking and LOHAS had become an important economic activity (Sakurai 2009, Gaitanidis 2010). Arimoto defines spiritual business as, 'A business (that) appeals to customers for the mental satisfaction derived from a metaphysical effect which cannot be explained by natural science' (Arimoto 2011:48).

Arimoto (2011) argues that after the collapse of the bubble economy at the beginning of 1990s, people began to live according to values that prioritised 'abundance of heart' (*kokoro no yutakasa*) over abundance of material goods. Some enterprising companies saw this as a business opportunity and from this arose the phenomenon of '*iyashi*' (Arimoto 2011: 11), and mind and body fairs. Then, at the beginning of the twenty-first century, LOHAS, a movement which began in the United States, began attracting new consumers to the existing spiritual market in Japan. The LOHAS lifestyle values sustainable economic activity, healthy lifestyles, complementary and alternative

medicine, self-development, and a 'kind mental environment'[9] (Arimoto 2011:44). According to a survey by the consultants E-Square in 2005, 29% of Japanese live according to LOHAS principles, of whom 20-30% are aged 20 to 50 and 40% over 60, both male and female (The survey: 2). Another major report, which analysed the spiritual business market in 2008 by age[10], found that 60% of those surveyed had experienced some aspect of the spiritual industry. The main consumers were women aged 20 to 40.

An analysis of the spiritual market by Ioannis Gaitanidis, a specialist in religious studies, indicates how unemployment in Japan gave rise to therapists who were part of the spiritual business (Gaitanidis 2010:156).

The *iyashi* and other similar booms were also influenced by the 'New Age' movements in the West. Heelas (1996) explores the New Age movement from an anthropological perspective. He points out that the main characteristic of New Age is 'self-religion and self-spirituality', a concept that includes universal identity. A Japanese scholar of religion, Shimazono's (1999, 2007) exploration of Japan's spiritual boom draws on evidence of the worldwide rise in spirituality in the late twentieth century

[9] E-Square Incorporated, *Nichibei godo syohisya cyosa* 2005, *Nihon ban samari repoto* (A survey of consumers in both the United States and Japan, Summary Report of Japanese Version) [http://www.e-squareinc.com/news/2006/pdf/LOHAS05Summary.pdf] , accessed 6 October, 2014.

[10] A Cooperative Survey of Mitsubishi UFJ Research & Consulting and Yahoo! Research (currently called Macromill), 31 July 2008-1 August 2008.

and contrasts the spiritual movements in the US and Europe with those in Japan. He argues that the Japanese looked inward for the recovery of self from suffering and an excessive desire for success and prosperity (2007:vii). Shimazono concludes that the main theme of the New Spirituality movement and culture have been self-transformation (*jiko henyō*) and self-release (*jiko kaihō*). In fact, self-transformation and *iyashi* are sometimes used as synonyms (2007:52).

Arimoto (2011) pointed out that the spiritual business in Japan started around the latter part of the 1970s at the point when the New Age trend had come in the western countries, especially in the US. During this boom, business related to the New Age such as CAM therapies, angel cards and related goods were imported and cultivated (Arimoto 2011:40). It is therefore apparent that the *iyashi* boom originated in western countries and then rooted itself in Japanese culture. The next section will explore *iyashi* from the perspective of western medical thinking.

Different Analyses in *Iyashi* Boom and Meaning of *Iyashi*

The *iyashi* boom as a social phenomenon has been investigated in Japan within the context of several academic disciplines, including religious studies, cultural and medical

anthropology, and sociology (Nakagawa 1989, Ikeda 1995, Shinya 1995, Teramoto 1995, Ueda 1997, Shimazono 1999, Tanabe et al. 1999, Ikeda 2000, Sato 2000, Ueda 2000, Shimazono 2003, 2007).

Iyashi, the noun form of the verb *iyasu* (to heal), was coined only recently, (see its recent inclusion in a new edition of the Japanese dictionary (*Shin meikai kokugo jiten*) (Yamada 2005:30).The Japanese religious scholar Yumiyama has suggested that the word *iyashi* first appeared in a discussion of exorcism in Sri Lanka written by the Japanese anthropologist Noriyuki Ueda (Yumiyama 1996). Ueda (2000) defines *iyashi* as existing within the 'relatedness' of life. Human vitality, he argues, is derived from the warmth of relatedness, and human beings fall ill once this connectedness is lost. *Iyashi* is the process of recovering the lost relatedness. Furthermore, Tanabe and Shimazono (2002) see the desire for *iyashi* as signals of an inner emptiness associated with feelings of isolation and helplessness. Traditionally, Japanese society is thought to be group-based, with clearly defined relationships that offered a certain degree of reassurance at work and in the home. However with the more recent pursuit of individualism, these relationships have become less clear, and no longer provide the support they once did. *Iyashi* may be seen as a substitute for this lost sense of security, something than can be achieved through healing therapies and products (2002:19-20).

The concept of 'a feeling of peace' or 'a good feeling' (*hotto suru*) as definitions of *iyashi* is broad. During the *iyashi* boom, *iyashi* was associated with Japanese hot springs (*onsen*), pets, nature, cartoon characters (*yuru kyara*), even the faces of actors and actresses. They are all included within a category of *iyashi* (*iyashi kei*). As Yamashita et al. (2002) point out, aromatherapy, which benefited from the popularity of *iyashi*, was used for emotional and physical relaxation in preference to medical treatment. At the peak of the boom, the meaning of *iyashi* expanded to include mental relaxation and peace of mind. Thus the meaning of *iyashi* expanded and ranged from relaxation to self-realisation.

In order to explore how the meaning of *iyashi*, which had originally meant no more than healing, expanded in Japan, it is also useful to see how anthropology understands the concepts of disease and illness, healing and curing. Ethnographic studies by anthropologists have documented several approaches to the treatment of illness in different social and cultural contexts, such as witchcraft, sorcery, religious healing, ritual healing; and in indigenous, traditional medicine. This research documents wide cultural variations in belief and symbols and discusses the difference between 'disease' and 'illness', and also to what differentiates 'curing' and 'healing' from the medical anthropological point of view. Arthur Kleinman defines disease and illness as follows:

> A key axiom in medical anthropology is the dichotomy between two aspects of sickness: disease and illness. *Disease* refers to a malfunctioning of biological and/or psychological processes, while the term *illness* refers to the psychosocial experience meaning of perceived disease (1980:72).

Kleinman (1980) sharpened the conventional vague understandings of the terms so that 'disease' would mean the biomedical assessment of dysfunction and 'illness' a cultural construction. Although arguments as to the precise meaning of the two terms persist, these definitions are useful in discussing the two other equally elusive concepts of 'curing' and 'healing'. Kleinman explains the connection between curing and healing with respect to disease and illness as follows:

> The establishment of effective control of disordered biological and psychological processes, which I shall refer to as the 'curing of disease', and the provision of personal which I shall refer to as the 'healing of illness'. These activities constitute the chief goal of health care systems (1980:82).

Although Kleinman's explanation of curing and healing is useful for the distinction of disease and illness, the 'healing of illness' can seem too narrow in a particular cultural context, such as when referring to Japan's *iyashi*. Here, healing refers not only to illness but also embraces relaxation.

The epistemological distinction between curing and healing often arises in controversies over the efficacy of CAM in medical anthropology. Nichter (1992) distinguishes 'curing' and 'healing' by defining what he means by efficacy. He suggests that, '[C]urative efficacy is generally defined as the extent to which a specific treatment

measurably reduces, reverses, or prevents a set of physiological parameters in a specified context' (1992:226). On the other hand, he suggests that, '[H]ealing … may or may not entail curing' and 'involves the perception of positive qualitative change in the condition of the afflicted and/or concerned others' (1992:226). Nichter also distinguishes two meanings of efficacy. While efficacy is often understood in terms of the 'curing' of 'disease', there is another kind of efficacy, which is to do with the symbolic aspect of treatment. At the same time, Nichter rightly questions the extent to which curing and healing efficacy can be distinguished from one another. The phenomenon of the placebo effect attests to how curing and healing are intertwined: healing which may occur without any visible agency, may also induce cure.

Thus the distinction by which curing disease is connected with biomedicine and healing illness with CAM is useful because this allows CAMs to have a specific and consistent role that clearly differentiates them from biomedicine, allowing their efficacy to be judged by standards different to those of biomedicine. These ideas are significant when it comes to exploring the conditions under which homeopathy has been accepted in Japan.

With regard to the meanings of *iyashi* and healing, the Japanese medical anthropologist Ikeda Mitsuho pointed out that *iyashi* is not the same as healing in medical

anthropology and there is a need to distinguish the type of *iyashi* represented in the *iyashi* boom. The meaning of *iyashi* expanded during the *iyashi* boom (see above): so, how is it used in Japanese biomedical care? According to Ikeda (2000), in the 1980s the celebrated American medical doctor of holistic medicine Dr Andrew Weill introduced both the importance of CAM into Japan and the word *iyashi* (in Japanese), and the concept also stood up. In this context, *iyashi* had the connotation of holistic and harmonious treatment, in direct contrast to the reductionist and aggressive characteristics of biomedical treatment. *Iyashi* was to make a spectacular debut as a counter discourse criticising modern medicine (Ikeda 2000:185). As a result, the word *iyashi* came to be used frequently in subsequent articles and books on CAM in Japan. Only the term *iyashi*, unlike biomedical treatment, gives the reader the impression that it stands for therapeutic, nature-friendly and people-friendly treatments in the context of holistic healing. Even those biomedical doctors who are aware of the problems that can arise from biomedical treatment try to adopt *iyashi* as far as they can (Ikeda 2000:205).

On the other hand, in spite of Ikeda's suggestion about the distinction between *iyashi* and healing, Arimoto (2011) placed holistic medical treatment within a spectrum of spiritual business and pointed out that word of mouth and demand had meant that the concept of 'holistic' had broadened (2011:88). Homeopathic remedies, for example, are

now categorised as healing goods (2011:77). Thus although *iyashi* and healing should be distinguished from the medical anthropological concept of curing and healing – the distinction is sufficiently significant to allow an exploration of how homeopathy has come to be accepted by the Japanese people within a broad understanding of *iyashi*.

The Relation between Holistic Medicine, CAM and *Iyashi*

How does holistic medicine relate to CAM and *iyashi*? It is useful to begin by examining the definition of holistic medicine provided by Holistic Medical Association. The Society, which was founded in 1987, has become one of the largest research associations onto holistic medicine in Japan. Its membership, which stood at 1,350 in 2008, comprises not only medical doctors and trainees, nurses and pharmacists but, with the rise of CAM, many kinds of CAM practitioners and students. Its definition of its view of holistic medicine is as follows:

> 1. To regard each human being as an organic entity that integrates 'body, mind, *qi* and spirituality', and from this to nurture a comprehensive state of health based on a harmonious relationship with society, nature and the universe.
>
> 2. To recognise the natural healing power which infuses the living being and which lies at the origin of all healing. Treatment is based on raising and enhancing the individual's natural healing powers.
>
> 3. To acknowledge that patients heal themselves: the healer is there only to help. Self-care is a fundamental and the patient themself is the basic source of treatment, healing themselves by improving their life style.

> 4. To take advantage of biomedicine but also to select and integrate a variety of other treatments in order to offer the most appropriate treatment. To select and integrate systematically a comprehensive range of alternative therapies, traditional medicines of other countries (such as Chinese and Indian medicine), psychotherapy, naturopathy, nutritional therapy, manipulative therapy and exercise therapy. To offer the most appropriate treatment.
>
> 5. To aim for self-realisation in each individual by being aware of the deep meaning of illness. To replace negative attitudes towards illness and disability, ageing and death by never ceasing to aim for self-realisation in our patients and deeper fulfilment through awareness of the underlying meaning in the processes of life and death.[11]

Some definitions of holistic medicine such as spirituality and self-realisation are in harmony with *iyashi* and CAM treatment. Self-realisation, in particular, would not normally be included in biomedical treatment. The users of CAM, however, are usually sympathetic to the idea of holistic medicine.

To summarise: the *iyashi* boom took place in the context of the social and economic situation in the 1980s and was influenced not only by medicine but also by economy as consumers of *iyashi*. As we have seen, *iyashi* literally means healing. However, the meaning expanded from the healing of illness to the healing of life. The expanded meaning is included in the concept of holistic medicine by the Holistic Medical Association.

[11] Holistic medical association, http://www.holistic-medicine.or.jp/holistic/definition/, accessed 8 July, 2015.

3. The Use of CAM in Japan

Kampo and Other Traditional Japanese Medicine

Japan adopted Western medicine in 1876 (see below). Before that Japan had a long history of using traditional medical systems, such as *Kampo*. The origins of *Kampo* lie in China. Chinese medicine arrived in Japan in the sixth century, around the time Japan's earliest centralised state was being established (Lock 1980:50). Under the influence of the Sui dynasty, from 601 Chinese influence began to take root in Japan. The Japanese health system included physicians, acupuncture practitioners, and masseurs (1980:62). For the next thousand years, Chinese medicine was 'glocalised' (see 1.4.2) in Japan as *Kampo*. *Kampo* was dominant until the beginning of the Meiji Period in 1876, although the Western understanding of medicine had been introduced by the Portuguese and the Dutch in the sixteenth century (Lock 1980:57, Long 1987:66).

A second major historical shift in Japanese medicine came at the end of the Edo period when Japan ended its self-isolation. In 1869 the German system of medical education was officially adopted by the government (Lock 1980:62). In 1876, in the early years of the Meiji period, the government passed a regulation that all physicians were required to study biomedicine. *Kampo* doctors attempted to subvert the 19th century

government decree on two occasions, in 1885 and 1895, but were unsuccessful each time. According to Lock (1980), Western medicines were extremely expensive and the quality was doubtful at the beginning of Meiji period. Hence, *Kampo* medicine continued to be practised as folk medicine, a culture that was to influence a habit of self-medication.

Since the end of World War II, interest in *Kampo* has accelerated as *Kampo* doctors have become dissatisfied because of the prevalence of iatrogenic diseases, and established *Kampo* research institutes. In 1976, the Japanese government made a small concession to the existence of East Asian medicine when certain herbal prescriptions were allowed under the NHIS (Lock 1980:66). According to Ohnuki-Tierney (1984), in 1967 thirteen herbs and eighty types of herbal extracts were covered at the time of her study (Ohnuki-Tierney 1984:106).

The popularity of *Kampo* can be discerned from the result of a survey by the Nikkei Medical Publishing Corporation in 2012.[12] According to the survery, 90% of biomedical doctors were using *Kampo* medicine within the National Insurance System, although not all were educated in it. They prescribe *Kampo* using the same biomedical principles that underlie the prescription of pharmaceutical drugs. Therefore, biomedical

[12] Nikkei Medical Publishing Inc., http://nmp.nikkeibp.co.jp/kampo/pdf/kampo_summary2012.pdf , 6 October, 2014.

doctors using *Kampo* medicine do not necessarily understand the traditional ways of thinking or principles of health when they turn to *Kampo* medicine. Lock (1990) also pointed out that *Kampo* was transferred and rationalised in biomedicine. Thus, *Kampo* is used partly as a substitute for biomedical drugs rather than in a complementary or alternative capacity. This usage of *Kampo* medicine in biomedicine may be one influence behind the rise of CAM in Japan.

From the anthropological point of view, the most significant studies on Japanese medical pluralism are by Lock (1980) and Ohnuki-Tierney (1984). Between 1973 and 1974, Margaret Lock conducted fieldwork in Kyoto on 'East Asian Medicine' — a category of treatments that included *Kampo*, *acupuncture*, *moxibustion* and *massage* — in relation to biomedicine, at the time of its popular revival in Japan (a period known as the *Kampo būmu*, or boom in East Asian Medicine). Lock argued that East Asian Medicine is embedded in Japanese culture society as a holistic approach (Lock 1980). *Kampo* subsequently began to be covered by the NHIS, and medical doctors were allowed to prescribe it. This change established an official basis for Japanese medical pluralism (Lock 1990) (see below).

Emiko Ohnuki-Tierney (1984), whose fieldwork research was conducted in Kobe between 1979 and 1980, described Japanese culture from the anthropological

perspectives of daily hygiene practices, the beliefs of ordinary people, and their concepts of health and illness. Building on Lock (1980), she offered a descriptive model of a pluralistic medical system that recognized the role of religion in medical practice. Ohnuki-Tierney concluded that *Kampo* offered an alternative to biomedicine, and that the two systems were almost ideally complementary, the weakness of one being the strength of the other (1984:123). Although the two studies pointed to the crucial role played by Japanese traditional medicine in relation to biomedicine, the Japanese healthcare system has gradually changed in relation to system of NHIS and social change at a time that CAM was becoming a global phenomenon.

Treatments of Japanese folk medicine in anthropology are numerous. *Morita* therapy, a Japanese method for the treatment of neurosis, has been studied by Reynolds (1976). *Naikan*, a therapy centred on self-reflection or introspective meditation, has also been the subject of several studies (Reynolds 1983, Murase 1986, Ozawa 2006). Reynolds (1983) later classified *Morita* therapy as five different kinds of therapy, which he collectively described as 'Quiet Therapy' (including *Naikan, shadan*, *seiza* and *zen*), before undertaking a detailed comparative study of Morita and *Naikan* (Reynolds 1988).

Reynolds (1980), in his study of 'Quiet Therapies' in Japan, points out that, 'With few, minor exceptions, Western psychotherapy can be characterised as verbal

exchanges aimed at elimination of symptoms. The Japanese therapies are marked by significant, long periods of silence aimed at acceptance, incorporation, and transcendence of symptoms. My symptoms are me—so these therapists argue' (1980:110). Although homeopathy is not psychotherapy, homeopathic clinics devote attention to their patients' mental symptoms as much as to their physical condition, usually spending an hour upward on such discussion. These verbal exchanges may be expected to proceed differently in the UK and Japan, and the different dynamic may influence how homeopathy is perceived in Japanese society. In the course of this situation, consequently I argue that homeopathy is practised partly as a talk therapy because of the comparatively long 'homeopathic conversation' (see Chapter 5) that forms the core of any consultation. However, the action of taking homeopathic remedies acts, too, as a kind of ritual and plays a crucial role. It is particularly significant because Japanese people tend to be sceptical about psychological treatment (Lock 1980, Ohnuki-Tierney 1984, Kitanaka 2012). Therefore, the taking of any pill becomes meaningful to the treatment.

Besides, Ozawa (2006) has also conducted fieldwork on *Naikan*: working from the position of both client and practitioner, Ozawa-de Silva explored the self-healing aspect of introspection. She also examined the social context of the borderline between psychotherapy and religion, and traced the influence of social movements such as the

New Age movement, *iyashi* and the spiritual booms. Thus the interests of Japanese anthropological research on medicine may be seen to have converged with current social issues. As *Naikan* is influenced by the *iyashi* and spiritual booms, homeopathy was also thought to be influenced by the *iyashi* boom (see Chapter 3 and 4).

On the other hand, Ohnuki-Tierney's argument about Japanese illness aetiology is noteable (Ohnuki-Tierney 1984:75-88). One important feature of the Japanese concept of illness, she explains, is that the Japanese attribute cause of illnesses to objects and phenomena, such as nerves (in a physical sense), blood types, and even aborted foetuses. Although Japanese doctors and patients pay a great deal of attention to psycho-behavioural symptoms such as feelings of irritation (*ririasuru*), causal explanations are almost never sought in the psychodynamics of the patient (1984:75).

Instead, Ohnuki Tierney introduces the term 'physiomorphism', a concept developed by Levi-Strauss in his discussion of magic, to describe the Japanese conception of illness as rooted not only in an individual's body but also as causal through (the universe and) internal and external factors acting on the body and the nervous system. She also points out that *Morita* therapy and *Naikan* focus on physiological rather than psychological etiology. She concludes that 'physiomorphism performs a definite social function in eliminating the possibility of blaming another person for misfortune'

(1984:86). For this reason, the Japanese tend to keep in harmony with each other in Japanese society.

On the other hand in the process of social change in relation with the lost dacades and *iyashi boom*, the Japanese was also interested in psychotherapy. For example, the qualification of clinical psychologist was admitted in 1988 and a qualified doctor as psychosomatic internal medicine was admitted as one of the medical practices within the NHIS in 1996. The status of psychological specialists has been established in the Japanese medical system. In psychosomatic internal medicine, as Ohnuki pointed out, the main treatment is physiological treatment in relation to social rather than psychological factors. It accords with Morita therapy and *Naikan*. The interests in psychological treatment are essential to explore in relation to homeopathic treatment (see Chapter 4-6).

The medical sociologist Kiyoshi Muraoka described the Japanese folk medicine (Muraoka 2000). Drawing on Keleinman's classic model of healthcare systems as comprising of three different sectors, professional, folk and popular, Muraoka (2000) pointed out that in Japanese society, in the popular sector, traditional and folk medicine are normally based on information derived from a mixture of mass media and a basic understanding of modern medicine learned at school. The folk sector consists of a range of practitioners, including traditional healers. The therapists of CAM fall into this sector.

In Japan, practitioners of acupuncture, electro-acupuncture and moxibustion, acupressure or massage and Judo-Orthopedics need to obtain a licence to practise after passing a national examination. However, there is no national examination for the Japanese traditional medicine *Kampo* although there are national examinations for Chinese or Korean medicine in China and Korea. Only doctors who study *Kampo,* known as *Kampo-i* (*Kampo* doctors), can prescribe *Kampo* medicine. The folk sector also includes palm readers, fortune-tellers and astrologers advising on health care, and shamans and religious healers. In Japan, traditional medicine officially includes the traditional medium and *yuta* (shamans) in Okinawa, *itako* (female shamans) Mt Osore-zan, new religious healers such as *Tenrikyo* and the religion of *Omoto*. The third professional sector is the organized, legally recognized and protected medical profession, which includes biomedical doctors and nurses. Although there are many traditional folk healers, only the professional sector of biomedical system is recognised as a 'medical system' in Japan.

The Rise of New CAMs in Contemporary Japan

So far I have described Japanese medical pluralism as it was characterized by previous researchers. Japanese medical pluralism has been described as consisting of multiple

sectors, in which major alternatives to biomedicine consisted of so-called traditional Japanese medicine, including *Kampo* and other various modalities that belong to the popular and folk sectors. However, the changing characteristic of medical pluralism in contemporary Japan cannot be fully understood without taking into consideration the increasing popularity of non-indigenous CAM.

The rise of CAM can be analysed by what kind of CAM institutions were established and how they aim at the treatment of CAMs. It can be also explored by how current medical students are trained about CAM in the Medical School and the attitude toward CAM by medical doctors. Finally I illustrate the institutions of aromatherapy which is also imported by Western countries with the rise of CAM. I will describe them below.

The Japanese medical doctor Nobutaka Suzuki wrote a summary of the history of CAM in Japan and the US ten years ago (Suzuki 2004:115). First he established a small research group of CAM physicians at Kanazawa University in 1990. This group developed into the Japanese Society for Complementary and Alternative Medicine (JCAM) in 1997. Next, the Japanese Association for Alternative, Complementary and Traditional Medicine (JACT) was established by Kazuhiko Atsumi, an influential medical doctor (known as 'Japan's brain'), who was a member of the Science Council of

Japan. JACT developed into the Japanese Society for Integrated Medicine (JIM) in 2001, a body dedicated to applying the principles of evidence-based medicine (EBM) to CAM and promoting collaboration among existing societies related to CAM and traditional medicine. In 1999, the International Research Centre for Traditional Medicine was founded in Toyama prefecture. In addition to the associations of traditional medicine such as Japanese Traditional Acupuncture and Moxibustion established in 1950, and the Japanese Eastern Medicine Association '*nihon touyou igakukai*' in 1950, the societies also covering CAM were more recently established one after another, such as the Japanese Society of Aromatherapy (JSA) in 1997, and the Japan Music Therapy Association in 2001. This increasing number of associations indicates the diversity and general interest in the new forms of CAM arising in Japan. Regarding homeopathy, three institutions founded: two colleges in 1997; one institute in 2001 (see Chapter 2 and 3).

Furthermore, in 2002 Japan's first clinical department of complementary medicine to be affiliated with a national university was established at Kanazawa University (Suzuki 2004). In 2006, Osaka University Hospital also established a department of CAM. This leads Suzuki to conclude that these disciplines were 'thus now rapidly entering into mainstream medicine in Japan' (Suzuki 2004:116). However, Suzuki

also pointed to the differing attitude of the Japanese Government compared with the US towards CAMs, saying:

> In sharp contrast to the USA, the attitude of the Japanese government toward CAM was slow to change. This is partly because the government has long recognised traditional medical modalities, such as acupuncture and *Kampo* medicine as legitimate medical practice. But at the same time this slowness also shows that the government was not so interested in introducing any critical standards into various CAM modalities (Suzuki 2004:116).

Compared to the popularity of CAM in Japan the Japanese government's attitude seems somewhat conservative. Suzuki (2004) also stated that, 'There is an absence of evidence for either efficacy or side effects for almost all specific treatments. Nor are there any reliable guidelines that could help the integration of CAM modalities within conventional therapeutic modalities' (2004:118). To make reliable guidelines for CAM, qualitative as well as quantitative research needs to be conducted.

The Japanese medical doctor Imanishi Jiro conducted research into Japanese doctors' attitudes to complementary medicine in 1999 and 2008 (Imanishi et al. 1999, Imanishi 2008). He pointed to the various associations associated with CAMs established in the six years between 1999 and 2005 and concluded that medical doctors now had more knowledge about CAM (Imanishi 2008:44).

Research on the Use of CAM in Contemporary Japan

Research on CAM in Japan is small scale compared to what exists in the US and the UK (Eisenberg et al. 1993, Eisenberg et al. 1998, Ernst and White 2000). However, three studies of the sector exist to date (Imanishi et al. 1999, Kamohara 2002, Yamashita et al. 2002). These are compared in Table 1. The three studies indicate that more than 60% of Japanese people use CAM, a term that includes *Kampo* medicine.

The top two reasons for using CAM, according to (Yamashita et al. 2002), are: 'Not serious enough condition to warrant orthodox Western medicine' (60.4%); 'Expectation of health promotion or disease prevention' (49.3%). The third reason is 'Waiting times for a consultation in hospital or clinics too long' (27.8%). The fourth reason is 'Insufficient effect from Orthodox Western Medicine (OWM)' (19.2%); the fifth is 'fear of side effects of OWM' (17%); the sixth is 'less pain or suffering than from OWM (9.6%) (Yamashita et al. 2002:91). The percentage of reasons for disappointment in biomedicine is comparatively small. Rather, the survey indicates that those who took part tended not to use CAM for serious conditions but to promote good health and prevent serious diseases. The reason for using aromatherapy was purely for relaxation (2002:86). Thus, although more than 60% of people use CAM according to these sources, few turn

to it for the treatment of a specific disease. Japanese people seem to associate biomedicine with the treatment of disease.

Table 1 The Comparative Study of CAM Users in Japan (Imanishi 2008: the Percentage of CAM Estimated Roughly from fig.1 of Imanishi 2008:49 by Authors)

	Yamashita 2002	Imanishi 2008*	Kamohara 2002
Method	Randomized telephone survey	Survey of questionnaires	Survey of questionnaires
Place	Tsukuba University	Kyoto Prefectural University of Medicine.	Hospital of Tokyo Medical University
Valid Number	1,000 valid answers	472 valid answers in Kyoto	1,161 valid responses from patients medically examined at the Hospital of Tokyo Medical University
CAM users	76%	61%	65.6%
1	Orthodox Western medicine (65.6%)	Massage (60 %)	Supplements (42.0%)
2	Nutritional and tonic drinks (43%)	Kampo (50%)	Massage (31.2%),
3	Dietary supplements (43%)	Supplements (45%)	Reflexology (20.2%)
4	Health-related appliances (22%)	Acupuncture (40%)	Aromatherapy (14.6%)
5	Herbs or Over-the-counter Kampo (17%)	Chiropractic (30 %)	Shiatsu/acupressure (13.2%)
6	Massage or acupuncture (15%)	Moxibustion (25%),	Western herbal medicine (12.3%)
7	Ethical Kampo (Kampo prescribed by medical doctors) (10%),	Hot spring (*onsen*) therapy (15%)	Over-the-counter Kampo (10.2%)
8	Aromatherapy (9%)	Yoga (5%)	Osteopathy (8.8%) Chiropractic (3.2%)
9	Chiropractic or Osteopathy (7%)	Qigong (4 %)	Acupuncture and moxibustion (7.5%)
10	Acupuncture or		Hot spring therapy (5.3%)

Regarding the use of CAM for specific diseases, the expense of CAM treatments varies. Yamashita et al. (2002) indicate that 76% of the informants expected to disburse 19,000 yen (about 110 pounds) a year on CAM treatments. Those with serious or chronic diseases spent more. Hyodo et al. (2005) report that cancer patients spent 57,000 yen (about 335 pounds) a month in average. The reasons were: 'restrain of progress of cancer' (67.1%), treatment (44.5%), relief of symptoms (27.1%), because it was complementary to biomedicine (20.7%). The patients with serious diseases turned to CAM in hope although it cost them a lot of money. The MHLW laid out guidelines for cancer patients using CAM in 2006 because of the incidence of fraudulent treatments[13]. Thereafter, the Japanese government began to monitor the various CAMs. Thus comparatively healthy people and patients with serious diseases use CAM differently and pay differing amounts.

Reviewing the characteristics of CAM users, Yamashita et al. (2002) also explored how the users of CAM therapies differed by area of residence, educational level and annual income. Nutritional and tonic drinks (43.1%) were used by younger males. Dietary supplements (43.1 %) were used by those on higher incomes and living in urban areas. Aromatherapy (9.3%) was used by people with higher education, living in urban

[13] The Society for Japanese Complementary and Alternative Medicine, http://www.jcam-net.jp/topics/data/cam_guide.pdf, , accessed 3 September, 2014.

areas, and female. Health-related appliances (21.5%) were used by the old. Chiropractic or osteopathy were, again, the choice of those on higher incomes (2002:21).

Imanishi (2003) concluded there were no significant differences in the characteristics of CAM users (2003:10). However, the result was calculated on a total of CAM users because each CAM was analysed only by gender. However, it was clear that all therapies were used more by females than by males. Kamohara (2002) also differentiated the users of CAM by gender. Aromatherapy and reflexology, in particular, were chosen by females. Yamashita's study was a large telephone survey, which would seem to reflect the Japanese situation of CAM users in 2001, compared with Imanishi (2003) and Kamohara (2002).

Overall, it is clear that in Japan females are more likely to use CAM. This is the same as in other developed countries such as the US and the UK. It is also helpful to examine the social background of the females, and especially of mothers, which I will explore in Chapter 6.

From these three studies it is clear that the uses of CAM are various and diverse. However, the figures presented are difficult to analyse because the definition and recognition of CAM vary. Whether *Kampo* is prescribed by biomedical doctors, or

whether hot spring treatment or supplements are included CAM, cannot be easily categorised. The changing acceptance of *Kampo* is important in any analysis of how CAM from western countries came to be accepted in the Japanese context (see below). Also, the purpose of going to CAM differs with each user. Hence, it is beneficial to analyse the purpose and orientation for the specific CAM in detail to know the current tendency of CAM from the socio-cultural context of CAM. Without these facts, it is impossible to proceed further in understanding how CAM functions in modern Japan.

Yamashita et al. (2002) noted that the kinds of CAM from western countries that have been adopted by the Japanese were aromatherapy (9,3%), chiropractic or osteopathy (7.1%), and homeopathy (0.3) (Table1). Aromatherapy was used for relaxation or pleasure (41%), by casual users (16%), or to relieve feelings of tiredness (15%). Chiropractic or osteopathy was also resorted to in order to ease specific symptoms (80%). Homeopathy was used only 0.3%: no reasons for consulting a homeopath were given by those who used it. On the other hand, a study of perceptions and attitudes of clinical oncologists on CAM indicated that the therapy of choice was *Kampo* (18.2%), followed by acupuncture (1.5%), then chiropractic (1.2%); the fourth was homeopathy (0.9), and the fifth aromatherapy (0.8%) (Hyodo et al. 2003). Other than *Kampo,* which is acceptable as an adjunct of biomedical treatment, oncologists seem to be interested in CAM from

western countries, although the number of oncologists involved was quite low. In a study of cancer patients, the rate of CAM use was 44.6% (Hyodo et al. 2005). The details of the CAM choices of the cancer patients are dietary food (89.1%), over-the-counter *Kampo* medicine (7.1%), qi gong (3.8%), *moxibustion* (3.7%), and acupuncture (3.6%). There were no data for the percentage of users of the CAMs originating in western countries.

Thus the uptake of CAMs from western countries, such as aromatherapy, chiropractic or osteopathy, and homeopathy was still small amount compared with western countries. For example, homeopathy is used only rarely in Japan (0.3%) compared to 4.4% in Australia, 3.4% in the UK and 3.4% in the USA (Yamashita et al. 2002:91). However, these data are from 1997 to 2005. As mentioned above, some kinds of institutions of CAMs from western countries were founded in the end of 1990s such as aromatherapy and homeopathy. These figures are likely to change, therefore, in the next few decades.

In conclusion: this chapter examined the background of the introduction of CAMs from Western origin, especially homeopathy from different perspectives: Japanese national medical system; a changing cultural landscape of the use of CAM in

contemporary Japan because of the *iyashi* boom; the use of CAM in Japan. Although the Japanese government provides a beneficial medical system, the system sometimes causes problems. On the other hand, from the statistical data, it would appear that Japanese people use CAM therapies not merely as alternative medicine but for the healthier and preventive perspectives. Furthermore, the *iyashi* boom as a changing cultural landscape should have some effect on the rise and the diversification of CAM in Japan including Western origin CAM therapies. These complex reasons will be analysed from anthropological perspectives. I will next explore the conditions of homeopathy in Japan with the ethnographic data on homeopathy that I have collected, shedding light on a subject which has not been studied in Japan from the point of view of anthropological research.

Chapter 2 The Development of Homeopathy and the Forms of its Institutionalisation within the Japanese Healthcare System

In the previous chapter, the Japanese healthcare system, the users CAM with its social background and the users of homeopathy in Japan were examined. This chapter will explore how homeopathic medicine was institutionalised within the Japanese healthcare system in the late 1990s. First the development of homeopathy in Japan will be explored: during the period leading to 1990s, then from the 1990s to the present day. Next, two institutions will be discussed in terms of their aims and strategies. Finally, the role and the influence of homeopathic institutions in the Japanese healthcare system will be examined.

1. Development of Homeopathy in Japan

According to an analysis of the history of homeopathy by the Japanese medical doctor Dr Tsutani (Tsutani 1996), Hahnemann and homeopathy were first introduced to Japan from Germany at the end of Edo period (the Edo period lasted from 1603 to 1868). However,

only the vocabulary used in homeopathy was translated; no books appeared in Japanese and this form of healing did not establish itself in Japan during that period. For these two and a half centuries, the country was closed to outside influences and the only medicine allowed was indigenous medicine such as *Kampo* (although the Dutch, with whom Japan was trading, were permitted to practise their own medicine). While the principles that underlie homeopathy are echoed in some documents dating from the late Edo period, the political situation was such that these echoes fell on deaf ears: the introduction of the word 'homœopathy' and the concepts underlying it had no effect on medical treatment without an institutional presence.

During the Meiji period (1868-1912), the Japanese government asked the Germans biomedicine to establish the country's main medical infrastructure, which hereafter replaced *Kampo* and other folk medicine. However, the Japanese historian Osamu Hattori notes that homeopathy is alluded to in the histories of Western medicine published in Japan. So, while the Japanese enthusiastically embraced German medical practice, homeopathy was known about but marginalised. Japanese medical historians evaluate it as superstition (Hattori 1997:18). Hattori (1997) makes clear that the Japanese are devoted to biomedicine because biomedicine is the mainstream medicine in most of the world and its effects are seen as both instant and reliable for the resolution of

Japanese medical and health problems (1997:17). Thus homeopathy was not adopted by Japan's medical doctors even though the Japanese had adopted a medical system of Western origin.

One of my interviewees, who is in her seventies, remembered that she had heard about homeopathy before World War II. However, there is no evidence about it.

Nakamura, a medical homeopath, records that the first homeopath in Japan was a female medical doctor, Sakura Sakon, who had studied homeopathy in the US and registered as a homeopath there. Sakon worked with homeopathic remedies in Japan from the end of World War II for the several decades of her career. However, she had no successor (Nakamura 2003:24-25). On the other hand, a book teaching some of the conditions where homeopathy was effective was published by a medical doctor in 1961 (Sakaguchi 1961). However, it is clear that the presence of a single skilled homeopath or a single book could not promote homeopathy in Japan. Thus homeopathy was not fully established in Japan until the 1990s.

Things changed from the late 1990s. Within a period of fifteen years, between 1997 and 2008, eight homeopathic educational groups were suddenly established: three homeopathic institutions offering training programmes and three schools; two schools

offering correspondence courses were then opened, one after the other. The first two colleges were established in 1997. They then launched affiliated associations to support and promote homeopathy in Japan: respectively in 1998 and 2000. In 2001, a third institution was founded. The following year, the third institution started a training course.

Three further institutions opened over the next decade: one college, which was set up in Tokyo in 2002, was a branch of a European college. In 2007 and 2008, two further colleges were established by graduates of the original two Japanese colleges. The two correspondence schools arrived from the UK, in 2004 and 2008. Thus homeopathic educational groups increased rapidly over a fifteen-year period, embracing five groups established by the Japanese and three branch schools from two other countries.

In conclusion, homeopathy was not fully established in Japan until the 1990s. The introduction of the principles of homeopathy alone and the presence of the one skilled practitioner were not sufficient to promote the growth of homeopathy in Japan. A favourable social, political and economic background was also crucial to the acceptance of the new medicine. After the late 1990s, eight homeopathic educational groups were established. It is supposed that the rapid increase is associated with the rise of CAM in which various associations of CAMs were established as mentioned in Chapter 1.

Of the eight new bodies, which were native and had supporting groups, were likely to have impacted on the ones to follow and, together, contributed to the recognition of homeopathy in Japan. So what is the story behind their appearance?

2. The Forms of Institutions

The first two institutions were founded by lay people, whereas the third institution was founded by medical doctors. The doctors' group chose to affiliate itself with medical doctors only. So three people ended up establishing three different institutions. From the outset the Japanese homeopathic institutions were not unified and the three educational institutions each created their own educational systems to train homeopaths and promote homeopathy in Japan. How do these institutions differ from each other? I chose two institutions to study: one founded by a lay person and one by medical doctors. The purpose of the institutions, the strategies and the educational system will be explored from my interviews, my participant observation of their classes and lectures, and their books.

Institute A

The founder of Institute A and College 1 is Makoto Michio, who is non-medical leader. He studied homeopathy on his own by reading books so he is not a qualified homeopath. He first established College 1 in 1997 and then founded Institute A after three years. College 1 had two branches in 2008 in Japan. I interviewed him face-to-face once and talked with him several times over lunch and dinner during my fieldwork with College 1 in Osaka. His manner was consistently steady and his approach was considered and thoughtful. Mr Makoto liked to talk about the principles that underlie homeopathy and how to be a good homeopath. What follows is a brief appraisal of his history. The next chapter will examine College 1 on the basis of the ethnographic data.

Mr Makoto (born 1950s) studied engineering from a private university in Tokyo. He then studied philosophy, literature and physics at two universities in the US and one university in France. While working at his family's steel business, he became conscious of the similarity between the transformation of metal and the transformation of human beings. While pondering the question of how we should live as human beings, he encountered homeopathy at a health exhibition in London and felt it contained the answers to the questions he had been considering for years. When he heard of the homeopathic concept of 'potency', whereby the more materials are diluted the more

energy increases, he felt a flash of inspiration and understood this chimed with quantum theory (Makoto 2007). As he recalls:

> At last I have found my life's purpose. I can clearly see the path I should follow now. All the prior detours I made in pursuing the truth have led me to this point. …Hahnemann's theory and practice are completely unified. Philosophy and science are artistically fused. (Makoto 2007).

He chose to study homeopathy on his own by reading books and without attending to a homeopathic college.

According to the website of Institute A, it identifies its purpose as providing world-standard education in homeopathy and information, both of which lie at the core of its professional educational academy, the College 1. The website also says, 'Homeopathy in Japan is now in its early stages, while European countries have a history of over 200 years. In this critical time, Institute A contributes to the dissemination of world standard homeopathy, paying close attention to its safety and the healthy and happy lives of the Japanese people.' The institution stresses its support for world-class education.

The activities of Institute A are holding seminars and lectures aimed at beginners, self-prescribers and patients to explain and promote homeopathy. College 1 gives a diploma on graduation, but there is no registration system and no professional insurance

as homeopaths. Thus the students of College 1 are only admitted if they have reached a certain level of homeopathic learning.

Mr Makoto enthusiastically supports the training of homeopaths. He has always made it clear he is not a medical doctor. However, he believes the true physician knows the truth about nature. Therefore, as a homeopath he aims to be a true physician, someone who knows how to return a client from sickness to their natural state of health. In our interview, he described what motivated him to establish the College 1 as follows:

> I didn't want to gather students who just wanted to learn homeopathic skills as a form of job training. A college must be a place where everyone pursues the truth. I would like to share the truth only with those who can understand it; not necessarily just the Japanese but people throughout the world.

Mr Makoto is driven by his view that to pursue the question of what it means to be human is motivation enough to study homeopathy. Mr Makoto admitted that he began the college recklessly but in due course became aware of the difference between spreading an ideology and managing a college. His main problem is in expecting to attract a certain type of student and he has not found management easy. He has since come to understand that he had to adapt his principles to the varied motivations of his students. While he expects students to pursue the truth, some expect no more than a training that will lead to their becoming a homeopath. He has gradually tried to adjust the educational system to

various kinds of people who are interested in homeopathy. He is said to have set up Institute A three years after establishing College 1.

Thus Institute A supports College 1 as a governing body; it provides information and gives lectures on homeopathy to its students and graduates, and to the general public. Mr Makoto's strategy is to train 'real physicians' chosen from those who are interested in pursuing the truth.

Institute B

Institute B was founded by a small group of like-minded medical doctors. Some had studied homeopathy in the UK and been certified by the faculty of medical homeopaths in the UK before setting up Institute B in Japan in 2000. A training course for the medically qualified was established later. According to the website of Institute B,

> The purpose of the Institute B is to spread homeopathy, which is the most holistic medicine in homeopathy within the existing medicine, into the Japanese medical system. This society is committed to the training of specialist and certified physicians. If you wish to consult a homeopath, we recommend that you consult a qualified specialist or certified physician.

Note that the Institute B draws a clear line between their 'certified' and their 'specialist' physicians, as follows: 'A certified physician is a doctor who has completed a one-year

training course and passed the institute's certifying exam. A specialist is a doctor who has completed a three-year training course and passed the institute's specialist exam. A specialist physician is more highly qualified than a certified physician' (from the website of Institute B).

The activities of Institute B are to manage the training course, to qualify as 'certified' or their 'specialist' physicians, to publish a scientific journal and to hold public seminars. The training course is in line with the course curriculum of Liga Medicorum Homeopathica Internationalis (LMHI) and is recognised by the faculty of medical homeopaths in the UK. There are three courses: foundation, intermediate and advanced. All follow a pattern of once a month for a year plus an intensive six-day seminar at the end. Those students who pass the examination are recognised as qualified medical, veterinary, dental or pharmacy homeopaths. If they wish, they are then entitled to sit the examination of the faculty of medical homeopaths of the UK in Japan and receive the qualification from the UK. Nurses and lay people are not permitted to take the course. The lecturers are four Japanese medical doctors with the qualifications, working alongside three medical homeopaths from the faculty of medical homeopaths in the UK.

Institute B has been publishing a scientific journal since 2008. It collects studies of homeopathic clinics in Japan by medical doctors. This is the first academic journal of homeopathy in Japan. Thus the institution for Japan's medical doctor homeopaths observes a strict demarcation line between itself and the institutions organised by lay people.

The reason the training was restricted to medical people, although there were already two homeopathic schools at the time, was the risk perceived by doctors when treatment is by lay practitioners. One of the medical doctors said when interviewed:

> I was surprised at the low level of education in homeopathic schools in Japan. I thought their homeopathy is not a medical system. I heard other medical doctors gave up attending those schools so I decided to study it in the UK. ... I saw lay homeopaths misdiagnose lung cancer. They do not realise the patient's symptom was the final stage of lung cancer and said it was an aggravation prior to the recovery process. It is dangerous that lay homeopaths do not have medical knowledge. They do not know how diseases progress. ... Some patients came to me after they had got worse from treatment by a lay homeopath.

Writing in the academic journal of Institute B, a medical doctor also pointed to the problem of lay homeopath consultations in Japan: 'There are many cases where lay homeopaths mistook a change for the worse as an 'aggravation' and the patients then had to see a biomedical doctor' (Sakurai 2008). I heard of similar cases in Institute B interviews. For example, a breast cancer patient was misdiagnosed. Her cancer had

already spread to her bones. When a lay homeopath was put on trial at the end of 2008, the story was taken up by the four main newspapers in Japan (see Introduction).

This is what underlies the strict policy towards training and membership practised by the Institute B as it is based on the belief that homeopathic prescribing should be the province of medical doctors alone. I joined an introductory course for the public organised by the Institute B where the medical homeopath giving the lecture strongly advised participants not to consult a lay homeopath. The teacher explained in detail that lay homeopaths tend to misjudge the effects of aggravation: in other words that they cannot distinguish a true aggravation from an unnecessary worsening of symptoms.

Furthermore, the medical institution continues not to recognise the other organisations and its website offers the following warning:

> To the public:
> ・Homeopathy is medical system.
> ・Therefore, it should be practised only by people who have the medical knowledge — medical doctors, veterinarians and dentists.
> ・These are the people who know how to use homeopathy correctly.

It also directly criticise the lay practitioners.

> In Japan, there are no legal restrictions in Japan on practitioners or the provision of homeopathic remedies. Unfortunately, the prevalence of homeopathy in Japan is in danger. Patients need to choose their practitioner with care.

The Institute B's unbending stance towards the other, non-medical, institutions reflects the hegemony of medicine in Japan. However, they have steady motivation for this decision. The president of Institute B is a medical doctor, Aiba Yasushi. He said the institution decided to admit only medical doctors so that homeopathy would be accepted as a valid medical treatment by the Japanese government. The institution set these guidelines from the outset.

Thus whereas Institute A was strongly influenced by the founder's individual intentions, Institute B was founded by a group of like-minded medical doctors. As for the president of Institute B, the doctors asked Dr Aiba to preside as he was already president of one of the holistic medical associations. Since Dr Aiba has been influential in spreading homeopathy in Japan, I have chosen to explore who he is, how he understands the principles of homeopathy and how he practises homeopathy.

Dr Aiba (born 1930s) graduated from one of the national universities in clinical medicine. In addition to his career as a hands-on physician, he owns a hospital and a clinic, a model hospital established in 1980s with a holistic approach that specialises in treating cancer patients (Aiba 1998, 2000, 2012). CAM treatments such as *Kampo*, homeopathy and psychological image training are used alongside biomedical treatment such as

chemotherapy and anti-cancer drugs. Dr Aiba himself gives *qigong* classes for the patients. In addition to the CAM therapies, he places strong emphasis on tailor-made balanced diets (*Syoku youjou*) during a hospital stay, such as the macrobiotic diet. On the other hand, the Aiba clinic in Tokyo was established in 2004 to treat patients only with CAMs and is not covered by the NHIS (see Chapter 1). The clinic offers not only various CAM consultations such as homeopathy, *Kampo*, and Morita Therapy, but also regular lectures on how to treat diseases holistically. The model hospital, with its mixture of conventional and complementary and alternative treatments, and the CAM clinic, attract patients from all over Japan. The reputation of his use of homeopathy likewise spreads all over Japan.

Dr Aiba also engages in the promotion of CAM treatments outside his unique hospital and clinic. He is the chairman of the CAM associations and conducts research on CAM himself, travelling all over the world to see how CAMs work. His advocacy of CAMs to the general public includes numerous articles and more than one hundred books.

He also gives public lectures, of which I attended on in 2007 on the outskirts of Osaka on homeopathy as one type of CAM. The subject appeared to be new for most of the audience and several questions were asked where homeopathic treatment could be

found in Osaka. Dr Aiba is clearly influential in the spread of homeopathy to the Japanese in public, given his status as medical doctor, holistic practitioner, and proponent of CAM.

When I interviewed Dr Aiba at his hospital, he was generous with his time. He began by talking about holistic medical care as he sees it:

> I think 'holistic' means looking at human beings in their entirety (*Ningen marugoto*). There is no single method to cover the whole of a person. Biomedicine is for the body, psychotherapy is for the mind and the many different CAMs are for the spirit. Therefore, I use everything together. For me, homeopathy is one type of CAM. I've heard of and studied many different CAMs. Eighty percent of the CAMs I've been informed about are from patients and the remaining twenty percent are from going abroad to see them with my own eyes.

His interest in various kinds of CAMs appeared to be without prejudice. In his pursuit of CAM therapies, he first encountered homeopathy when he joined an eight-day spiritual healing tour for medical doctors in London. On a free day, he was taken to the Royal London Homeopathic Hospital, as it was then known, not to study homeopathy but the method of medical evaluation of patients. He was not drawn to homeopathy at the time.

A few years later, a member of the 'medical academy of *qi*' (*Ki no Igaku Kai*) suggested the idea of studying homeopathy. Dr Aiba said,

> I happened to be introduced to one of the founders of homeopathic colleges. Then I asked him to give a lecture to the academy. I was startled when he explained the spirit that resides in matter. This accorded with my idea of 'field medicine' (*ba no igaku* – see below), in which the spirit operates. As a medical doctor aiming to work in holistic medicine, I could not avoid homeopathy.

According to Dr Aiba (2007), 'field' (*ba*) means a continuously distributed physical quantity such as magnetism and electricity. Therefore diverse fields coexist in the physical body. Dr Aiba calls the multiple fields in the physical body the 'vital field' (*seimei ba*). Illness consists in the vital field being distorted and energy of spirit (*inochi*) declines. When the vital field is restored, the energy of the spirit is brought back and a spontaneous healing force is produced. This leads to the healing of illness. He calls his theory 'field medicine' (*ba no igaku*) (Aiba 2007:57). Chi (*qi*) is the force that restores the energy of the spirit (Kodama 2004:265). For Dr Aiba, the principle of homeopathy seemed to accord to 'field medicine'. This led him to study homeopathy at the faculty of medical homeopaths in the UK.

> I use anti-cancer drugs, *Kampo* and homeopathy at the same time. *Kampo* is used for supporting the immune system and homeopathy is used for decreasing the side effects and boosting the immune system. Before knowing about homeopathy, I didn't realise that I could treat mental symptoms which did not seem to be directly related to cancer itself. I think homeopathy works especially well for mental problems like worries, depression, dizziness and fear of death in cancer patients. I also use homeopathy as a therapeutic treatment for temporary headaches, coughs, ascites and stomach aches.

Dr Aiba's policy is to use homeopathy as one among other possible CAM treatments. His practice differentiates medical from lay homeopaths (see Chapter 3). He is convinced of the value of homeopathy to treat mental and emotional symptoms, and also to alleviate the side effects of anti-cancer drugs, something he had not hitherto treated with other

CAM therapies. He then explained how he handled his cancer patients and when he prescribed homeopathy for them:

> I always take forty-five minutes for a consultation when cancer patients are hospitalised. We call the consultation a strategy meeting. Cancer needs a sure and steady action so I suggest that my patients don't aim at a baseball home run, but instead aim to step forward one base at a time, like Ichiro[14]. Therefore, I use everything that I think will work for the patients. … I never expect homeopathy to cure cancer miraculously but I am sure patients have experienced some improvement through it.

It is important for patients not to imagine they will be cured instantly but to know they should make progress, step by step, towards recovery. For that, his experience is that homeopathic prescribing works well. According to his 'field medicine', a patient's vital field is recovered through homeopathy. He said that he turns to homeopathy himself when he is hung over, confirming for himself the efficacy of homeopathy.

As Dr Aiba wrote in the first issue of the Journal of the Institute B, 'We practise no holistic medicine other than homeopathy. We cannot avoid homeopathy. Homeopathy is essential to me in treating cancer in the context of holistic medical care.'

What proportion of medical doctors in Japan are interested in homeopathy? In our interview, Dr Aiba said, 'I was surprised that as many as fifty medical doctors gathered for the first training course in 2000. The number of association members is in

[14] Ichiro Suzuki is a well known Japanese baseball player with the Seattle Mariners in the US who then joined the New York Yankies. His style is not to go for powerful home runs but to produce hits, followed by base running to achieve scores. Konishi, K. 2009. *Ichirō no ryūgi (Styles of Ichirō),* Tokyo, Shinchō bunko.

the region of four hundred.' The figures indicated to what extent homeopathy has attracted the interest of medical doctors. On the other hand, one of the lecturers of the training course complained 'only five doctors go to the advanced course'. This means it would be difficult to spread homeopathy through medical homeopaths alone.

Dr Aiba found homeopathy at one with his principles on treatment. Whereas Mr Heiwa is driven to spread homeopathy to the public and Mr Makoto to teach how to be a real physician, Dr Aiba uses homeopathy as one of several CAMs alongside his biomedical treatment of cancer patients. His reputation, too, ensures the spread of homeopathy in Japan.

Size of the Institutions of Homeopathy

How many homeopaths have been certificated by each institution? There was no certification system in Institute A. Regarding Institute B, my interviews with one of the medical doctors in 2007 suggested that there were 70 students in 2002 and 85 on the 2006 beginners' course. The interviewee pointed out that only 5 people went on to the advanced course. According to the journal of the Institute B, over 440 medical doctors were registered as medical homeopaths in 2008. However, judging by what I learned at the

interview, most of these would have completed only the beginners' course. There was no list of registered medical homeopaths on the Institute B website, which offers to provide names to potential patients on request.

In the UK, there are around nine hundred doctors who have some training in homeopathy, while there are over four hundred lay homeopaths who are fully trained (Barry: 2006). As mentioned in the Introduction, homeopathy in the UK has a history of being practised by both medical and lay homeopaths for more than 150 years. Given the long history of homeopathy in the UK, the increase in the number of homeopaths in Japan, over the last 15 years, seems all the more impressive.

3. Effects on Homeopathic Institutions in Healthcare System in Japan

So far, this paper has explored the development of homeopathy before and after 1990s, the diversity of educational groups and the ways of training homeopaths both a lay person and medical doctors. So how do these educational groups reflect on the healthcare system? I will explore this under three headings: 1) Medical and non-medical groups; 2) the influence of the groups on the healthcare system in Japan; 3) The significance of UK-based homeopathy in the globalisation of healthcare and its consequent growth in Japan.

Medical vs Non-medical Institutions

What role have institutions played in Japan? First, the institution for medical doctors has made a major contribution in terms of the reliability of homeopathy as a medicine in Japan. Moreover, it is important that the eminent medical doctor promoting holistic medicine is also the college's first principal. Institute B has been publishing a scientific journal since 2008. It has also contributed to the reliability of homeopathy in Japan with its research, from which the non-medical institutions also benefit. However, the standpoint may reflect the confusion over homeopathy in the Japanese healthcare system. The situation in Japan is the same as in the UK, where medical and lay homeopaths coexist. In the UK, homeopathy is prescribed within the NHS only by medical doctors (Barry 2006:89-90). As Barry (2003) points out, the tension between medical and lay homeopaths may leave patients and those who seek to use CAM therapies confused (2003:297-298). Furthermore, Nicholls (1988) indicates that 'Internal schisms persist between the lay and medically qualified, and between practitioners favouring scientific or metaphysical interpretations of homeopathy.'(1988:285) Medical and non-medical institutions have different ideas about how and by whom homeopathy should be practised.

On the other hand, the intentions of the founders are reflected especially non-medical institutions and their schools can develop despite the near-monopoly of biomedicine. Japan's colleges are not alone in being founded by charismatic individuals: for example, Sharma (1995) records that The Society of Homeopaths in the UK was established in 1978 by two charismatic lay homeopaths in the revival of homeopathy in the UK (1995:186). The same situation occurred in the US (Haller 2009). It can be seen as positive that lay people have the choice of two systems. I will explore this in Chapter 3.

The separation of homeopathic institutions into medical and non-medical parallels the situation in many other CAM therapies. Several therapies have spawned more than one association. Aromatherapy, for example, has three societies: the Aroma Environment Association of Japan (AEAJ) [15] (established in 1996), the Japanese Society of Aromatherapy (JSA) [16] (established in 1997), and the Japan Clinical Aromatherapy Society (JCAS)[17] (established 2013). It is supposed that the three associations have different purposes. According to the websites, AEAJ offers a certified qualification in

[15] Aroma Environment Association Japan http://www.aromakankyo.or.jp/aeaj/ , accessed 15 August, 2014.
[16] Japanese Society of Aromatherapy http://aroma-jsa.jp/ , accessed 15 August, 2014.
[17] Japan Clinical Aromatherapy Society http://www.aroma-jcas.jp/index.html , accessed 15 August, 2014.

aromatherapy for ordinary people since 1996. On the other hand JSA's members are limited to medical staff and students and works for the spread of aromatherapy in the medical field. The JCAS also limits membership to medical staff and promotes the dissemination of aromatherapy in clinical situations. The 20 years of the rise of CAMs has seen a parallel rise of associations sharply distinguished in their purposes and intentions. The links between lay people and medical staff often suffer from barriers put in place by the medical side, and what has happened with homeopathy and aromatherapy has occurred with other CAMs that have originated in western countries and flourished over the last 20 years in Japan.

How Homeopathy Influences the Healthcare System in Japan

Figure 1 indicates how homeopathic institutions influence the healthcare system in Japan. It is based on the figure in Kleinman (1980:50).

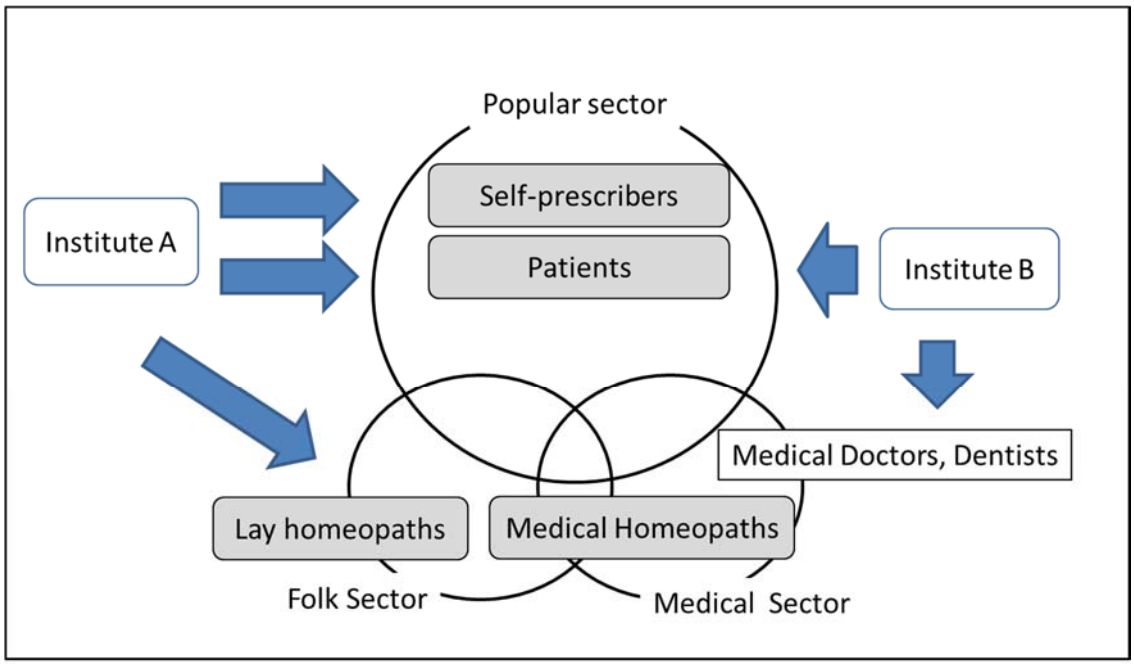

Figure 1 Homeopathic Institutions in Japan's Healthcare System (adapted from Kleinman 1980:50)

The presence of institutes of homeopathy in Japan helps people who are interested in homeopathy to find information easily. Although some colleges of homeopathy were already operating before the establishment of the institutes, the purpose of the colleges is solely to train students to become homeopaths. The institutions exist to promote homeopathy and to disseminate updated information.

Institute A contributes to the folk sector in that it supports homeopaths: it is constantly putting out new information through its website and holds seminars which well-known international homeopaths are invited to address. Institute A also contributes to the popular sector. It trains the public to use homeopathic remedies for self-prescribing, so as to integrate the use of homeopathy easily into healthy daily life. Institute A was

founded by a lay person who introduced homeopathy to Japan not only so as to cure disease but also as a healthcare measure that people could use for themselves.

On the other hand, Institute B only supports medical sectors and contribute to the popular sector by giving lectures to explain the principles and how it works for patients. However, it does not work on the usage of self-medication for the ordinary people in the popular sector but only clinical usage of homeopathy for patients. The institution does not expect the Japanese to use homeopathy as self-medication. However, the most important role of Institute B is to propagate the idea that homeopathy is one of the reliable medical systems when combined with consultations by medical doctors and publications of a scientific journal.

Regarding the professionalisation of homeopaths, there are no standard training programmes and bodies of registration in Japan. Institute B have an individual registration system. Therefore, the definition as professional is still ambiguous. It may confuse the public sector. I will explore professionalization in greater depth in Chapter 4.

The Significance of the Transmission of Homeopathy from the UK

Japan's leading practitioners of homeopathy studied or else had their first encounters with homeopathy in the UK and not in Germany, where the discipline was founded. All seven of Japan's schools of homeopathy are related to the UK, with the exception of College 2. Furthermore, my interviews suggest that some Japanese people leave to study homeopathy in the UK. What draws them to the UK? Was this link significant to the history of homeopathy in Japan? Actually, there are some very good reasons.

In Japan, both medical and non-medical homeopathic institutions coexist. In a world of globalised medicine, how has this development been influenced by other countries? Although homeopathy has spread to more than fifty countries worldwide the position of homeopathy varies in each country. For example, in France only medical doctors are permitted to prescribe homeopathy (see Introduction). On the other hand, in countries such as the UK and the US, medical homeopaths and lay homeopaths coexist. Homeopathy is not officially seen as 'medicine' in Japan. Both lay people and medical doctors are permitted to practise as homeopaths. So how has this affected the Japanese?

Japan enjoys some of the advantages of homeopathy as practised in the UK. First, in both Japan and the UK, medical and lay homeopaths coexist. Both medical and lay people wanting to learn homeopathy have no difficulty in finding a suitable college in the

UK. Nor are obstacles put in the way of those who would like to set up such schools and set an educational programme if they have the necessary finances. In Japan, the doctors who eventually set up the Institute B first studied homeopathy with the faculty of medical homeopaths in the UK. The faculty, which was founded in 1840s, has a long history in the UK and admits only medical doctors. It is significant that the Japanese doctors drawn to homeopathy were initially disappointed in the quality of their training in their own country, which was conducted by lay homeopaths, and it was this that persuaded them to search for training by other medics at the historical college in the UK, where they duly became certified homeopaths. The Institute B training course went on to follow the programme of the faculty and its doctors are given the opportunity to be certified by the faculty if they go on to the Institute B advanced course.

Lay people in Japan also have no difficulty in finding a college of homeopathy run by other lay, or professional, homeopaths. In the UK too, there is a long history of such schools. The homeopathic association for lay homeopaths was established in the 1830s. The popularity of CAM in the UK in the 1970s saw the return of schools of homeopathy. Some lecturers of colleges of homeopathy in Japan studied homeopathy in the UK and returned to practise in Japan. These examples illustrate the extent to which homeopathy in the UK has influenced homeopathy in Japan.

Sharma (1995) has studied the revival of homeopathy in the UK. She explains that: 'Things changed with the revival in popularity which homeopathy began to enjoy from about the late 1970s. There was suddenly a proliferation of 'lay' practitioners and colleges providing training for people without medical qualifications' (1995: 185). The proliferation of lay practitioners and colleges in the UK inevitably influenced those Japanese who went to the UK to study homeopathy. For example, when I decided to study homeopathy in the UK in 2004, there were plenty of colleges for lay people in London for me to choose from. I was admitted by the principal after an interview and joined for a year. There were four Japanese students at the college and I met three others at different college in London. The popularity of CAM in the UK had had a global impact on medicine.

Furthermore, there is advantage of learning homeopathy in English. Most Japanese children have been learning English for at least three years when they leave secondary education. Few nowadays learn German. However, English is spoken not only in the UK but in other countries, and most notably in the US. What is the difference between the US and the UK for the Japanese? For the three leading practitioners whose history is important to this thesis, their encounter with homeopathy in the UK might have been pure chance. Yet it can be inferred from the prefaces of the books and magazine

articles on homeopathy in Japan that the experience of these leaders in the UK was crucial to their understanding of homeopathy.

The most frequent publicity tends to be on the lines of: 'Homeopathy has been supported by the British Royal Family since homeopathy first came to England in the 19th century and continues to be used by them' (Watanabe 2002, Nakamura 2003, Watanabe 2006, Makoto 2007). The imprimatur of the UK's royal family resonates strongly of reliability for the Japanese. Moreover, a photograph of the Royal Homeopathic Hospital in London is included in books and magazines friendly to homeopathy, along with comment 'established in 1840'. 'The Royal Family's homeopath works in this hospital.' The picture and caption reinforce the fact that homeopathy has a long history in the UK. Such material gives the impression that homeopathy is used by the upper class in the UK. Institute A also advertises the Foundation's connection with the Royal Family: 'We will provide you a homeopathic education to the highest standards in the world, modelled on homeopathy in the UK, which the British Royal Family actively supports and cooperates in its spread.' Unlike the US, the Japanese respect the UK as the traditional country with the Royal Family. The UK and Japan had a good relationship since Anglo-Japanese Alliance in 1902 although there was temporary tension between them during World War Two. After the War, the Japanese Royal Family recovered the relationship with the British

Royal family. For example, Prince of Japanese Royal Family went to the UK for the study. Hence, Japanese people have good impression to the British Royal Family. The British Royal Family is key to the perceived reliability and privilege of this form of medicine.

The second element of the publicity is: 'Homeopathy is included in the UK's NHS' (Watanabe 2002, Nakamura 2004), although this presents a distorted picture of the situation in the UK. Of the various CAMs known in Japan, only Japanese traditional medicines such as *Kampo*, acupuncture and moxibustion are admitted within the country's NHIS (see Chapter 1). If the Japanese knew that homeopathy was admitted within the NHS in the UK, they would get the impression that it was accepted as a reliable form of complementary medicine in that country. In fact, I have sometimes heard it said that, 'Homeopathy in the UK is something like *Kampo* in Japan,' when homeopaths give beginners' lectures. The comment is, in a sense, both comprehensive and plausible to the Japanese. Such manipulations of the truth such as the 'British Royal Family,' the 'NHS', and 'in accordance with the study methods practised in the UK' seem to be crucial to the Japanese to recognise and evaluate homeopathy. In the globalisation of homeopathic medicine to Japan from the country where the discipline is seen to have come from seems to be significant for the general acceptance of its reliability and authority.

Hog and Hsu (2002) points out that 'Whereas North American culture, and its presumed world-wide hegemonic diffusion, has been central to globalisation discourse, the 'globalisation' of Asian medicines discussed in this volume emphases countervailing trends, from East to West, and from East to South'(2002:206). The process of transmission of homeopathy from the UK to Japan neither suggests hegemonic diffusion nor countervailing trends. It should rather be understood under the rubric of 'cultural exchange'. I will discuss this further in the next chapter.

In summary: this chapter began by explaining the rapid establishment of eight educational homeopathic groups within 15 years in the late 1990s. The focus was on two institutions in particular, from the point of view of their purpose and strategies. The survey then examined their role and effect within the Japanese healthcare system. Both medical and non-medical institution have had a role in the spread of homeopathy in Japan in all sectors of the medical, folk and popular sectors. It was especially important that the colleges established in the late 1990s were coloured by the vision of more than one homeopath. Institute A was founded by a lay person with a view to contributing to the

knowledge of homeopathy in general, while Institute B was founded by medical doctors who played a role in bolstering the public perception of homeopathy in Japan.

Chapter 3 Producing Homeopaths – Translating Healing into Japan's Homeopathic Colleges

The previous chapter explored the establishment of Japan's homeopathic institutions. This chapter examines how the colleges translate and legitimise homeopathy in the classroom in order to produce homeopaths. How do the principals teach and perform in class? How do the students study homeopathy in class? How does the education of homeopaths as professionals affect the folk sector in the healthcare system? Who are the people drawn to becoming homeopaths?

Table 2 is the list of the educational groups where I conducted fieldwork. It was to answer the questions above that I asked permission to conduct long-term participant observation in College 1 as part of my fieldwork, and to be accepted on the training course at Institute B. College 1 accepted my presence without reservation; Institute B refused on the grounds that I was not a medical doctor. For this reason, my observation of Institute B was limited to the public lectures given to explain homeopathic medicine. The two reactions appear to reflect the different philosophies on which these institutions are founded. For this reason, this chapter mainly examines College 1, which it does in terms

of the concept behind the training it offers and the way this is put across. This is achieved by studying the ethnographic data gathered at the college's Osaka branch.

Table 2 Colleges and a Training Course of Homeopathy in Japan (2009)

Names	College 1	Training Course for medical staff	College 2	College 3
Founders and principals	Makoto Michio	MD Aiba Yasushi	Founder John Smith (In Europe) Principal in Japan MD William Brown Vice Principal in Japan Kita Tomoko	Minami Wataru
Year of foundation	1997	2001	2002 (Japan) 1995 (Europe)	2007
Number of branches	2	1	1 (in Japan), 11 (in different countries)	1
Course	Four-year course	Foundation, Intermediate, Advanced courses	Four-year course	Three-year course
Homeopathic prescribing	Flexible (basically Classical)	Classical	Classical	Classical
Support groups	Institute A	Institute B	–	–
Degree qualifications	Diploma from College 1	Diploma from Institute B	Certificate from College 2	Certificate from College 3
Applicants	Anyone (lay or medical)	Medical doctors Dentists, Veterinary, Physicians, Pharmacists	Anyone (lay or medical)	Anyone (lay or medical)
Student fees	Four-year course Joining fee: £879 Course fee: first and second years £4,520 (one year)*2 third and fourth years £5,200 (one year)*2	Foundation course fee: £1,400 Intermediate course fee: £1,900 Advanced course fee: £1,900	Four-year course Joining fee: £1,140 Course fee: £4,620 (one year)*4 Examination fee: £740	Three-year course Joining fee: £590 Course fee: £ 3,500 (one year)*3
Atmosphere	Philosophical	Closed group	International	'Terakoya' (A small study group)

※1 £1≒170 Japanese Yen (Average from 2007 to 2008 during the fieldwork)

※2 All names are pseudonyms.

I focus on the teaching methods in relation with the transmission of homeopathy in College 1; I do not examine the content of the courses. My ethnographic studies were drawn from my presence in classes, and from interviews with both students and principals. Hence, I begin with a brief survey of the classes I attended. This is followed by an examination of the college in the light of the founder's motivation, educational strategy, the educational atmosphere in the classes and the students' motivations and reactions.

Next, I focus on Colleges 2 and 3. Although my main fieldwork site was College 1, I had the opportunity to carry out participant observation in Colleges 2 and 3 for several days and had interviews to the principals and students. Since College 2 was seeded from Europe, it is useful to compare the difference between the parent and the overseas college in the transmission of medicine. College 3 was established by a graduate of a college that originates in Japan. The college is, as it were, a second generation college of homeopathy in Japan. A comparison of Colleges 1, 2 and 3 should clarify the main characteristics of the transmission of medicine in Japan.

Finally, the chapter will discuss the transmission of medicine and how the colleges work within the Japanese healthcare system.

Before embarking on this, it is necessary to outline the two main different prescribing methods in homeopathy because the method followed by each college is essential for an understanding of its policies. The result of a homeopathic consultation is the prescription of a remedy (or remedies). There are different methods of prescription: holistic and therapeutic. In the UK, these differences are known as 'classical' prescribing and 'practical' prescribing. In classical homeopathy, homeopaths choose one single remedy which is judged to be the most suitable remedy for the patient; it is known as the constitutional remedy (or 'simillimum'), and assessed from a holistic perspective. In practical homeopathy, the homeopath may judge the patient's condition to require several remedies at the same time. The divergence between the classical and the practical approach is a result of how the different colleges interpret the guidance offered by the founder of homeopathy, Samuel Hahnemann. Therefore, the nature of the prescribing method is one of the essential factors behind a student's choice of homeopathic college.

1. College 1 – Producing Homeopaths as 'Real Physicians'

The founder and principal of College 1 is Makoto Michio. College 1 has no restrictions on enrolment: it welcomes both lay people and medical doctors. College 1 had two

branches in 2008. According to Mr Makoto, there were 120-160 students in total on four-year course in 2008. There were usually ten to fifteen studying at the Osaka branch in 2008. In this college, the students who had been studying for three or four years were free to join the first and second year lectures if they felt they needed to refresh their core knowledge. Therefore, the classes were always mixed because several years studied together. It would appear that the first-year students benefited from the advice they received from more senior students.

The college ran a four-year course consisting mainly of two days of classes a month; the remaining time was for self-study. After graduation, students were diploma'd as homeopaths from this college. The teaching staff at the Osaka branch was varied. It consisted of Mr Makoto, Mrs Makoto, and other experienced homeopaths plus some of their own graduates and one experienced American homeopath.

The college fees were 150,000 Yen (about £880) joining fee plus about 820,000 Yen (£4,860) a year on average. For a four-year course the total was 3,450,000 Yen (£20,300). This is roughly equivalent the cost of a first degree in the Humanities in Japan. In addition, they needed to pay for the study trip to the UK and other special conferences. Hence, those who could afford the fees tended to be middle class; this applies to both colleges.

Educational Atmosphere in Class

The Osaka branch rents the eighth and ninth floors of an office building in the central business area in Osaka. The administrative offices and Institute A are on the ninth floor; the eighth floor is for teaching. The students at College 1 consist mainly of women: housewives, business women, pharmacists and medical doctors, in the 20 to 50 age group, mainly aged 30 to 40, plus a scattering of businessmen.

Before every class, the staff prepared the projector and laptop computer for videos and power-point documents. Some students brought in their own laptops and connected to the extension cord. They were allowed to use their computers both to make their lecture notes and to search for remedies using homeopathy software while researching cases. Some also brought in English dictionaries and homeopathy repertories in English in order to look for the remedies during the case study by themselves. In College 1, some books, such as *The Organon,* had been translated into Japanese by Mr Makoto but some students consulted their material medica in English.

Homeopathy as Vocation: Becoming a 'Real Physician'

As mentioned in Chapter 2, the most important element of Mr Makoto's college is the concept of creating 'real physicians', people capable of practising a form of homeopathy grounded on truth. This means that homeopaths should be interested in the human being and in nature, and capable of disciplining themselves through homeopathy to become mature. Mr Makoto's ideas will be explored below. In the interview, he spoke with passion about his philosophy:

> To become a homeopath, a person needs professional knowledge but I think that is not enough. What a student has learned from homeopathy is only half the story. In *The Organon*, Hahnemann says that there are four important aspects to becoming a homeopath. One, a homeopath needs to know what should be cured. Two, they need a knowledge of homeopathic remedies. Three, how to prescribe homeopathic remedies. And four, how to work with the patient.

Mr Makoto asserted that the important element of being a homeopath is the first and the fourth, and gave an example:

> If you meet someone who has hangover, you can give him *Nux vomica*[18]. Then you can give that to him whenever he gets drunk. But does it really help him? You need to know why he needs to get drunk every day. Thus you need to understand the person as a human being. You need to know exactly what a patient needs. This skill cannot be acquired through books. Ordinarily, colleges cannot teach such things. They usually teach what they can teach easily. The important thing is the process by which the students understand *The Organon*.

[18] *Nux Vomica* is the homeopathic remedy of choice for hangovers.

Mr Makoto's ideas on teaching are based on a return to the fundamentals. He insists that students should learn not only skills but the process itself. Here is how he states homeopaths should be trained and how a college should be:

> In consultations, patients talk about what is happening to them and homeopaths need to think about what they need to have resolved. It takes a long time to get to the technique and homeopaths themselves need to be fully mature.

He further explained:

> A college of homeopathy is not a place for merely memorising facts. The homeopath needs to know the patient's whole picture. If a homeopath creates their own personal filter, they cannot ascertain the patient's true essence. This is the most important thing.

There appears to be an implicit criticism here of the Japanese educational system, where memorising is said to be crucial to passing exams. Interestingly, he had never taken homeopathic remedies himself until he established his college. He said in our interview that he first took remedies only when teaching one of the prescribing methods, choosing the remedy *Natrum muriaticum* in various potencies as a way of examining how the method worked. This story indicates that Mr Makoto's initial interest in homeopathy might have lain in its philosophy.

Mr Makoto does not see homeopathy as 'medical treatment' but as a discipline that 'harmonises theory with practice and synthesises philosophy and science'. He insists that the truth also means to find prejudice within ourselves and release it. If a homeopath

develops only their knowledge and practical skills, they will be insufficiently grounded. He said:

> The final purpose of homeopathy is to improve the quality of life. If you yourself have not healed, you cannot truly heal others. Therefore, homeopaths themselves have to improve the quality of their own lives.

To adopt this concept fully, Mr Makoto makes a lot of time during classes for students to think through his ideas and to discuss subjects that do not seem necessarily directly related to homeopathy. He said the classes are not a one-sided lecture but two-way interactions between teachers and students. He also said that his college is open to all discussions and that there are no taboos, so that students can experience the enjoyment of learning in a warm and open atmosphere. He was open to discussing equally arguments both for and against homeopathy so as to enable students to understand it more deeply. Along with the emphasis on discussion, he asserted:

> My college is unique in that I prepare a variety of materials from notable variety of important books and videos and a student's opinion sometimes follows the essence of homeopathy.

He was proud of his style of learning.

I will explain the educational atmosphere at the local branch in Osaka as I experienced it during one day of lectures: Mr Makoto came up from Tokyo and gave the lectures face-to-face in the classroom. The lectures began with questions from the

students. This was followed by watching documentaries. One was called 'Those Who Stand in the Arena of Life' (*Inochi no genba ni tatsu monotachi*), which had been broadcast on Japanese TV. The recording consisted of three parts: the first was about a doctor carrying out a dangerous brain operation, the second about a nurse working in accident and emergency, and the third about paediatricians treating serious heart disease in children. They were all related to the latest biomedical treatment. After watching the recordings, the students discussed what they had seen, focusing in particular on facing fear and the value of life.

In response with the comments of the students, Mr Makoto ascribed the excessive defence reaction to fear. As an observer of the class, I could not fully grasp the reason for watching this video, but it seemed that Mr Makoto's intention was to teach the homeopath's standpoint in such situations and the communication skills they might involve. Moving on to the need to avoid criticism of the patient during case taking, Mr Makoto never said why he had chosen to show a particular recording prior to the students' discussions. It seemed as though students should feel free to air their opinions without constraint or prior knowledge. The intention seemed to be to allow the students to find the truth for themselves and at their own pace.

During the lunch break, the students took their lunch into the classroom and watched another documentary, this time about nursing. After lunch, Mr Makoto and the students discussed 'pride' in relation to what they had seen. Then, he introduced a book called *Kango Oboegaki* (*Notes on Nursing: What It Is, and What It Is Not*) written by Florence Nightingale and translated into Japanese (Nightingale 1914, 2000), and said:

> It is very similar to the point of view expressed in *The Organon*. Nursing has power. The book is concerned with how nursing is able to remove obstacles to the healing process. This astonishing book reflects the writing of an extremely noble spirit. It accords with the principles of homeopathy. Homeopathy is not merely to give remedies. Hahnemann established a type of medicine based on the real truth.

Here, Mr Makoto was explaining homeopathy from the different perspective of nursing. The students seemed to agree with his opinion.

Finally, we watched another video, this time a documentary about the famous Japanese baseball player, Suzuki Ichiro, who had flourished for many years playing in the United States. The title was 'Professional'. After watching it, the students discussed the concept of what constitutes being 'professional'. In the documentary, Ichiro had said, 'The meaning of being professional is to leave an overwhelming legacy'. Mr Makoto explained, 'This is homeopathy. Ichiro is different from Oh and Nagashima.[19] He resembles Miyamoto Musashi.' Miyamoto Musashi was a famously strong samurai in

[19] Oh Sadaharu(1940-) and Nagashima Shigeo (1936-) are well-known baseball players in Japan who were extremely successful in Japan.

Japan who wielded his sword in both hands. Students discussed the idea of a strike zone in baseball (the region from about the chest to knees, where it is easiest to strike the ball) being like a homeopathic consultation. Mr Makoto explained:

> Homeopaths have a tendency to be disappointed when prescribing remedies. These homeopaths are obsessed with finding the simillimum. As a result they cannot enjoy working as a homeopath and it makes a vicious circle. If you work like that, the more you want to help patients, the more you waste your energy. Once you realise there is a 'strike zone' rather than one specific point to work with, you no longer waste energy.

Sometimes Mr Makoto explained his intentions implicitly. Here, his intention appeared to be that he wanted to illustrate that homeopaths do not need to be obsessed with finding a precise remedy, but that it does not matter, as any remedy within a certain 'strike zone' would be sufficient. If they were obsessed about a single, precise remedy, they would not enjoy working as homeopaths.

Thus, Mr Makoto's class was philosophical and difficult to absorb. However, the class discussions allowed the students find ideas related to homeopathy and think more deeply about the essence of case taking. Since Mr Makoto did not explicitly state the learning goal of a lesson, personally I found it challenging to understand the points he was making. It was only after finishing one day of classes that I realised that the day's topic had been about case taking. Alternatively, Mr Makoto's approach may have derived

from a Zen Buddhist method of enlightenment known as the *koan*.[20] Koans used to be practised by intellectuals and scholars. Mr Makoto intentionally chose an educational style opposed to the current Japanese educational style.

Prescribing Style: Flexible Prescribing

Mr Makoto's prescribing method appears to vary between classical and practical homeopathy: his criterion is to respond to the patient's condition and he has no special rules as to how many or how often remedies should be prescribed. Basically the methods are in accordance with classical homeopathy. However, from the second consultation onwards, he becomes more flexible as to whether to give a single remedy or multiple remedies, the choice depending on the patient's condition. One of his patients told me that, when she asked Mr Makoto how he chooses what to prescribe, he answered that it was from insight. Thus his method is not to stick to a rigid rule because the main purpose of his practice is to explore the essence of being human. The prescription could change as the patient changes.

[20] Questions or stories given by a master of Zen Buddhism that can lead to enlightenment (Kitahara, Y. 2002. *Meikyō kokugo jiten* (Meikyo Japanese Dictionary). Tokyo: Taishūkan shoten.

In fact, Mr Makoto seemed uninterested in the prescriptions or even in seeing patients. When I began my fieldwork and had my interview with him, he said he had given up seeing new patients because he was busy teaching in college. When I joined the classes, the case studies were taught by Mrs Makoto and two other homeopaths, including the American. Each talked about their experience of homeopathic consultations and gave their different perspectives in arriving at a prescription as is customary in the less theory-bound homeopathic colleges. For example, in any case study, the students first had to think through the diagnosis and suggest a prescription and justify it. Several students looked up remedies by accessing one of the several homeopathic programs available.[21] After a homeopath establishes a client's symptoms through case taking and specifies the diagnosis from different perspectives, the software examines them and suggests a suitable remedy. In his class an American homeopath also gave indications how to use such programs. At College 1 they actively tried to find the remedies for themselves as part of the case studies class.

Although some students enjoyed searching for the remedies with computer software, the more advanced students and graduates in the interviews told me that the

[21] Software sites include (http://www.homeopathyhome.com/services/computer_software.shtml , accessed 8 October, 2014.

kind of lectures given by the American homeopath were an innovation and they preferred Mr Makoto's philosophical lectures. However, Mr Makoto had recently decided to give practical lectures too, at the demand of some students (see Chapter 2).

Thus, it seems that Mr Makoto decided to stress his method as 'flexible' as a way of expressing that it was adaptable. Why? At the time the colleges of homeopathy in Japan were gradually increasing in number (see Chapter 2), and the existing establishments needed a unique selling point, a core element that would distinguish their difference from the other homeopathic colleges. Students, patients and prospective students began comparing what the various Japanese homeopathic colleges were offering. One of the interviewees said, 'The college battles began!' In fact, during my fieldwork, I was often asked by prospective students or patients which was the more effective, practical or classical homeopathy, to help them select a college to go to.

Students' Motivations and the Reactions

Mr Makoto's strategy created thoughtful students. I was sometimes confused what he really wanted to say but the students were satisfied with his style. During the breaks, they would come up to me and say that, although they could not always understand the

meaning and intention of his words at the time, they were happy when they sometimes suddenly found the meaning a few days later. Their satisfaction may have had at its origin the lack of critical thinking within the Japanese education system, which is primarily based on rote memorisation.

College 1 students seemed to prefer the more intellectual work. In addition to their regular classes, they would regularly hold voluntary study get together. For example, they had a reading circle to discuss, say, Rudolf Steiner[22] or James Tyler Kent's writings.[23] Steiner's books featured his particular interpretation of homeopathy. Students would set pages to read at the meetings and discuss the basic ideas of homeopathy according to Steiner. I had opportunity to join the discussion circles. I felt the books were very difficult to understand and I could not follow their discussions. However, the students seemed to be stimulated and satisfied by the deeper understanding of homeopathy they acquired from the different perspective. I got the impression they enjoyed the intellectual exchange with like-minded people to discuss different ideas in medicine. The study groups were held on a weekday morning. Hence, only stay-at-home mothers and some part-time workers including pharmacists could attend.

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[22] Rudolf Steiner, the German philosopher, talks about homeopathy in his philosophy. Steiner, R. 1948. *Spiritual Science and Medicine,* London, R. Steiner Pub. Co.

[23] Kent, J. T. 1979. *Lectures on Homoeopathic Philosophy,* Wellingborough, Thorsons.

To summarise, College 1 prioritised the idea of raising true physicians capable of fully understanding the concept of being human, the transmission of knowledge and practising with flexible techniques. It seemed that Mr Makoto intentionally expected the students to find their own style as homeopaths. They would not make 'standard' homeopaths. Simon Sinclair, who has conducted research on biomedical clinical training in London, has pointed out in his book *Making Doctors* that: 'The profession has, in effect, contracted with the State to produce what the profession regards as safe and competent medical practitioners; this in turn, implies the mass production of doctors by some sort of standard transformation, based on precedent, of those who have enlisted for training' (Sinclair 1997:322). Sinclair's finding demonstrates how biomedical doctors are 'created'. Mr Makoto's training to achieve 'real physicians' seems to be the opposite to today's biomedical training.

Mr Makoto had selected a different approach to the current Japanese educational style and some students were impressed by his style of teaching, which included elements that resembled the techniques of the *Koan* that Japanese intellectuals had used to learn philosophy. Some selected College 1 because they were impressed by Mr Makoto's 'insightful' attitude. I met only one or two medical doctors at the college: most of the students were lay people or medical professionals, such as nurses and pharmacists.

Next, I will explore Colleges 2 and 3 in terms of the founders' motivations in establishing their colleges, their educational strategies, the atmosphere, and the students' motivations, and I will use these to make comparisons with College 1.

2. College 2 – 'Climb the Mountain of Homeopathy with the Best Guide in the World!'

College 2 was founded in 1995 in southern Europe by a well-known homeopath and author of a best-seller on homeopathy for the general public, John Smith. With a worldwide reputation as a homeopath and a lecturer, he has established 11 branches of his school in Europe. The Japanese branch was established in Tokyo in 2002 under the leadership of the doctor and homeopath, William Brown. His vice principal is Kita Tomoko, the owner of a health centre offering CAM therapies, who had originally consulted Dr Brown for homeopathy. Through Dr Brown, she was asked to establish the Japanese branch by John Smith. The college is allowed to enrol both medical and lay people.

The establishment of College 2 in Japan was strongly influenced by the rise of CAM in Japan (see Chapter 1) because the Japanese vice principal had already run her

own CAM health centre. At that time, there were no offshoots of the European colleges in Asian countries other than in India, where homeopathy was already accepted. In her interview, Kita Tomoko said she originally wondered whether students would be attracted to a Japan-based school of homeopathy but decided to go ahead anyway. Below, I introduce the story of how she founded the college with a review of her career.

Motivation to Establish College 2

Kita Tomoko, the vice principal of College 2, had run her own company offering aromatherapy, colour therapy, aura soma and naturopathy for more than twenty years. Her practice is situated in the fashionable area of central Tokyo. According to the college website, the centre continues to be supported by entertainers, sportspeople, musicians and fashion models, and has appeared in several fashion magazines.

Ms Kita said she knew about homeopathy because she often went abroad and had studied many types of CAM. Then she suffered renal failure brought on by stress in both her work and her private life, and had to go on dialysis. When she went to the UK she heard of John Smith, who was practising in a southern European country, who could treat serious diseases through homeopathy. She was unable to visit him at the time

because of the dialysis, though they kept in touch, but three years later she came across the medical doctor William Brown, and consulted him in Japan. She said, ‘Dr Brown told me I would once again have a sense of feeling good. Then he asked me what I most wanted to be able to do.’ ‘To work again, helping all those who need help,’ she replied. She continued: ‘Dr Brown prescribed me a remedy right after the consultation but there was nowhere to buy homeopathic remedies in Japan. Therefore, he had the remedy sent from his country. Dr Brown did not say he could cure renal failure with homeopathy. He did say I could recover a feeling of wellbeing.’ She still needs dialysis but her condition definitely improved.

While she was still undergoing treatment with Dr Brown, she was asked by Mr Smith to establish a Japanese branch of his college in Europe, as a possible precursor to other homeopathic schools in Asian countries. She explained, ‘I told Mr Smith I could find someone to help him establish a school but he insisted that only someone – like me – who had experienced homeopathy could establish the branch in Japan.’ She accepted the task and opened a small cram school from 1998 to 2002. She established the full school in 2002, and chose to locate it in Tokyo.

The strategy underpinning John Smith’s first college in Asia was one he hoped to replicate when he expanded further into Asia. In fact the European college, which is

situated in a town of modest size, is well-known throughout Europe and has eleven branches. The Japanese branch, however, was to be the first homeopathic establishment in an Eastern country, other than in India where homeopathy is supported by the government. The founder's decision appears to have been based anticipating demand for homeopathy in Japan following the rise of CAM worldwide and the globalisation of medicine. Ms Kita's background was as owner of a CAM health centre for several years; in addition her experience of homeopathy as a patient was of value. It can be said that the spread of homeopathy in Japan has been realised.

Course Content at an Internationally Recognised Level

The College 2 brochure describes the course content as at an internationally recognised level. This claim would appear to be based on the founder's reputation as a writer and entrepreneur of homeopathic education. The curriculum consists of a four-year course that includes training in Europe during the fourth year. There are 12 classes a year: some Fridays plus two weekends in April and November. In addition, the course devotes three days to pathology. The rest of the year, students are given self-study materials and homework to complete. The classes are held in a rented conference room in the centre of

Tokyo. The 12 classes are all taught by Dr Brown, who comes to Japan to teach them, speaking through two simultaneous interpreters and supported by three members of staff. The curriculum is organised, like that of his European colleges, to cover 350 hours of mandatory learning. This includes the fourth year intensive course given by Mr Smith in his home country, after which the students who pass the final examination are awarded a certificate.

The classes begin with videos of recorded lectures given in English by Mr Smith in Europe and simultaneously translated by two professional interpreters. After 30-60 minutes, Dr Brown interprets to the class how Mr Smith explains the situation. Students' questions are translated into English before being answered by Dr Brown. Dr Brown also draws on the Japanese version of John Smith's most celebrated book, which has been translated and published by an affiliate company of the college. The college put much thought into setting criteria and facilities that would equal those of the European affiliates.

As explained above, homeopathy falls into two broad disciplines, classical and practical, and one or the other underlies the philosophy and prescribing taught by any college of homeopathy. College 2 advocates classical homeopathy.

According to the website of the parent college in Europe, 'The aim [of the college] is the education of Medical students, Medical Doctors and Health Practitioners, in general, in order to become Classical Homeopaths, according to the principles of Dr Samuel Hahnemann.' The founder, although unqualified in medicine, has been teaching homeopathy at a medical university for many years.

For this reason, the distinguishing feature of College 2 is its multifaceted lectures given by a medically trained homeopath. Dr Brown is clear as to the limitations of homeopathy: as to what can be cured and what cannot. As the college brochure states, 'The students can learn pathology and also learn the practical merits and demerits of biomedicine. Furthermore, the students are reminded how attention and judgement are needed so that the clients do not suffer any disadvantages from a consultation by lay homeopaths without medical knowledge.' This appears to answer the concerns of medical homeopaths (see Chapter 2) regarding the irresponsibility of lay homeopaths who have no medical training. This feature is the result of John Smith's long experience in Europe, educating mainly medical doctors, pharmacists and other practitioners of mainstream healthcare in classical homeopathy.

For example, a student asked 'What kinds of disease are curable and what kinds of disease are not curable with homeopathy?' Dr Brown explained clearly, what may be

cured and what is not cured in homeopathy until the student had understood the answer. Dr Brown taught the limitations of homeopathy by illustrating the treatment of patients who have serious diseases and how homeopathy works for them. The students appeared to be content to his clear detailed explanations from his experiences for years.

Thus the distinguishing features of this college are that the classes offer 'internationally accepted standards' by using material also taught in classes in Europe, by using videos of the founder accompanied by explanations by a medical homeopath. It is noted that the students are taught the limitations of homeopathy: as to what can be treated and what cannot.

Educational Atmosphere in Class

When I observed the first-year classes, there were about sixty students. At first glance, the numbers were 90 percent women and 10 percent men. The mean age appeared to be 30-50. The students would enthusiastically take down the information given by John Smith in the video as it was translated by the interpreters. After that, there would be plenty of time for the students to ask questions, which they did in detail. Dr Brown, who was the one person to field the questions, always appeared pleased to answer. The relations

between the teacher and the student speaking was personal and the other students would listen carefully. There was no discussion between students.

Dr Brown's explanations were clear and easy to understand for beginners even when he was clarifying difficult principles of homeopathy and the characteristics of the discipline that distinguish it from biomedical treatment. The students seemed to be content with his explanations.

To support Dr Brown, there were three members of staff from the vice principal's CAM establishment, all dressed neatly and smartly. The students were treated with the courtesy Kita Tomoko's fashionable clients would expect. For example, on one occasion when I attended, the staff apologised for any mistakes the interpreters made during the classes in the previous weeks and said they would hold a party as a sign of contrition. I cannot find an example of a similar attitude or apology in an educational environment anywhere. This appears the reason for the college fees being higher than those of other colleges of homeopathy in Japan. The students are entitled to expect a high quality educational environment as well as high quality teaching. This may be the reason behind the staff's sensitive courtesy in treating the students similarly to the clients of a fashionable salon.

Students' Motivations and Reactions

The brochure put out by College 2 uses the motto 'Climb the mountain of homeopathy with the best guide in the world!' This motto has successfully attracted students drawn from both the medical establishment and outside, aware of the privilege of being taught by a follower of the founder.

The students to whom I spoke during the break came not only from Tokyo but from prefectures all around Japan. There was a paediatrician interested in preventive medicine, housewives and businesswomen. One of the students said there were actors and musicians in the class too. I also met a student from Osaka from another homeopathy college who said she was studying first-year homeopathy at College 1 and 2 simultaneously before making a decision which college to stay with the following year. Another first year was an experienced medical homeopath who had studied homeopathy both in Japan and the UK, and published several books of homeopathy in Japan, who also appeared very happy with what she was learning. Given her previous knowledge of both medicine and homeopathy, she enjoyed benefiting from the distinction emphasised in this college between how homeopathy differs from biomedical treatment.

Thus, the students in this college were content with the quality of both the educational content and environmental atmosphere of College 2, despite the higher costs (7850, 000 Yen (£4,620) for twelve one-day classes a year): they are learning homeopathy to international standards and clarifying how the discipline can operate alongside biomedical treatment. However, only those who could afford the fees were able to attend.

To summarize, College 2 was established by Ms Kita Tomoko, who had owned a health centre for years and who had experience of being treated for a serious medical condition with homeopathy. It was set up as a branch of the college in South Europe that had been founded by a respected and very experienced homeopath. The curriculum is common to the colleges in Europe already established by the founder, and the lectures were taught by a medical doctor from Europe and translated into Japanese by professional interpreters. The lecturer taught the limitations of homeopathy from his experience both as medical doctor and as homeopath. The college has the atmosphere of the rich, fashionable salon supported by Ms Kita's original health centre. The majority of students were women, aged 30 to 40.

3. College 3 – 'Nurturing' Japanese Acceptance of Homeopathy

College 3 was founded in 2008 by Mr Minami in the urban area of the Kansai region. He encountered homeopathy when he was recovering from a stroke. After consulting a homeopath, he studied homeopathy at a Japanese college and worked as a homeopath for several years before establishing College 3. Thus the college is, as it were, a second generation college of homeopathy of Japanese origin. Both medical and lay people are encouraged to enrol. This section will explore the founder's motivation, the educational strategy of this second generation, the educational atmosphere, and the students' motivations and reactions of the college.

Founder's Motivation to Establish a College

The founder and principal, Mr Minami, had graduated with flying colours from one of Japan's best universities and was living in Osaka and working with a large company when he had a stroke in his forties. Left with a disabled left arm and leg, he was officially diagnosed as handicapped and suffered from regular convulsions. He had been prescribed increasing quantities of medicine over the years. He had also tried many kinds of alternative medicine, such as acupuncture, *Kampo* and *Noguchi seitai* (a kind of Japanese

chiropractic). These therapies had helped him largely recover from his physical disability but the convulsions continued. Although he had returned to his job in the large company, he was urged to take a 'windowside' position (*madogiwa zoku*), which meant that he was placed in a less responsible and less important position. Finally, he left the job and was diagnosed with depression.

It was at this point that Mr Minami came across homeopathy. The psychiatrist who was treating him suggested he go to a homeopathic seminar at the WHO offices in Kobe, given by a Romanian medical doctor and homeopath. Mr Minami was not immediately able to grasp the principles of homeopathy and his initial reaction was suspicion (*ayashii*), but he consulted the Romanian anyway. Mr Minami said, 'After I took a remedy, I began to have good dreams. By the end, the convulsions were getting better.' Nonetheless, although it was homeopathy that had alleviated his symptoms, he remained suspicious. He began to study the discipline and attended perhaps twenty lectures given by the Romanian. He said:

> The more I learned about homeopathy, the more I was suspicious (*ayashii*). I wanted to reveal the practitioners as quacks. On the other hand, my condition was getting better and better, and I was finally able to come off all the biomedical medicine. I am still left with a paralysed left hand but my health continues to improve.

After his recovery, Mr Minami decided to study homeopathy at one of the colleges in Japan. He did the three-hour commute to Tokyo from Osaka once a month because there

was no school in Osaka at the time, and studied alongside his wife, who was also interested in homeopathy and the other CAM therapies. She had qualified as a practitioner of atmospheric air pressure at the time that both her husband was ill, and their daughter, who was suffering from a serious disease. Right from the outset, it was Mr Minami's intention to establish his own school of homeopathy some day. After his recovery from the long-term effects of his stroke through homeopathy, he was convinced that he could contribute to the wellbeing of patients who were similarly suffering from serious conditions deemed incurable by biomedical treatment.

Mr Minami said he had not only studied at the college, but continued his learning by taking part in the newly introduced Skype seminars run by an Indian homeopath of international reputation, after the seminars had been introduced to Japan by a Japanese homeopath. These additional studies allowed him to learn the different method to homeopathy. After graduating from the Japanese college, he stayed on at the college to work, and practised for several years as a homeopath before finally establishing his homeopathic college in 2008, ten years after his stroke.

Mr Minami's case is a typical example of a patient becoming a practitioner. After his first, and reluctant retirement, his life took on new meaning thanks with the arrival of homeopathy in Japan and his existence took on a fresh sense of purpose. He had

experienced many kinds of CAM therapies, to which he continues to turn at times because he is aware of their efficacy. However, he singled out homeopathy because the treatment he received was of a different order to that of the other CAM therapies. He had received only two doses of homeopathy but they worked, an experience that impressed him deeply. As his cure came through classical homeopathy, this is the form of homeopathy he now teachers, where the homeopath selects the minimum dose of the most suitable remedy for the patient.

During our interview, Mr Minami then described his consultations with the Romanian homeopath. He was asked a great many questions, such as how he felt about his symptoms, which was difficult for him at first because he had never before been asked to explain his feelings properly. Although he was at initially confused by the detail of the questioning, he was convinced that this is what had led the homeopath to choose the most suitable remedy. This has led him to prioritise the consultation now he is a homeopath himself, and he said he can spend from three to five hours on the first consultation. He was entirely happy to devote further hours to finding the most suitable remedy for a patient. He is both dedicated and determined to understand what each patient expects from their treatment.

He explained his reason for siting his college in one of the Kansai regions, which are close to Osaka, by saying that Tokyo is at the forefront of medicine and the region is like a backdoor through which homeopathy can enter. He said,

> I remember how the psychologists tried to gain acceptance within mainstream medicine. The clinical psychologists were harassed by the medical establishment in Tokyo and clinical psychology failed to be admitted as a *bona fide* medical treatment, whereas it flourished in one of the Kansai regions. Nothing changes. I think it will take a hundred years for homeopathy to take root in Japan. Here is the best place to nurture it.

He justified choosing the region as the best place to root the new medicine, homeopathy, by drawing on the history of how psychology was unable to gain admittance within the Japanese medical system in Tokyo but established itself by settling in the region where Mr Minami situated his own college. This indicates that his intention in establishing a college of homeopathy is to root the discipline in Japan even if it takes years. It is obvious that he thinks that homeopathy has the same potential for acceptance as the establishment as psychology. He is quite prepared for it to take years and is content to work patiently and steadily. As he explains, 'Homeopathy needs time to become established in Japan and I would like to nurture it without rushing the process.' For this reason, Mr Minami is also enthusiastic to teach homeopathy not only to his students but also to the general public through beginners' courses that guide individuals to prescribe for themselves.

Educational Strategies as a Second Generation Japanese College

According to the College 3 website, three basic principles underpin the college: it is focused on the welfare of patients; it is a place for the students to learn and think deeply from the original text that laid out the principles of homeopathy; and it is a place where all are encouraged to experience the inner journey that each human being should undergo. The first principle is based on Mr Minami's personal experience as a patient. The second draws its inspiration in Mr Minami's conviction that a full grounding in *The Organon* is essential to any homeopath. The third is because students need to learn to experience their inner journey for themselves before they can perceive their patients holistically; hence, each practitioner needs to have learned about themselves to offer a sensitive consultation. These principles reflect Mr Minami's experience as a patient, as a student of homeopathy, and finally as a homeopath.

Mr Minami's college runs a three-year course that consists of two days of classes a month, the remaining time for self-study. On graduation, students are diploma'd as homeopaths from this college. The rationale behind a three-year part-time course for lay people rather than the four years part time adopted by other colleges in Japan and the UK is that: 'It takes a lifetime to study homeopathy. Therefore, in terms of mastering the basic

knowledge and skills, I think three years is sufficient.' He decided on three years from his own experience of study.

The college charges a joining fee of 100,000 Yen (about £590); the annual fee averages about 600,000 Yen (£3,500). For a three-year course this totals 1,885,000 Yen (£11,000). The cost is lower than that of other colleges. The shorter period and lower fees appear to attract more people interested in becoming homeopaths.

In addition to Mr Minami, lectures are given by homeopaths of different persuasions, including Japan- and UK-trained medical homeopaths, UK-trained lay homeopaths and graduates from his own college. His wife, who is also a homeopath, is part of the lecturing team and also helps to run the college. During my participant observation of College 3, both Mr Minami, his wife and another lecturer were in class. A third lecturer had graduated from the same college as the one where Mr Minami and his wife had studied. Thus the college is the second generation of college in Japan.

College 3 was established ten years after the first homeopathic colleges in Japan. Over those ten years, both medical and lay homeopathy had grown up there. Some home-grown homeopaths had become well-known in Japan. Mr Minami had been in touch with these homeopaths for years, which made it possible for him to invite Japanese

homeopaths with a range of outlooks as lecturers when he established his own college. He sees to it that cases taken in foreign languages should be studied in Japanese translation not only by him but by the other lecturers. Furthermore the college holds seminars every year lead by well-known homeopaths from Europe and India. Mr Minami's educational strategy is to discuss homeopathy from different perspectives in order to spread a more complete understanding. His strategy is only possible because he belongs to the second generation of colleges of homeopathy in Japan.

Educational Atmosphere at the '*Terakoya*' school

College 3 holds its classes in the urban area of the Kansai region, in rooms belonging to the one of Japan's national universities, from which Mr Minami graduated. The privilege of booking rooms is restricted to the university's graduates, who take them mainly for academic conferences and meetings. Hence, the atmosphere is academic.

Classes begin at 09.30 and end at 19.00. The tables are set up to form a square so that all students and lecturers can see one anothers' faces. Several microphones are set up on the table so that every student can talk whenever they wants. Mr Minami says he had always dreamed of founding a school that mirrored the *Terakoya* model (*Terakoya*

was a private school in the Edo period that taught children literacy – see below) rather than one based on contemporary Japanese principles. The common image of *Terakoya* in Japan is that each student studies harmoniously and in a relaxed way, in a small group where everyone helps the other. According to the website of the college, 'The study of homeopathy should start from the basics, like literacy when taught to children, because homeopathy in Japan has arrived after a considerable delay and is underdeveloped compared to Europe.'

There was lively discussion and questioning during the reading of *The Organon* in the class I attended. The atmosphere was unusual in contemporary in Japan, where teaching tends to be one-sided and students do not ask questions in class. Here, the students actively discussed issues with each other, asking many questions about points that seemed unclear, and with the answers coming from the students as well as the teachers. The doctors seemed to have particular difficulty in grasping the concepts of homeopathy.

I came across a homeopath who had already graduated from College 1 but had now come here. She contributed to the discussion of the first-year students from her existing knowledge of homeopathy. Mr Minami welcomed her attitude and there was a comfortable atmosphere between beginners and experienced students, all of whom were

accepted as equally able to discuss any topic. Furthermore, doctors who were interested in homeopathy but had doubts had the opportunity to air their concerns and freely ask questions in class. Mr Minami and the more knowledgeable students all explained the philosophy and the characteristics of homeopathy kindly and thoroughly from their experience. If Mr Minami thought he could not answer a question coming from one of the medically trained students, he said so openly because his standpoint is that he is always open to learn more from the medical professionals.

I also met a medical doctor who had completed the Institute B training course for medical doctors. She said, 'There was insufficient training at Institute B to be able to prescribe. I need more time to study the subject properly.' She was happy with the atmosphere in Mr Minami's classes because it encouraged her to gain a better understanding of the philosophy of homeopathy and at her own pace. Thus the students from all their diverse backgrounds talked freely and in a friendly way, proving that an atmosphere in which every opinion is given equal weight is an effective way of discussing some topics. Mr Minami's vision of *Terakoya* is successfully being realised in his classes.

Sugiura Hinako, a researcher of Edo period customs, describes *Terakoya* as follows: *Terakoya* is not mandatory, unlike compulsory education; The classes are practical and students can learn what they want; there are no vertical relationships so the

students teach each other and the teacher helps when needed (Sugiura 2005:142-149). Furthermore, Ms Sugiura emphasises that the *Terakoya* style increases a student's desire to learn and achieve a sense of accomplishment (ibid.). Mr Minami chose the *Terakoya* style for the teaching of homeopathy because he was drawn to the basic freedom and friendliness of its approach. The atmosphere in his own college has created in the students a sense of motivation and accomplishment.

Students' Motivations and Reactions

College 3 allowed me to give the students a short questionnaire during the period I was observing classes. The results of the replies are as follows. There were 18 first-year students: 6 housewives, 6 business workers, 2 self-employed, 2 doctors, a pharmacist and a nurse. Sixteen of the 18 were women. Their ages ranged from the 30s to the 50s: 10 in their 30s, 6 in their 40s, 2 in their 50s. In addition, 5 potential candidates were sitting in.

Their reasons for choosing this college were as follows. Six already knew Mr Minami as patients or from the self-prescribing courses and chose this college because they knew him and found him reliable. Three were drawn to the principles and educational style of the college. Three chose the college because of its proximity to where they lived.

One chose it because it charged less, one because the students are grounded in homeopathy's basic text, *The Organon*, and one had not researched other colleges. Mr Minami was obviously seen to be reliable by the medics attending the course because of his honest attitude in distinguishing clearly between what he knew and what he did not know.

Mr Minami is not a charismatic man judging by his appearance: he is of medium height and build, and has an unremarkable voice. However, his experience in recovering so radically from the after effects of a stroke seem to have given him charisma. He has overcome the hardship that came in the wake of his condition and returned to society even though still disabled. It is seen as a sign of his reliability that he chose homeopathy as a vocation, and that he is sincere in spreading homeopathy after experiencing various CAMs for himself over the years. Furthermore, he is able to understand the patient's point of view because he is still a patient himself. He does not deny the effectiveness of biomedical treatment. This balance seems to attract the students who study homeopathy with him. Mr Minami's presence matches with the principles of the college to give a sense of trust to the students who choose to study there.

To summarise, College 3 was established as a second generation of college of homeopathy in Japan by Mr Minami, who had experienced homeopathy as a patient

himself and then graduated from a Japanese college of homeopathy. He had a clear vision in establishing the college. It was to root homeopathy in Japan for patients like himself because he had been unable to recover through biomedical treatment, and continued to suffer from the side effects of his stroke until convinced of the possibilities of homeopathic treatment. He set about realising his ideal after studying homeopathy at one of the first generation of colleges founded in Japan. He chose to teach classical homeopathy from his experience of it. He chose to adopt the *Terakoya* style of teaching, an approach created by the temples for local children in the Edo Period, as offering the atmosphere he wished to achieve. The atmosphere nurtured by this approach has stimulated students' desire to learn because knowledge is given in a friendly, free and enjoyable manner. He thought it would take time to root homeopathy in Japan. For this reason, he created his college as a space where the students would be given the opportunity to understand homeopathy sincerely, would learn the habit of continuous study and continue to learn homeopathy after graduation. Most students selected the college because of the founder's motivation and character.

4. Interpretation and Transmission of Medicine

So far three homeopathic colleges have been examined by looking at the founders' motivations, their educational strategies, the educational atmosphere in the classes and the students' motivations and responses. I will now explore how each college differs, how different approaches to the interpretation of homeopathy have affected the transmission of this therapy, and how the colleges work within the Japanese healthcare system.

Each college reflects its founder's vision. In College 1, Mr Makoto believes that the crucial purpose of homeopathy is to improve the quality of life of his patients. Hence, based on the concept of creating 'real physicians', he teaches his students to pursue the truth and to be interested in each patient as a human being. College 2 offers the transmission of knowledge and techniques at an internationally recognised level, drawing on a body of knowledge accumulated by the founder's having trained medical professionals in Europe for more than thirty years. Hence the videos of the founder during case taking and the interpretations of each case given by an experienced medical doctor are transmitted directly to the Japanese outshoot.

In College 3, Mr Minami was strongly motivated to base his method of teaching on the Edo period's *Terakoya* principles. Mr Minami, like Mr Makoto, sees education as

transmitting an understanding of the human being rather than a place for passing on practical techniques. These are the characteristics of Japan's colleges of homeopathy.

Prescribing methods differ in every country and sometimes this depends on the country's medical policy, sometimes on the influence of well-known homeopaths. For example, in France, only medical doctors may legally practise as homeopaths. Hence, in such countries homeopathy tends to be applied on the therapeutic level rather than constitutionally (holistically). On the other hand, in the US, the influential 19th century homeopath Dr James Tyler Kent (1849–1916) stressed that homeopathy should be prescribed on the mental/emotional level and insisted that only one similar, constitutional remedy be used. His method is followed in several countries. On the other hand, in the UK both classical and practical homeopathy coexist and are practised by both medical and lay practitioners. Thus the prescribing method depends both on how Samuel Hahnemann's teaching is understood as much as on government policy.

College 1 is free to develop its own method in accordance with the views of a strong charismatic leader. On the other hand Institute B, which accepts only medically trained doctors, has chosen to follow the curriculum of the Faculty of Medical Homeopaths in the UK. College 2 follows classical homeopathy, in the form which the founder has been practising for years. The principal of College 3 did not follow College

1's prescription but also chose classical homeopathy after his experience as a patient. Thus the founders decide which methods to transmit. The prescribing method of each place is a direct reflection of the type of homeopathy the founders decide to practise.

In Japan, homeopaths can pick and choose among the methods popular in other countries and taught by internationally-known homeopaths, or they can create their own. This freedom is because homeopathy is not seen as a medicine by the Japanese government and there are no restrictions governing its use.

Next, I will examine the outlook of those who choose to become homeopaths, from the perspective of the Japanese cultural philosophy known as *dō* (path or road). Davies and Ikeno (2002) describe how the Japanese mindset differs from that of other cultures. Regarding *dō*, they explain that, 'The spirit of *dō* continues to pervade Japanese culture, and people in many walks of life can be seen seeking after perfection in certain basic patterns as a means of acquiring spiritual satisfaction in their lives' (2002:77). The authors elaborate as follows: 'The notions of simplicity, perfection, discipline, and harmony with nature are central to both Zen Buddhism and the aesthetic and martial arts of Japan, as reflected in the spirit of *dō* ' (2002:78). The spirit of *dō* appears to be present in the training style of colleges 1 and 3.

Mr Makoto trains homeopaths not merely to pursue an occupation but a vocation. College 1 recommends 'becoming a real physician'. The founder promotes homeopathy as part of an overall lifestyle. This accords with the Japanese mental and spiritual training known as *dō* (path or method). In the hands of Mr Makoto, this prioritises mental and spiritual training as well as the study of medicine. On the other hand, College 3 chooses the *Terakoya* style of education, drawn from the Edo period. Sugiura (2005) lists the common features of *Terakoya* in the Edo period as literacy in both writing and reading, courtesy and respect for the rules of good manners, while the main purpose of education is '*Rei'* (courtesy). Students were trained to show courtesy to everyone. The term '*Rei*' in Japanese embraces not only courteous behaviour but the spirit of *dō* (2005:158). This is the mindset that Mr Minami intended in teaching homeopathy, *Terakoya* style.

This is a significant aspect of homeopathy in Japan. Teaching in the spirit of *dō* has certainly facilitated the reception of homeopathy. To learn homeopathy is not only for students to learn the skills of homeopathy but to improve themselves to attain mastery of their life. Although the professional principles underlying of Colleges 1 and 3 are different, the mental concepts to which both colleges adhere are common and drawn from Japanese culture. Colleges 1 and 3 originate in Japan. Their outlook differs markedly from

that of College 2, which originates in Europe, where the teaching is based on the practical knowledge that has accumulated in that culture over the years from clinical experience.

Regarding the role of colleges in the Japanese healthcare system, when graduates of homeopathy become certified 'homeopaths' they fall into the folk sector of the healthcare system. The lay homeopaths may not only hold consultations but many also run self-prescribing courses (see Chapter 4). Hence, these homeopaths work directly in the popular sector. I will explore the relationship between lay homeopaths and the users of homeopathy in Chapters 5 and 6.

To summarise, this chapter has examined three colleges from the point of view of their educational methods, their individual interpretation of the principles of homeopathy and the meaning of being a homeopath. Each college has reflected the founder's motivation and strategy. For this reason, the students are 'mostly' drawn to the place that matches the founder's principles. On the other hand, all the colleges attracted students, especially women aged 30 to 40, who had doubts about biomedical treatment and were looking for something different. They might pursue the new philosophy of healing for their family and friends (see Chapters 4 and 6). The range of people appears

to have had a significant role in the reception of homeopathy (see Chapter 6). During their studies in Colleges 1 and 3, both of which are Japanese establishments, students tend to be drawn in by the discussion in the classrooms, where they find a new space in which to develop intellectually and in the hope of improving their lives based on the spirit of *dō*: as it were, studying at a place of education dedicated to the human being. The teaching methods we have examined have been essential in persuading students to dedicate themselves to homeopathy and therefore, also, in legitimising homeopathy throughout Japan.

Chapter 4 Medical Homeopaths and Lay Homeopaths as Vocation

The previous chapter described how the Japanese colleges of homeopathy aimed principally at lay homeopaths found the own way of understanding homeopathy and transmitting it to the students. On the other hand, the training for medical doctors kept to the programme set by the faculty of medical homeopaths in the UK. This chapter focuses on the homeopaths themselves and explores what draws both medical doctors and lay people to study homeopathy. What are their social and cultural values? What effect do homeopaths have on the folk and medical sectors in the Japanese healthcare system? This chapter opens with an outline of the methods of research used in this thesis and examines the definition of lay homeopaths as 'professionals'. Then three medical homeopaths and four lay homeopaths comment on their motivation and experience with patients. Finally, the professionalisation and social status of homeopathy and the influence of the Japanese healthcare system will be discussed.

I interviewed twenty nine people: 18 practising homeopaths and 11 homeopathy students; the interviewees included 6 men and 23 women; of these, 7 were medical

homeopaths and 11 lay homeopaths. In addition to the interviews I carried out participant observation in the homeopathic clinics of two homeopaths and also consulted two homeopaths on my own account. I also sat in on the lectures, seminars and informal meetings of six homeopaths. Finally, I followed one homeopath from the time she was a student to her becoming a homeopath.

First, what is a homeopath? The certification of homeopaths in Japan depends on the institutions or colleges that train them (see Chapter 2): there are no regulations stating how long they should study, what they should study nor how much experience they should acquire 'sitting in' (observing consultations) or in clinic. For example, Institute B gives its medically qualified students basic certification after a training course of six months. On the other hand, Colleges 1, 2 and 3 aimed at medical and lay people issue certifications after training of three or four years. In fact, most of them are lay people.

Thus the quality of the training of practitioners of homeopathy in Japan is currently not monitored from outside nor is a core syllabus agreed as it is in the UK: each college stands by the quality of its own training. The standardisation of homeopathic qualifications in Japan is yet to be completed.

The lack of clarity concerning homeopathic qualifications in Japan is similar to the situation in the UK and other countries, which has over a hundred and fifty years of homeopathy and where medical and lay homeopaths coexist. When Cant and Sharma (1996) examined the professionalisation of homeopathic knowledge in the UK, they highlighted the failure of attempts to unify or monitor homeopathic qualifications, and also commented on the lack of medical knowledge among lay homeopaths in the UK. Standardisation failed in the end mainly because of the differences between the medical and lay associations (Cant and Sharma 1996:579). In spite of the long history of homeopathy in the UK, it has proved difficult to unify its standards as a profession.

My interviewees differed in the route by which they came to homeopathy: one learned on his own; another studied in other countries, including the UK; some studied in just one homeopathic college while others studied at several. At present, we cannot clarify the quality of their skills and knowledge because no system exists to evaluate them. Hence, in this chapter I define homeopaths as people who prescribe homeopathic remedies to patients and, as 'professionals', charge a fee for the consultation in Japan.

1. Medical Homeopaths

The term medical homeopath means that the individual has qualified as a medical doctor, dentist or veterinarian and practises homeopathy. I interviewed seven medical homeopaths. Their specialty as medical doctors varied: there was a surgeon, two dermatologists, two doctors of internal psychosomatic internal medicine, and two had qualified as a gastroenterologist and a physician but given up working in NHIS (National Health Insurance System). When medical doctors offer homeopathic treatment, they need to practise outside NHIS (see Chapter1). One example is Dr Aiba, whom I introduced in Chapter 2. This cancer specialist offers homeopathy to the cancer patients in his hospitals and clinics because he finds homeopathy harmonises with his concept of *ba no igaku* (medicine of the field) and has adopted it as complementary to conventional biomedical treatment. Below I look at three other medical homeopaths. All have different specialities: there is a gastroenterologist, an ophthalmologist and a dermatologist. One medical doctor gave up their original career to pursue homeopathy and two practise homeopathy alongside them.

(1) From Gastroenterologist to Medical Homeopath

Dr Suzuki is a medical doctor in her forties. She studied homeopathy when it was first introduced into Japan ten years ago and has been practising homeopathy since then. I got in touch with her because I was interested in her comprehensive book introducing homeopathic philosophy and practice to the Japanese and drawing on the practice of homeopathy in several countries. I met her in her clinic at the energy healing centre to which she had just moved from her previous clinic at the integrated treatment centre within the JNHS. She looked cheerful and friendly and wore a pale purple robe resembling the doctor's white gown but giving a slightly different impression.

This is how she explained her interest in homeopathy:

> When I began practising medicine in hospital after finishing at medical college, I began to realise that doctors see patients' body in parts. As a gastroenterologist, I spent three years improving the technical skills involving the endoscope and echography in order to become a professional endoscope technician. However, when I encountered patients with chronic illness, I began to become aware that many were under heavy stress in their social environment and needed mental and holistic support in addition to what I could offer. Where patients were alcoholics or had a diseased digestive system, the reasons were generally to be found in their environment. However, medical people see patients only as internal organs and are unable to overlap into the environmental aspects of their lives. I began to have doubts and came into conflict with straight biomedical treatment.

Although Dr Suzuki had been devoted to her skills as an endoscopic gastroenterologist, she was disappointed not to be able to treat the underlying cause of disease in her patients.

> Then I changed to become a doctor at a polyclinic. It was the first gate for patients to decide which treatment is suitable in the hospital. The work was interesting. However, the atmosphere in the hospital was factious and I became stressed and fell ill with an allergy problem. I tried steroids but they didn't work so I decided to try holistic

> medicine and see what it could do. This is how I discovered homeopathy. I hadn't even heard of it; but I was inspired.

Under pressure at work, Dr Suzuki had succumbed to the same kind of stresses as her patients. Then she became inspired by homeopathy as an alternative form medicine. Dr Suzuki said she started out by studying homeopathy at all the different homeopathic schools just established for lay homeopaths in Japan, and attended their seminars. However, dissatisfied with the lecturers' explanations of how homeopathy worked, she decided to study with the faculty of medical homeopaths in the UK. During her time in Britain, she visited the homeopathic hospitals and clinics run by her medical colleagues and also looked at the situation in France. She said, 'I wanted to make sure with my own eyes whether homeopathy can be practised as medicine from the viewpoint of a doctor.'

When we met for the interview, she said she was still continuing to study at one of the colleges in Japan. Her love of study was because she wanted to increase her success rate with homeopathic treatment, and also wanted to find out the limits of homeopathic treatment. Finally she decided to leave her job as a medical doctor within NHIS and engage in energy healing but especially homeopathy. She said:

> I thought, I cannot treat patients properly within JNHS and decided to practise without it. In this clinic, I can take time with each person. I would like to raise the patients' quality of life by boosting the energy of their 'vital force'. I'm now interested in how energy works in human health and disease and realise some patients need to be treated with different energy treatments, not always with homeopathy. At present, it is a pity that it is difficult to explain to the biomedical world how energy is capable of affecting health.

Dr Suzuki explained enthusiastically about how homeopathy works with patients as a form of energy healing. Ten years of study and countless consultations had made her confident that homeopathically prescribed remedies stimulate the vital force and are capable of curing patients. She said, 'I want to meet my patients on equal terms: patients tend to rely too much on white-robed medical doctors. Furthermore, energy healing cannot be practised within the NHIS in the current medical situation in Japan.' It was clear that Dr Suzuki's priority was to work on her patients' quality of life and this was the reason for her wearing her pale purple robe in her new clinic.

Thus Dr Suzuki moved on from her original career choice as a gastroenterologist and hospital generalist after she had come to doubt the efficacy of biomedical treatment. Despite her range of clinical experience, she had begun to suffer from the friction within the hospital system, which made her ill. This led to her to study homeopathy at several colleges including in the UK and her decision to leave the NHIS. She found homeopathy allowed her to take account of the stresses in her patients' social environment in addition to relieving with their physical symptoms. At last she had found her way. The way of life she had chosen as a homeopath had allowed her to recover her power and passion as a therapist and to contribute to her patients' quality of life.

(2) From Ophthalmologist to Psychosomatic Internal Medicine Doctor and Homeopath

Dr Okano is a medical doctor in her forties. She was an ophthalmologist for ten years before changing to psychosomatic internal medicine.[24] When I met her, she was working as a psychosomatic medical doctor within the NHIS for three days a week and practised homeopathy outside the NHIS for two days a week. I interviewed her in her homeopathy clinic. She looked cheerful and bright, wore a casual white t-shirt with navy stripes, and white pants. She preferred to wear casual clothes in her private clinic.

Dr Okano explained her motivation as a medical doctor and what she felt about biomedical treatment:

> I chose a job as a medical doctor so as to have a good and regular salary. When I was at medical school, my father died of cancer, which was when I realised the limitations of biomedical treatment for the condition at the time. Cancer therapy consisted of three elements: radiation, chemo therapy and surgery. I thought no patient could maintain good health under these conditions and that biomedical treatment was not a fundamental treatment. My sceptical attitude meant I could not be involved in giving similar treatment in my future job. I became an ophthalmologist instead, as a way of improving on patients' quality of life and because I thought life would be easier for me as a female doctor within this discipline.

[24] Psychosomatic internal medicine was admitted as one of the medical practices within the NHIS in 1996. According to the Japanese Society of Psychosomatic Internal Medicine, the treatment embraces both the body and psychological and social factors, http://www.jspim.org/togen/about.html, accessed 8 October, 2014.

Dr Okano chose to become an ophthalmologist rather than training to give biomedical treatment from her personal experiences. However, she then fell ill:

> After I had been working as an ophthalmologist for about ten years, I felt I was not doing enough and I was exhausted. The more I devoted myself to biomedical treatment, the more I felt helpless and empty. I felt I was likely to fall seriously ill if I didn't listen to my inner voice. Then I decided to do what I wanted to do. To be honest I had been interested in spiritual ways of thinking from my childhood but I had opted for a socially acceptable way of life. However, the life did not satisfy me. I decided to give my job a break for a while. At the time I happened to be reading *Hands of Light* by Barbara Brennan.[25] It was about energy healing and it inspired me. I thought I would like to practise that kind of healing.

Exhaustion led Dr Okano to give up her medical job. She then studied various kinds of CAM healing at a college of natural therapy in Australia for two years, at the same time as her husband, who was also a medical doctor, who was studying alongside her. The college put considerable emphasis on the students' own healing process, which led Dr Okano to write her life history and try psychotherapy, energy healing and meditation. She said these treatments taught her a great deal about her mental and emotional history and realised she had found the kind of fundamental treatment she had been looking for.

Dr Okano came back from Australia wanting to specialise in psychosomatic internal medicine where, a doctor told her, patients are treated holistically. She joined the doctor's study group and found it was what she wanted. She explained:

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[25] Brennan, B. A. 1988. *Hands of Light: A Guide to Healing Through the Human Energy Field,* New York, Random House. Brennan, an ex-NASA scientist, explain how energy is influenced by the human aura and chakras.

> I realised it is important to observing and healing myself as medical doctors. My own experience nurtures my therapeutic self[26] (*chiryoteki-jiko*). A psychosomatic teacher had said that a doctor should not see the diseases but see the people behind the suffering, and we need to empathise with them. To have empathy, a doctor needs to observe his or her own pain. I had learned nothing about the therapeutic self in my six years of medical training. It was only after psychosomatic medicine had come to Japan that it became part of the core medical curriculum.

Dr Okano liked the way patients were treated holistically and began to practise a holistic approach after her studies. She explained that one advantage was that consultations were now fifteen to twenty minutes instead of the seven minutes that is all other medical treatment in Japan is allowed (see Chapter 1), and the additional time with the patient is important for the treatment. In addition to practising her medical skills holistically, she followed her interest in energy healing and qualified as a medical homeopath with Institute B so she was practising homeopathy alongside her existing career but outside the NHIS. She explained how homeopathy works for patients compared to biomedical treatment:

> In biomedical treatment, a patient's presenting condition is usually cured. However I think patients expect a cure to include healing. Homeopathy works both to cure and to heal. Patients needing psychosomatic internal medicine suffer from illnesses that come from their social environment. Therefore, if they are not healed, they cannot be cured. But there is a limit to biomedical treatment when it comes to either curing or healing, although psychotherapy is sometimes used. Homeopathy works on the energetic system and on the unconscious mind.

[26] Watkins, J. G. 1978. *The Therapeutic Self : Developing Resonance-Key to Effective Relationships,* New York, Human Sciences Press.

Dr Okano asserted the different uses of psychosomatic internal medicine and of homeopathy. She continued:

> Counselling that includes narrative therapy is important. The awareness that comes through counselling leads to healing. A homeopathic remedy itself can also lead to profound awareness both energetically and potentially. Just what happens is a mystery. Something in the patient changes with the awareness. We cannot achieve something like this with psychosomatic internal treatment in such a short time. The patient connects with their true self through homeopathic treatment. I think holistic healing happens when a patient is able to connect with both body, mind and soul.

Dr Okano appeared to be delighted with the holistic way homeopathy worked with patients. I understood that homeopathic treatment was what she had always wanted, when she said earlier that she wanted to treat patients on a fundamental level. Like Dr Suzuki, her social environment had caused Dr Okano to fall ill, which was when she discovered that the energy of homeopathic remedies could cure her. By coincidence, Dr Suzuki too said she had been inspired by *Hands of Light* by Barbara Brennan (Brennan 1988), in which the author illustrates how social stress can affect people's aura and chakra energetically. Dr Suzuki and Dr Okano both learned that homeopathy works on the energetic level and this attracted them to use the therapy to treat others.

Thus Dr Okano encountered homeopathy after studying various CAMs for her own treatment and went on to learn psychosomatic internal medicine. She was happy with the possibility of treating psychosomatic internal conditions holistically through homeopathy, which she acknowledged now as her ideal.

(3) From Dermatologist to Psychosomatic Internal Medicine Doctor and Medical Homeopath

Dr Hayashi is a dermatologist and a doctor of psychosomatic internal medicine in her fifties. She worked at a university hospital more than ten years as a dermatologist and studied abroad in the US. At the time I asked her for an interview, she was working as a dermatologist in a hospital one day a week, at a psychosomatic internal medicine clinic within JNHS one day a week, and as a medical homeopath outside the NHIS three days a week.

Dr Hayashi said she had been introduced to homeopathy about ten years earlier by a British medical doctor in Japan, when she was interested in psychological (mental) treatment because she had come to realise that patients with skin problems need to be treated mentally as well as physically. Then she attended lectures on homeopathy in Japan given by a lay homeopath but was unimpressed by what they said. She said:

> Even though he (a lay homeopath) insisted the patient had recovered, he could not answer my medical questions on the recovery process. Judging from my medical knowledge, the patient's symptom did not indicate a serious disease although the homeopath said the patient was treated with a homeopathic remedy. I thought the patient recovered naturally. I felt homeopathy was a new religion or a cult.

Although Dr Hayashi was interested in homeopathy, she was disappointed with the explanation given by a lay homeopath in Japan. However, she was still attracted to homeopathy and decided to find out for herself whether or not it was a cult. She began to collect homeopathic books and subscribed to magazines on the subject. Then she took the UK's correspondence course of faculty of medical homeopaths by video. She went on to study homeopathy at the intensive course in Glasgow. She said she also went to France and Italy to learn how homeopathy is practised in those countries, which appears to have left her attracted and stimulated by homeopathy. After she had found out for herself how homeopathy worked and had tested its efficacy in different countries, she finally began to practise and teach homeopathy in Japan.

Dr Hayashi, however, was very critical of lay homeopaths:

> A medical doctor usually practises in a specific clinical department but at the homeopathic clinic we need to practise across all the specialisations. For example, we see people with depression, cancer, skin rashes and internal diseases. So we need more time to acquire medical knowledge than other medical doctors. As homeopaths, we also need to know how they have been treated medically and only then think how homeopathy can be used by the symptoms. After I began to practise homeopathy, I would check the latest magazines across all specialities on behalf of my patients and also read up on new biomedical drugs. It is impossible for lay people to do this.

Dr Hayashi insisted that the homeopathic practitioner needs to be a medical doctor. She gave many examples from her own experience of patients who had been failed by lay homeopaths and come to her. I asked her what she thought about the situation in the UK,

where medical and lay homeopaths coexist. She said, ‘There is a history of homeopathy for more than one hundred years in the UK. Patients know what to do and how to select.’ This was an implicit criticism of ignorant Japanese patients.

She explained how homeopathy worked for her patients. Patients with all kinds of conditions consulted her at her homeopathic clinic, presenting with complaints such as cancer, depression or skin problems. She said she was also able to contribute to the quality of life of cancer patients in the terminal stages. Thanks to homeopathic treatment some patients could continue to feed themselves until the end of life, and she would be thanked by the families. By cutting the number of antidepressants taken by a patient with depression through homeopathic treatment, the patient was able to leave the house for the first time in five years. She said she had been prescribing homeopathic remedies for her third son from birth and he never takes biomedical drugs, something which appeared to make her very proud.

Thus, Dr Hayashi came to homeopathy through her interest in psychosomatic medicine so as to be able offer mental treatment as well to patients with skin problems. She was strongly opposed to lay homeopaths. She studied hard to find out how homeopathy worked by going to Europe. Her experience now convinced her that homeopathy worked to improve patients’ quality of life.

Vocations among Medical Homeopaths

So far, this chapter has presented the experience of three medical homeopaths. How do most medical homeopaths evaluate their work? Of the three doctors practising homeopathy in Japan, Dr Suzuki and Dr Okano in particular stressed the patients needed help to adapt to their social environment, something that current biomedical practice was unable to offer in Japan. They were also interested in how energy medicine worked for the patients. Both understood the spiritual aspects of such treatment, although they were unable to practise within the NHIS. Dr Okano and Dr Hayashi moved into psychosomatic medicine after long years, one as an ophthalmologist, the other as a dermatologist. They were interested in treating the mental and emotional problems behind presenting physical conditions. Although Dr Suzuki and Dr Hayashi said they were unimpressed by the explanations offered by lay homeopaths, they both began to devote themselves to understanding the principles behind homeopathy and went into practice. This empowered them as medical practitioners once more. Dr Okano said she was interested in spiritual factors and used homeopathy to help patients remember their past lives. All three medical homeopaths were disappointed with the limitations of biomedical treatment and stressed that they wanted to contribute to the patients' quality of life while curing their diseases.

For them, homeopathy was a new light and had offered a new dimension to their medical practice.

Some researchers have examined what motivates medical doctors who move into the field of CAM (Goldstein et al. 1985, Goldstein et al. 1988, Frank and Stollberg 2006). Frank and Stollberg (2006), for example, looked at doctors practising homeopathy, acupuncture or ayurveda. Regarding homeopathy in Germany, for example, their interviewees had become convinced of the limited of efficacy of biomedical treatment especially for chronic diseases and had requalified as homeopaths (2006:75-79). The researchers also pointed out that one of the homeopaths 'reported that spiritual leanings were a major reason for his interest in homeopathy' (2006:77). Dr Okano's motivation appears to be homeopathy as 'spiritual learning', something which Frank and Stollberg (2006) had suggested.

All seven medical homeopaths interviewed, from their different fields of medicine, were satisfied with the results of the homeopathic treatment for mental and psychological factors they offered in their homeopathy clinics, and its effects on how the patients came to perceive their social environments. The demands of a person's social environment and their need for mental care are factors that cannot be ignored in contemporary Japan. The new discipline of psychosomatic internal medicine that

emerged in 1996 was a typical example of how both physical and mental care came to be accepted in Japan under the banner of medical care. Dr Okano and Dr Hayashi both studied psychosomatic internal medicine before finding homeopathy as the best answer for mental and emotional treatment.

On the other hand, medical homeopaths offering homeopathic treatment did so at the risk of their status as medical doctors. Medical doctors already have high social status in Japan. Women especially are able to achieve social status as doctors and escape sexual discrimination – although Dr Suzuki did feel under pressure with a factious atmosphere at her hospital which, it is probably safe to assume, was dominated by male doctors. This is one reason why female medical homeopaths may feel more comfortable offering consultations outside the NHIS.

For a medical doctor to become a homeopath in Japan can put their status at risk because the medical world disputes the efficacy of homeopathy, even in European countries with their long history of homeopathy (see Chapter 1). They did not need to have another social status as medical homeopaths. It is different for medical doctors who study *Kampo* as this complementary medicine has a long history in Japan. Those medical homeopaths who practise homeopathy sacrifice their status for their ideals. Throughout the interviews, the doctors I spoke to appeared to be empowered by having specialised in

homeopathy. They all spoke with passion about the effect of homeopathy on their patients. It was as though they had regained their identity as medical doctors by becoming homeopaths.

Some medical homeopaths wanted homeopathy to be formally acknowledged as a medicine by the Japanese government, allowing it the status it has in some European countries and in India. To promote this, they were collecting their clinical data. However, Dr Hayashi complained few medical doctors were interested in homeopathy because of the times it takes to study. Among the seven medical homeopaths interviewed, two were strongly opposed to lay people practising homeopathy as a result of their own experience, and one was opposed on principle. The other four did not have strong feelings against lay homeopaths because they admitted some were serious and dedicated. Thus the tension between medical and lay homeopaths continues.

Thus medical homeopaths were motivated to learn and practise homeopathy because of the perceived limitations of biomedicine. They seemed to be empowered by being able to offer care on the mental/emotional level that could affect their patients' reactions to their social environment Although practising as a homeopath involved their status as doctors in some risk, they went ahead anyway. A further motivation was that their work might contribute to homeopathy being formally accepted as a medicine in

Japan. Furthermore, the female medical doctors in particular felt empowered to be offering homeopathic treatment, even though outside the NHIS, in a male-oriented medical world.

2. Lay Homeopaths

Of the eleven lay homeopaths interviewed, six graduated from homeopathy colleges in Japan, four from homeopathy colleges in the UK, and one studied by himself. I will now look at the cases of three lay homeopaths graduated from colleges of Japan.

(1) From Pharmacist to Homeopath

Eriko was forty-five, currently a housewife and had two children. She had been a pharmacist and a care manager. I was introduced to her by one of the students in the college. She seemed pleased to talk to me because she knew I had studied homeopathy in the UK and she was interested to know how homeopathy is practised there. She looked gentle and mild. Eriko had just graduated and was running a self-prescribing course at a café near her house, plus occasional consultations. She talked to me fluently about how

she came across homeopathy, a long story that seemed to be a catalyst that helped her recall her life so far.

Eriko had been proud of her work as a pharmacist and had thought she contributed to others. Her work had been to make up doctors' prescriptions at the hospital: she would hand over the medicines but communication was limited to saying, 'Please take care'. At that time this satisfied her. However, the medical system in Japan changed and pharmacists' work changed too. Pharmacists now had to explain the efficacy and side effects of the medication the medical doctors had prescribed, and how many times they should be taken. This had to be done for each patient and their informed consent obtained. This brought her face-to-face with large numbers of patients and she began to get to know them. It became apparent to her that these patients were not being cured of their chronic illnesses by biomedical drugs but been continuing to come regularly to the hospital for years. She said:

> When I was explaining how the medicine should be taken regularly, patients would say, 'I don't want to take any more medicine.' 'Do I really need these medicines?' I was very shocked. I began to feel empty in myself but I couldn't understand why because I was healthy. I went on listening to the voices of the patients but I could not do anything as a pharmacist: I could only say, 'Please take this medicine regularly.' I was torn in two. I decided to leave my job and studied to become a care manager for the old and disabled because I wanted to offer immediate help.

Eriko became care manager and visited all kinds of families. She felt her world had expanded although it was very hard work physically. She could encourage her

handicapped patients and enjoyed talking to the old. She worked as a care manager for two years but she had to give it up because of her family. She thought the work suited her because she could personally encourage her clients even though they could not be cured through biomedicine. She found it was better for her to work as a care manager than as a pharmacist because she could contribute directly to those who needed help.

Eriko came across homeopathy when she began rolfing (muscle massage therapy). She became interested because it used natural ingredients so she began reading books and magazines about it and in the end decided to try a taster course at a college. Although she thought what she heard was suspicious (*ayashii*) and felt like witch world (*majo-no-kuni*), she was attracted its philosophy. A lecturer said in his class, 'There's another approach: there's not just biomedicine'.

At first she could not understand. However, she said she wanted to know the 'truth'. She then found the Osaka branch of a college was about to open and though this was her chance to study homeopathy properly. So she signed up for the four-year course. In fact, she studied not only at the college but simultaneously at a small study group of homeopathy, run by a medical doctor. After graduating from her four years with a college, she did a UK correspondence course. She was driven to continue learning homeopathy because she seemed to need to pursue the truth of homeopathy through her own feelings.

Her passionate investigations echo those of the medical doctors mentioned above. It is though, as a pharmacist, she needed to prove how to use homeopathy.

I asked whether she had experienced a homeopathic consultation for herself. Yes, she said:

> I was surprised: it was the first time I had talked a lot about myself to someone else. I am amazed how I have changed through studying homeopathy. However, although my first experience of the homeopathic consultation was so special, the remedy prescribed didn't seem to work all that well.

The first consultation inspired Eriko to talk freely although the remedy did not work well for her. The experience disappointed her because she realised the study of homeopathy had already helped her to grow.

Regarding her experience of giving consultations, she talked about having her husband as a patient, for whom prescribed for hay fever. She said her husband's hay fever was completely cleared, and commented, 'I felt I had received the reward for my long years of study and all that money spent on homeopathy.' Her husband was surprised too, and very happy. It was probably particularly important to Eriko that she had been able to help a member of her family. She talked about her dreams for her future:

> I'm at a pharmacy where biomedical medicine and homeopathy coexist. People can select whichever they want in the circumstances. If they want a rapid headache cure, I give them an analgesic. If they want to treat a chronic headache, I listen to their symptoms and treat them with homeopathy. I like to see things from the standpoint of the patient. I want to work both from my knowledge as a pharmacist and from that as a homeopath. I can't be a Mr Makoto or a Dr Akai (a teacher of a small study group).

> I do things my own way. I hope the atmosphere a pharmacist and a homeopath coexisting at one shop will come true in Japanese society soon.

Thus Eriko had experienced the biomedical world in Japan as a pharmacist but was not satisfied mainly because she could not contribute to the patients directly and knew at first hand the limitations of biomedical drugs for chronic illness. She was sceptical about homeopathy at first. However, in the course of studying homeopathy at different schools and attending seminars, she gradually became attracted to the philosophy behind it. Her work as a homeopath fulfilled her because she could directly contribute to patients' health and use her medical knowledge as a pharmacist at the same time. She also enjoyed giving self-prescribing courses to the public at the café. She has understood how biomedicine and homeopathy can be alternated to help a patient. Especially, she appeared content to operate autonomously as a homeopath, which was so unlike her former life as a pharmacist subordinate to medical doctors.

(2) From Office Worker to Homeopath

Mari is in her forties, single and had worked in an office accounts department. At the time we met, she had two jobs: on the staff of a college of homeopathy and also working as a

homeopath and a lecturer on homeopathy. She said she worked for the college three days a week and as a homeopath also three days a week.

Mari read about homeopathy in *Magazine A*, a magazine related to healing and spiritual matters. She read an article which described the conversation between patient and homeopath and became interested in homeopathy. She said her interest in medicine dated from her time at secondary school, when her mother had died of an incurable disease; step-mother had then suffered from breast cancer and undergone an operation, followed by chemo and hormone therapy, and she had watched her step-mother go bald and her body weaken. Caring for her step-mother had been a difficult time for her. After her mother died, she had read all kinds of books about natural therapy. She said, 'If I had known about homeopathy at the time, my mother might not have fallen ill. She had so many conflicts within her that might have been healed by homeopathy.'

She was bored with her work and interested in psychology. It was then that Mari read about homeopathy in the magazine and was impressed. She decided to study homeopathy and commuted to Tokyo once a month for three years to study it because there was nowhere in Osaka at the time. The study was hard but she loved listening to the lecture's life-story, which she felt often matched her own life. The college term in the UK impressed her too and she attended the lectures at the Royal Homeopathic Hospital in

London. She said she thought that homeopathy was secure in the UK and that the Japanese know nothing about homeopathy.

Although studying homeopathy, Mari had not at first thought of becoming a homeopath but this gradually changed before she graduated. I asked what motivated her as a homeopath. She said:

> I expect clients to become healthier. I learned that biomedical medicine applies a load factor to the body. So I would recommend using homeopathy instead of biomedicine. I would like to tell everyone who hasn't heard of it to try homeopathy. I would like to introduce homeopathy as a form of *obaacyan no chie bukuro* (grandmother's wisdom).

I asked about her the ambitions for the shops selling homeopathy-related goods and she said,

> Clients are customers. I would like raise the level of customer satisfaction. We have to explain everything we sell with great care because we are dealing with health. I would like to generate more publicity for homeopathy.

I also asked when she feels fulfilled by her work as a homeopath. She said, 'When clients get better; or when clients say their symptoms are not as bad even though they have not recovered; or when clients say they have become mentally aware of something mentally (*kizuki)*.'

Thus, Mari discovered homeopathy because she was interested in spiritual matters, healing and psychology when her life got stuck. Our meeting led her to remember her difficult days taking care of her mother and step-mother. Her motivation was to see

homeopathy recognised by those who had not known about it and to raise the level of satisfaction of her clients, or, as she puts it, her 'customers'. Her standpoint for homeopathy was different from that of medical homeopaths.

(3) From Patient and Office Worker to Homeopath

Takako is a woman in her thirties. I was introduced to her by a student from her college when she was in her second year. After she graduated and became a homeopath, I asked if I could interview her again and I also joined her self-prescribing classes several times. She worked as a homeopath three days a week and as a part-time job a receptionist at the mental health association.

She encountered homeopathy when she began to suffer panic attacks because she was working too hard at the music company and leading an unhealthy life. She said,

> I resisted going to a psychiatrist or taking psychosomatic medicine. Instead, I became *kenko otaku* (heavily into health). I came across homeopathy in a health magazine, and bought a thirty-six remedy self-prescribing homeopathy kit. I thought: this is what I want! I tried out remedies for several symptoms. Then I began reading books about homeopathy and this confirmed what I wanted. So I began with self-prescribing and it worked well.

Takako seemed to have refused to go to a psychiatrist for her panic attacks because her sister had had a mental problem and psychiatric medication had not worked well for her.

Instead, she was inspired by the efficacy of homeopathy. She confirmed on herself how well it worked because, she said, her reaction to the remedies she chose were exactly the same as the homeopathic book had explained. She also liked it because, unlike biomedical drugs, it was natural. I next asked how she decided to consult a homeopath and what her impression of the consultation was. She said:

> In one of the *manga* (comic books) written by Erica Sawajiri[27], she described her experience of a homeopathic consultation for her son. I already knew what homeopathic consultation was. Then, two years ago, I consulted a homeopath myself because I had had a skin rash for years. After the consultation, I felt a big psychological change. I found I was stuck at work. The music business is gorgeous and I had a high salary because I worked for a big music company so I didn't want to leave the job even though it was hard.

Takako continued to experience her mood changing after being prescribed homeopathic remedies.

> However, after taking the remedies, I began to ask myself why I was so determined to stick to my job. My obsession with work suddenly dropped away. I told the company I wanted to give up my job at once but actually it took a year. The remedy *Thuya*, that I had been taking, is for someone who is 'covered up as though with a mask'. Then I began to study homeopathy.

Takako had confirmed her interest in homeopathy because a fashionable cartoonist had written about their own experience with it. Takako thought homeopathy was something fashionable and for those who led a fashionable life. Yet she also referred to her interest

[27] See Chapter 6

in spiritual ways of thinking in relation to *iyashi* and the spiritual boom and felt these confirmed that homeopathic ideas overlapped with spiritual ways of thinking.

> I went to a seminar given by a holistic medical association where Mr Ehara[28] was the guest speaker. His subject was the meaning of illness. It seemed, however, that he knew nothing about homeopathy. However, he said illness is a sign that a human being is growing up. Therefore, we need to know the meaning of illnesses. I thought the idea went well with homeopathy. He also explained there are three types of illness: physical illnesses from overwork and carelessness about our health; soul illnesses that arise from repeated thoughts, from self-denial and anger, and lack of self-acceptance; and illnesses of the spirit that are decided before birth. I thought these ideas also accorded with homeopathic ideas of ill-health.

Takako was inspired by a presentation by the charismatic spiritual counsellor Mr Ehara. She thought his ideas went well with homeopathy. After she had been inspired by homeopathy, she left her job and studied homeopathy on a college. She said, 'I studied hard every day. I wanted to be rewarded because I spent most of the money I saved on homeopathy.' Her motivation to become a homeopath was fired by her studies, which she enjoyed.

I joined Takako's self-prescribing courses several times at a community centre in Kobe. The audience was usually about eight people. Takako spoke confidently and she was always cheerful. She would answer the questions these beginners put to her one by one and would persuade people. Most of her class were women aged 30-40, often mothers

[28] Mr Ehara is a well-known medium who would appear on television and published books in Japan during the *iyashi* and spiritual boom.

with young children but including some single women. Sometimes they would ask her to hold a class on healing the inner child. Her lectures were very attractive to these beginners of homeopathy, who would cluster around her and consult her.

Takako had found homeopathy through self-prescribing, and only then did she consult a homeopath. Takako said it was only after taking remedies that she suddenly come to understand that she was stuck in her job, and this freed her to decide to do what she wanted. Takako then devoted herself to studying homeopathy and now works as a homeopath.

Vocation among Lay Homeopaths

I have given the example of three lay homeopaths. Here, I added the analysis of Mr Minami in the previous chapter regarding a patient to a homeopath. Unlike the medical homeopaths, each one had a slightly different first encounter with homeopathy. Takako and Mr Minami were already looking for an alternative therapy that would help mental disorder, went searching among the choice available and found homeopathy. Mr Minami was introduced by a psychiatrist, while Takako found homeopathy through a *manga* magazine, of all places. They became homeopaths through their experience as patients.

One can say that their experience inspired them compared to their reaction to biomedical treatment or other therapies. They responded to homeopathy as a vocation. Their progress from patients to practitioners appears to be similar to that of many folk healers.

On the other hand, Eriko had been a pharmacist and felt powerless in a position that was subordinate to that of the medical doctors. After enthusiastic studies of homeopathy, she enjoyed her active role during the homeopathic consultation. She felt she had found a quality of self-realisation through homeopathy that she had not found as a pharmacist. Mari, too, came alive as a homeopath in a way that was not possible as an office worker. Thus lay homeopaths found a new and active role as homeopaths.

Regarding the style of studying, there are some differences between the graduates. Eriko and Mr Minami went on to further study at different colleges or studied by themselves in their quest for a style of homeopathy that would suit them best. Eriko found her ideal operating as both pharmacist and homeopath. She enjoyed holding self-prescribing courses at the café and found her patients among those who attended or among her neighbours. Mr Minami decided to establish his own college and pursued his own style of homeopathy.

The self-care courses were also an efficient method to find new clients. Ten lay homeopaths out of the twelve I interviewed held self-prescribing courses for beginners or advanced users. They all had their own website or internet blogs as a way of publicising their clinics, which came across as essential tools in attracting students and clients. Lay homeopaths were working as agencies for homeopathy in Japan.

Lay homeopaths acquired new social status as homeopaths. However, recognition of homeopathy in Japan is still low. Therefore their status remains unstable compared to that of medical homeopaths and they need to work hard to advertise themselves to find clients. As Mari said, 'Clients are customers and I need to satisfy them.' Furthermore, none of the lay homeopaths in the interviews could make a living through homeopathy alone unless they were running a college of homeopathy or working in one of them. Yet although none could live on their earnings as homeopaths and some lay homeopaths needed a second, part-time job, they seemed to be satisfied with their new work rather complaining about lack of money. In fact, they tended to devote up to three or four hours for a consultation without finding this time-consuming. It is apparent that lay homeopaths are eager to answer the expectations of their patients.

In addition to firming up their social status, the lay homeopaths used homeopathy for their personal growth. It was felt that every lay homeopath should be a symbol of how

homeopathy can work through their own lives, which should directly appeal to new patients and participants at their homeopathy classes. Because homeopathy is a new element in Japanese society, the behaviour of its lay homeopaths directly influences the diffusion of homeopathy.

3. The Different Values Attached to Being a Homeopaths

The standpoint of medical and lay homeopaths is different. If medical homeopaths think other treatments are suitable rather than homeopathy, they will use other therapies or biomedical drugs. Their stand point is to offer the treatment most likely to help or cure the patient. On the other hand, lay homeopaths hold to homeopathy as the sole form of treatment in four different kinds of situation: for the treatment of illnesses that were not cured with biomedical treatment or other CAMs; as a medicine-free alternative for daily healthcare; for the treatment of physical and mental/emotional problems; and to guide its devotees in the pursuit of a meaningful life. Thus the motivations of lay and medical homeopaths both to train as homeopaths and to work with homeopathy are different.

The coexistence of both medical and lay homeopaths is seen in the UK, a model that was selected by the Japanese. However, there have been tensions between medical

and lay homeopaths for years. Cant and Sharma (1999) examined how medically qualified homeopaths in Britain began campaigning in the 1970s against the emergence of new lay homeopaths and devised strategies for dealing with the lay 'threat'. The authors noted that, 'Medical homeopaths took a renewed interest in the scientific vindication of their therapeutics – not so much through proof of the basic theory of homeopathy as through clinical trials of particular remedies. In this way they could distance themselves from the "non-scientific" homeopaths' (Cant and Shama 1999:87). Barry (2006) characterised homeopathy in the UK as two different kinds of pluralism. She argued that, with 'homeopathy being available inside the NHS in a more medicalised form, and outside, in a more ideologically separate system of healthcare, we have plural use of homeopathy and orthodox medicine manifesting in quite different beliefs and behaviour for different groups of users' (Barry 2006:102). Regarding Japan, medical doctors practise homeopathy outside the NHIS and they themselves expect biomedical treatment to be handled differently. Therefore, the medical homeopaths in Japan do not use either 'scientific vindication' for their therapeutic approach nor a 'medicalised' approach like their British colleagues. However, medical homeopaths and lay homeopaths in Japan are different to the extent that the lay homeopath is more dependent

on homeopathy and draws on personal experience of healing as well as of 'growth' and 'maturation' as a human being.

The status of medical homeopaths is the same as for medical doctors but they are somewhat under a cloud as they can be seen as supporting an alien medicine which is not scientifically recognised and whose medicines are viewed as a 'placebo'. However, medical homeopaths were making a choice of adding homeopathy as a way of offering better treatment. The lay homeopaths, on the other hand, exchanged positions as 'patient', 'manager', 'office worker', 'housewife' or 'just a mother' to that of 'homeopath', 'lecturer' or 'principal of a college of homeopathy'.

Leslie (1976a) has studied and illustrated medical pluralism in India. His argument is that well-off entrepreneurs are eager to make a career by creating a niche for themselves as medical practitioners. Although lay homeopaths in Japan are not eager to create their own niche as medical practitioners, what they have done is create a niche in the Japanese healthcare system and regained empowerment in their society. They have a positive image to contribute to their society through homeopathy, especially in contributing to the reception of homeopathy into Japan. Therefore, the meaning of becoming a homeopath differs between lay and medical homeopaths. Homeopathy allowed lay practitioners to follow a vocation within Japanese society. Even medical staff

such as pharmacists and nurses acquire a special meaning, no longer subordinates, mere supporters or helpers of medical doctors, but active providers of healthcare in their own right. However, the social status of homeopaths is still fragile and isolated because of the poor recognition of homeopathy in Japan. Hence, to achieve recognition of homeopathy in Japan would be a motivating factor, especially for lay homeopaths, who could see it as a mission or a vocation, because they are all pioneers of this new medicine in Japan.

Applying Kleinman's (1980) healthcare system conceptualization to the situation of homeopathy in Japan, medical homeopaths play the same role as medical doctors: both treat patients and the relationship between medical doctors and patients remains unchanged whether or not they add the concept of homeopathy. On the other hand, lay homeopaths have found a niche within the folk sector that offers them a new status. Through their self-prescribing courses and their work in the clinic, they actively contribute to the recognition of homeopathy in the popular sector. Furthermore, lay homeopaths actively work in the popular sector to help individuals realise themselves. The expansion of the meaning of healing into meaningful life is realised by lay homeopaths. I offer a detailed narrative analysis of the relationship between a patient and a lay homeopath in the next chapter.

Socio-cultural Values of Homeopaths in Japan

As mentioned in Chapter 1, Japanese society has been sceptical of the psychological approach (Lock 1980, Tanabe and Shimazono 2002, Kitanaka 2012). Japanese doctors and patients pay little attention to the emotional causes behind illness and consequently have little interest in psychotherapy (Ohnuki-Tierney 1984). Ohnuki-Tierney describes the avoidance of any psychological understanding in the aetiology of illnesses in Japan with the medical concept 'physiomorphism' (Ohnuki 1984: 75). This reflects the approach taken by Japan's indigenous medicine *Kampo*, a discipline that includes both *Kampo* medicine, acupuncture, moxibustion and massage: all tend to take a physical approach to healing the patient.

However, homeopathy understands healing differently. As shown above, Japanese homeopaths are interested in homeopathy as a treatment that includes the individual's social environment, such as their mental and emotional problems. *Kampo* did originally see patients holistically and included their mental condition in its diagnoses. However, *Kampo* became medicalised within the NHIS. Lay homeopaths especially spend more time in the consultation. The original purpose of the consultation is to diagnose the patients and to find the most suitable remedy. However, homeopaths may also have a role as *de facto* advisors or counsellors. Homeopathy, especially when

practised by lay homeopaths, may have a different social value to contribute to patients, who begin to open up and tell their stories, and thereby they integrate their thoughts, values and actions to move towards a better life. It is the lay homeopaths' listening skills that allow their clients talk freely. It may be a culturally constructed value in Japan.

In conclusion, the motivation of medical people and lay people differs in that lay people tend to wish for homeopathy to be recognised by those who do not know about it, whereas medical people use homeopathy to cure and heal patients. The attraction of homeopathy for the Japanese is that it takes into account mental and emotional factors in relation to health. Finally, lay people have created a new social space and found personal empowerment. The homeopathic culture that has been spread throughout Japan by lay practitioners is particularly appealing to women and those who want to live a meaningful life rather than merely to be cured and healed of disease.

Chapter 5 The Healing Process in Homeopathy (Narrative Analyses)

In the previous chapters I examined how homeopaths are trained in Japanese educational institutions and what their motivations were for becoming a homeopath. It is time now to examine what happens in a homeopathic consultation. This chapter explores the healing process in homeopathy through the recorded narratives of nine homeopathic consultations over thirteen months in Japan. First, this chapter will consider the five characteristics of homeopathic treatment and what takes place in a homeopathic consulting room in Japan. Second, findings related to these five characteristics are illustrated in detail through patients' illness narratives. This allows me to discuss how the narrative process is related to healing, as seen from the perspective of consultation and the homeopathic concept of holistic treatment (see Introduction). Third, drawing on all nine consultations and applying Mattingly's 'therapeutic emplotment', I examine how these intimate narratives focus on processes of change in the patient and lead to social action. Fourth, the healing process of homeopathy in Japan is discussed. The theoretical framework draws mainly

on the anthropological literature of narrative analysis (e.g. Kleinman 1988, Hunter 1991, Good 1994, Mattingly 1994, 1998, Hunt 2000).

1. Homeopathic Practice in Japan

What Happens during Homeopathic Treatment

The philosophy of homeopathy and the detailed practical method in Japan are examined in the Introduction and Chapter 3. In this section, I explain the brief procedures of homeopathic treatment. The process of homeopathic treatment is as follows. First, there is an extended consultation between patient and homeopath. Second, after examining both the symptoms presented and the patient's whole picture (the physical, the mental/emotional and 'general' level) (see below), the homeopath selects remedies. Third, the patient takes the remedy (or remedies). Fourth, the patient observes various changes until the next session. Lastly, one or two months later the follow-up takes place.

During the consultation, the interaction between homeopath and patient and the ensuing narratives play a significant role. A homeopath will usually need to consider three levels (Vermeulen 2004). Kaplan, a well-known homeopath, in *The Homeopathic Conversation* (Kaplan 2001), indicates the importance of the interaction between

homeopath and patient. On the physical level, the homeopath encourages the patient to give a full account of their presenting complaint, current symptoms, when these began, and what makes them better or worse. On the mental/emotional level, patients are encouraged to open up: this part of the consultation may cover conditions such as depression, anger, anxiety, fear, low self-esteem, or guilt. On the general level, patients are asked about characteristics such as sweat, sleep, dreams, weather, touch, thirst, and food desires or aversions: these are known as their 'general' symptoms. All the data are examined when making a diagnosis.

I will explore how the homeopathic conversation works as part of the healing of suffering.

Are the Japanese Capable of Speaking Freely?

As shown in Chapter 1, Japanese people tend to be sceptical of psychological treatment (Kitanaka 2012, Lock 1980, Ohnuki-Tierney 1984). Yet Reynolds (1980) describes some characteristics of Japanese indigenous therapies as 'quiet therapies'. What makes Japanese patients talk freely in public will be examined below.

Goodman (2001) comments on the narratives that take place in the clinical setting: '[N]arratives are contested as part of control, domination and resistance processes. In clinical encounters storytelling was analysed as a power struggle: patients are negotiating a topic, setting the scene, clarifying their actions and pointing to their consequences, while their physicians may be either carefully listening and joining their stories, or alternatively interrupting them' (2001: 172). Greenhalgh and Hurwitz (1998), in *Narrative Based Medicine*, also suggest that '[T]he choice of what to tell, and what to omit, lies entirely with the narrator (modified, at his or her discretion, by the inquisitive questions of the listener)' (1998:3). In homeopathic treatment, it is the patient's words that lead to the decision as to the most suitable remedy. The patient's decision about what to tell and what to omit is crucial. How the relation between patient and homeopath is built without a power struggle is explored below.

Characteristics of Homeopathic Practice

Below I give five findings that arise from my participant observations of the homeopathic clinic. They all relate to how patients emplot their illness experience and open to new

possibilities. In order to illustrate the findings in the examples of the narratives, the findings are numbered from **(F1)** to **(F5)**.

1. Long Consultations (F1)

A first homeopathic consultation usually lasts between 60 and 90 minutes, sometimes up to three or five hours and the follow-ups between 30 and 60 minutes, sometimes up to two or three hours. This contrasts with Japanese biomedical clinics, where the typical consultation is 'three minutes' (see Chapter 1) or 20 minutes in a psychosomatic clinic.

2. Purpose of the Consultation (F2)

The purpose of the consultation is not to give advice patients but to decide on the most suitable remedy, even though the patient's narrative often extends to mental and emotional matters related to their social activities.

3. Questions: Style of Questioning and Repeating the Same Questions (F3)

Most questions in a homeopathic consultation are open. Homeopaths often use questions beginning 'what else?' and 'how?'. Furthermore, in each follow-up homeopaths often ask the same questions. Patients may give the same answers or they may offer a different one. This enables patients to become conscious of their patterns of behaviour. Above all, homeopaths ask questions about the physical level, the mental/emotional level and 'general' level.

4. Paying Attention to a Patient's Speech and Behaviour (F4)

A homeopath listens carefully and observes speech and behaviour in order to choose a remedy or remedies. Spontaneous remarks by the patient are also important in building a holistic picture. The homeopath takes note of the patient's exact words. These are sometimes key to the homeopathic rubric that leads to the correct remedy.

5. Taking the Remedy (F5)

Most homeopaths send the remedy within a week of the consultation: some give it at once while others need to study the case first. Whatever happens, the expectation for the patient

is that taking the remedy will lead to recovery and transformation. The act of taking the remedy itself plays a crucial role. The narratives in follow-ups are always based on how the patient senses they have changed 'thanks to' the remedy.

I found that these five characteristics in the practice of homeopathy encourage patients to talk freely and safely. Homeopathic treatment provides a natural context for patients to give voice to 'illness narratives' (see Chapter 1), i.e., socially and culturally contextualized narratives regarding how and why they came to be ill. 'Illness narratives' and extended consultations in Japan are newly imported treatment practices, and the healing they bring about in homeopathic clinics cannot be realized in Japanese biomedical clinics. This will be discussed in detail through the narratives below.

2. Narrative Analyses in the Homeopathic Clinic

Example of a Homeopathic Consultation

From the observation of 10 patients in the consulting room during my fieldwork, I selected the one quoted below. This case is typical of Japanese patients I met through my fieldwork who chose homeopathy: a forty-something upper-middle-class female with a

history of chronic illness that had not been resolved through biomedical treatment. Through analysis of this woman's narratives, I explore why she chose homeopathy and how she expected to get better. As shown in Chapter 1, some of the most frequent users of homeopathy in Japan are women, who wish to raise their children in a natural environment, avoiding adulterated food and drugs. The case below is offered as an illustration of how the healing process works during consultations. First I will sketch in the background of both homeopath and patient.[29]

Background of the Homeopath and Their Patient

The homeopath was 35 years old and had worked in emergency nursing for seven years. He had been attracted to the Austrian philosopher Rudolf Steiner, whose writings had alerted him to homeopathy. He then studied at a homeopathic college in Japan for four years. He prescribed remedies based on the classical homeopathy in which the only one most suitable remedy is chosen.

Next, I will outline the patient's history and her presenting symptoms, taken from what the patient said during her consultations with the homeopath. Sayaka, 47, was a

[29] At the outset of observations in the clinic, full consent to be present and record on repeated occasions was verbally obtained both from the patient (Sayaka) and the homeopath.

housewife with two sons aged 7 and 16. She had worked at a junior high school where she had taught home economics for more than 20 years until being forced to stop due to illness.

Her husband was a medical doctor with his own clinic and belonged to a new religion. He had impregnated the clinic's pharmacist, who belonged to the same new religion as he did. He had left the house seven years earlier and now lived alone. He had been asking Sayaka to agree to a divorce for years, but she said she refused because she did not want their children to be the children of a single mother. Also she could not find it in her heart to allow him to marry his mistress and live with her and their child as a family. Yet, she did not wish to live with her husband anymore.

Sayaka had been ill for about ten years. The illness began after her father died of cancer, leaving large debts. She had exhausted herself dealing with the aftermath and was diagnosed with panic disorder. She said that she had had to play four roles: as a good teacher at college, as a good mother to her young children, as a good wife to her husband, and as a good daughter, capable of dealing both with her father's debt and helping her mother. During this busy time, eight years ago she was suddenly served with divorce papers by her husband. She was shocked and could not think what had gone wrong with her marriage because she had done her best to play all four roles outlined above. Because

her husband had given her no reason for the divorce, she asked her friends and found out he had a pregnant mistress. Her illness worsened and she was diagnosed with depression. Although the husband left their house, depression prevented her from being able to work and she did not work for two years.

Although Sayaka's panic disorder and depression appeared to be virtually resolved by the time she attended her first homeopathic consultation, she was still taking tranquilizers regularly and suffered from ear pain, stiff shoulders and other symptoms. For years, she had used various kinds of complementary medicine including acupuncture, massage, *Kampo*, *thermie*[30] (a form of moxibustion), and supplements. However, these methods provided only temporary relief and did not clear her symptoms. She had to turn to CAM treatment because the ENT doctor had said he could do nothing more and the psychiatrists only gave her tranquilizers. Her motivation in starting homeopathic treatment was to give up biomedical medicines, although a psychiatrist had reassured her that the quantity of medicine she was taking was safe.

Setting of Consultations

[30] '*Ito-thermie*' treatment is a form of thermotherapy invented by Kinitsu Ito in 1929 that employs the burning of herbal materials such as moxa in a ten centimetre medical instrument.

There were nine homeopathic consultations over thirteen months from January 2008 to February 2009. The consultations were held in one of the classrooms of the homeopathic college in Osaka city where the homeopath worked because he did not have his own premises. For the consultation, the homeopath usually moved two tables so that he and the patient faced each other across a table. The distance between them was about one meter. I usually sat at about two metres away so that I did not disturb them. The first consultation lasted three and a half hours. The second and subsequent consultations lasted between 1.5 and 3.5 hours, with an average of 2.5 hours.

Lay homeopaths usually wear casual clothes. In my subsequent interview with the patient, she said she had been surprised the homeopath was so young and lacking in dignity, and wondered whether, judging by appearances, he was really reliable. However, during follow-ups, the casual and safe atmosphere seemed to help her to relax and speak more freely. Sinclair (1997) notes that biomedical doctors usually wear white coats to demonstrate the role and dignity of professional (1997: 197,252). Wearing casual clothes may have a different influence on a patient.

Five Characteristics of Consultations[31]

In this section I illustrate the five findings in the consultations, using two narrative excerpts from the first consultation and three from secondary consultations.

(12th February 2008. The first consultation began with informal introductions and H prepared green tea. H had his notebook and laptop computer on the desk, and used the laptop's homeopathic software to look up remedies when necessary. H asked her to write her name, address and contact number on a sheet of paper.)

The casual clothes, green tea, the distance between a patient and a homeopath work well for establishing a relaxing atmosphere. The homeopath first explained the process of consultation and why he was taking notes. It seemed to affect Sayaka that everything she said was listened to seriously before a remedy could be chosen. **(F4)**

The homeopath first asked how much Sayaka knows about homeopathy. Sayaka said she was introduced homeopathy by a midwife and had already read two books about homeopathy. Next, he asked her main symptoms. Sayaka explained her physical symptoms in detail. Then the questions continued as below:

[Narrative 1]

H: Hmm. **What other problems are you experiencing?**

[31] Abbreviations H Homeopath; P Patient; … pause; ( ) my comments. Passages in bold represent my additions and are explored below.

P: The most painful place is here. (Without answering his question, she touched the area around her ear again and repeated her main symptom.)
H: **What else?**
P: **What else?** [slight surprise] I suffered from depression before, but not now. When I don't feel good, my breathing becomes weaker and irregular. But I take medicine regularly, so it gets better with the medicine. It is also improves with acupuncture. (She explained in more detail her symptoms in relation with acupuncture.) So I realised that if my circulation is better, my condition is better overall. It is very simple, but I can't keep it up.
H: It may be from emotional problems?
P: Yes. But I think it's getting better through acupuncture. [Again, she explained in detail the efficacy of acupuncture.]
H: Hmm… **Is there anything else you're concerned about?**
P: **What else? (laughing) … What else?** Hmm. … (The patient thought for a few moments.) Hmm. Even though it is not related to stress?
H: **Yes. Anything.** For example, menstrual pain?
P: Oh, menstruation pain? Since junior high school, I haven't been able to bear the pain without taking medicine during my periods. (She went into detail.) I've also tried acupuncture. I have to start taking medicine three days before my period. **What else? … hmm** … I sometimes feel eye strain although I don't use a computer. It lasts about a week.
H: Do you know the cause of the eye strain?
P: No. …（She tried to think of other symptoms and then brought up the ganglion again.） **what else… hmm… um…. Are stress-related problems OK?**
H: **Yes, anything.** (She began to talk about the problems with her husband, summarized above in the patient's background.)
P: In terms of emotional problems, I think my panic syndrome was caused by overwork. But at the same time, I was experiencing relationship problems with my husband. It made my illness worse. When I first experienced panic, I hardly noticed the change in my husband. **Even though I was suffering with my panic syndrome, he never took care of me.** So I had to take care of my children, work at school, and look after the house as I always did. **He is a medical doctor and never helped in the house.** At that time, I was exhausted and I wondered if I would wake up next day when I went to sleep at night. I wondered if I might never wake up in the morning. Before that, my father had died, leaving a load of debt. My father owned a clothing company. (She went into detail.) During that time, I had my first panic attack when driving. I suddenly felt irritable when I was driving. Then, after two or three months, my husband suddenly handed me divorce papers. It was really bad. My husband belonged to a cult.
H: He did?
P: Yes. (She talked at length about the relationship for about 10 minutes. Then, unprompted, she spontaneously began to reflect on herself.) I am always giving myself a hard time about **taking too much medicine. I try to take the least I can. I always worry that the medicine will affect my immune system and it might stop working if I keep taking it continuously.**
H: Thank you very much. You've had a tough time.
P: I might have made myself out to be a victim.
H: No, no.

For about the first forty minutes, the homeopath asked only questions such as: ‘what is wrong with you?’ and ‘what else?’ So the patient was encouraged to continue speaking about whatever came to mind about her symptoms and sufferings, not only the physical symptoms but also mental and emotional matters. The repeated questions ‘What else?’ ‘Anything else’ encouraged the patient to talk about whatever was on her mind. At first Sayaka was slightly surprised at the repeated questions, however, the homeopath was waiting for the point at which she would speak spontaneously. There were moments when I recorded periods of silence between them lasting between fifteen seconds and about one minute. During the first stage, the atmosphere seemed awkward, but gradually Sayaka lowered her defences and seemed to be more relaxed; there were moments when she laughed because she appeared to know that the homeopath would accept everything she said. This first forty minutes were important in establishing the mutual rapport that allowed the creation of a reliable relationship. When Sayaka opened up about her depression and mental situation, she burst out with a long story related to her husband and family. She appeared confident that it was all right for her to give that kind of illness narrative freely and safely. The homeopath said sympathetically, ‘Thank you very much. You’ve had a tough time.’ The comments also have an effect on her. **(F3)**

(After forty minutes, the homeopath asked for details, one by one, such as the type of pain. From this stage, the questions from H changed and he interacted with P more intimately.)

(After two and a half hours, the homeopath next enquired about her irritation, then moved on to general questions such as frightening animals and places, dreams, food and drinks she liked or disliked, and whether she was happier in hot or cold weather. These are routine homeopathic questions to put at a later point in a consultation. Next, H asked more about her character.)

[Narrative 2]

H: What do you think you are like? How would your friends describe you?
P: Rigid. Stubborn. Honest. Fastidious.
H: You don't like injustice and immorality?
P: No.
H: What's wrong with them?
P: What?
H: How do you feel?
P: I think the most important thing in a person is to be trustworthy. I cannot tell a lie. I cannot admit people can do wrong if nobody is watching. (She explained more about her feeling.) I'm much too honest. I'm not good at praising people.
H: hmm….
P: I don't blame others. But I cannot flatter. If I feel it in my heart that I want to give praise, I do.
H: In what kind of situations are you stubborn?
P: I am told I'm too formal. Once I hear something, I don't let go. My mother said to me, 'Sometimes it's OK to tell a lie. You are stubborn.' (She talked about her childhood in detail.) After I got a job, I would work fast and efficiently. When I started both working and keeping house, I kept a tight schedule. As soon as I had woken up, I had breakfast, lunch and dinner prepared by nine, and then I played with the children until ten, went shopping and went to work. I was always watching the clock and did everything on time. Even when I worked at school, I always made three proper meals a day (*ichijū sansai*).[32] **Now I know that I tried too hard and made myself ill. I want people to think well of me. I want to**

[32] The phrase *ichijū sansai* means that one meal should include soup and three different vegetables.

think well of myself, too. I also want my kids to think I'm a good mother. So I do my best all the time.

As shown above, the homeopath asked Sayaka to describe herself, both as she saw herself and as others did. It is noted that she first answered the general question and naturally developed to illness narrative including how she have thought she was ill. It is also noted that the homeopath led her on questions such as 'What's wrong with them?' and 'How do you feel?' These questions appeared to make her think about her condition carefully. Below, I will explore how she analyses her character in relation to her illness in the following consultations. **(F3)**

A few days after the consultation the homeopath sent a remedy called *Kali bromatum*, but kept the name from the patient. The remedy was given in a single dose. She said in the interview she took the remedy while praying she would recover **(F5)**.

The second consultation took place one month later. The homeopath asked about changes in Sayaka's symptoms and emotions and also asked specifically about fears, likes and dislikes, and so on. Sayaka reported that some symptoms were better, some worse. The extracts quoted from the follow-up indicate how the consultation went, followed by discussion.

[Narrative 3]

H: Well, you took a remedy a month ago. Has there been any change?
P: **I'm not quite sure whether the changes are caused by the remedy** because

my symptoms always change from day to day. The pain around the base of my head was very strong, but it went down a lot. It calmed down a lot. But **sometimes it still hurts. The shoulder stiffness got worse. My shoulders and back hurt.**
I wake up feeling more comfortable than before. I feel good in the mornings. Before I took the remedy, I sometimes needed to take medicine as soon as I woke up. But now, I can put off taking medicine until around 10 o'clock. When I first came here, I took three doses a day. Now I take two or two and a half. Even though I break one dose into two and take only half, I feel drowsy. **That means that even a half dose works well.** The irritation got worse. When the medicine wore off, the stiffness and irritation were worse than before. I went to the acupuncturist once a week instead of twice a week. But there's still stiffness. **But my ear has not got better.** I still have stiffness. I try to take less medicine, but feel down: **I know I can't stop taking pills soon.**

H: **No. You can't stop soon. I hope it'll** get **better gradually. Is there anything else?**

(The homeopath continued to ask about changes to P's physical and emotional symptoms, based on the notes he had taken during the first consultation so that he did not overlook any subtle changes, and always adding comments.)

Sayaka proved that she had observed her symptoms and condition carefully throughout the previous month and had not ignored changes, however subtle. Sayaka appeared to realise that homeopathy was different compared with the other alternatives she had tried because she was coping with less medicine and could now sleep well. Sayaka seemed to accept that the remedy worked even while she was sleeping. **(F2 and F5)**

(H continued to check for changes and repeated various other questions. Eventually, he returned to the question of fear, which had been raised in the first consultation, and how Sayaka had felt about the divorce.)

[Narrative 4]

H: **The homeopathic remedy I prescribed was not bad. I think you are starting to recover.** (He changed the topic.) Don't you want to get a divorce? Really?

P: I don't want to live with him anymore but I can't endure the thought of my children having a single mother and him having a family with his mistress and their child. … (When he was living with me,) **I felt as though I was being watched by him all the time** because he noticed every little detail. He was very strict about what I was supposed to do for him. I tried to do my best. I always made three full meals, every day; and I prepared and set out his underwear ready for him when he got out of the bath. I would try to brush his shoes clean because he didn't seem to be satisfied when I used instant shoe cleaner. When I bought a dishwasher, he seemed to dislike it because I was 'neglecting the housework and being lazy'. But he expected me to go out to work.… (She continues about her husband.) I always thought I had to do everything myself. So I think my body was done in. He was also always busy so I couldn't ask him to help. **I get a stiff shoulder when I talk about my husband. I didn't realise it but now I know I have lots of pent up emotions.**
Can a homeopathic remedy heal how one thinks?

H: The remedy makes the person's character relax. 'I have to' becomes 'I have time.'

The homeopath's questions were based on what he asked in the first consultation from his notes and he did not avoid even subtle changes. These same questions were usually repeated at each consultation. As shown above, although he acknowledged deteriorations in her condition, he focused more on positive changes. She also opened up freely about her feelings about her husband, and how he had not acknowledged her devotion. She thought his attitude towards her was the cause of her pain. This excerpt shows that she

found it natural to express illness narratives in the consultation. She also felt more relaxed and collaborated with the homeopath. (F2 and F3)

(At the end of this consultation, as at the end of the first, H asked if there was anything else Sayaka would like to say.)

[Narrative 5]

H: **Anything else?**
P: You said you wanted to know me very deeply, didn't you? I don't know how deep I should go.
H: **Anything** you're concerned about.
P: **I always had the feeling people were watching me.**
H: Did you have the feeling your mother was watching you before you married?
P: Yes. I always thought I wanted my mother to think I was a good child and thought she **was** watching me. I felt I was being watched by someone. I was a good child and tried hard not to disappoint my mother.
H: Do you feel you are being watched by God?
P: Yes. **I've** always thought God is watching me all the time. If I tell a lie, God knows. I was told that when I went to church Sunday school when I was a child. I don't tell lies. I cannot tell lies. I am too honest. (She began to talk about how she was surprised that her husband always lied to her.)
H: Well, I will finish there today.
P: Thank you. Don't you have a remedy?
H: I will think again after the consultation and may send a repeat. However, **I think the first remedy is still working. In other words, your body is trying to get you back to the right place.**

The last question, 'What else?', encouraged Sayaka to talk more about herself. During our interview, the homeopath had said that patients sometimes say the most important thing in the end, though this depends on the patient. Therefore, the homeopath always asks a 'What Else?' question. This time, Sayaka said: '**I always had the feeling people**

were watching me.' Through all the nine consultations, this sentence was key to Sayaka's experience of healing (see below). **(F3 and F4)**

Thus five characteristics have an effect on to develop her talks to illness narratives in the process of the consultations both indicate that plenty of the illness narratives were offered freely. The third and subsequent consultations followed the same pattern. The act of giving voice to illness narratives itself has an effect on healing. Below, I will explore narratives from the viewpoint of 'therapeutic emplotment'.

3. Therapeutic Emplotment

In this section, I explore how 'therapeutic emplotment' takes place in the homeopathic consultation in relation with the five findings above. Mattingly points out how narratives between practitioners and patients in the clinics of occupational therapy in the US are emplotted experiences and lead to social action. She coins the term 'therapeutic emplotment', explaining that: '[M]ost simply, emplotment involves making a configuration in time ... [T]he structure of human temporality itself, of life in time, is fundamentally related to the structure of narrative because both of these are tied to the structure of the plot. … Narrative structure most associated with temporality is the plot'

(Mattingly 1994: 812). Thus 'emplotment' is strongly related to the social experience of the time. Mattingly transfers this term directly into the discussion of social action. She argues that narratives between occupational therapists and patients emplot as a moment of healing drama, a concept on which I drew in my MPhil thesis in the context of a homeopathic clinic in the UK .

However, I would rather argue that the therapeutic emplotment took place over the subsequent nine consultations, in the course of healing the patient's illness experience. Below, I illustrate how Sayaka created a new perspective for her life within the Japanese context. I will explore these narratives by explaining the interaction between patient and homeopath after each lapse of time. I will also explore how the different narratives created from different scenes intertwine so that the sum of different narratives over time that come to emplot the patient's experience and lead to new social action, although each individual scene may appear to be trivial in itself.

I will take three specific points as examples and examine how each narrative interrelates and heals: (1) How Sayaka emplotted her narratives of biomedical drug treatment; (2) How Sayaka found healing herself; and (3) How she told the characters in the drama of her life. Since emplotment also relates to the five findings above, I continue to indicate the findings as well below.

(1) How did Sayaka Emplot Her Narrative of Biomedical Drug Treatment?

In the first consultation, Sayaka talked about her worries about taking medicine as follows:

[Narrative 6]

H: You're worried about what will happen if the medicine stops working?

P: Basically I do not want to take any medicine. It's OK to take medicine for a short time, like for a cold or a period pain. But **when I consulted a psychiatrist and was told I could be taking this medicine all my life, I was very surprised. I thought it meant that I would never recover and would have to take medicine all my life. In fact I still take medicine, as the doctor said I should.**

As shown in the first consultation (see above), Sayaka said her overriding motivation for seeking homeopathic treatment was to cut down on her use of biomedical medicines. She urgently wished to give up tranquilizers but was worried she would not be able to. She had already succeeded in cutting some of her dependence on medicine through acupuncture and massage. During each follow-up, she consistently went over the point at which she would resort to tranquilizers by analysing what triggered the need, and describe how one drug worked compared to another. In fact, she was to cut down heavily on her tranquilizers by the end of her nine sessions of homeopathy over thirteen months. Instead, in the ninth consultation, she took a different perspective on her pills:

[Narrative 7]

H: The medicine is the same but it's working differently. Even though I am taking the same number of pills, the effectiveness is now one hundred per cent. It used to be sixty per cent. Now I take two pills, sometimes one or one and a half. Things are better compared to a year ago. **It would be fine if I could be happy even though I continue to take medicine.** I know if I am happy, I don't need medicine.

Thus she finally found a different outcome. She emplotted her narratives from the fear on taking biomedical medicine to the happiness for her life over taking biomedical medicine treatment. The said emplotment was established from being asked in each consultation repeatedly the same questions such as how she had changed the frequency of taking tranquilisers even on a subtle level, and how she had felt when taking them **(F2 and F3)**. Consequently she was inspired to social action. She decided to stop working full time in a job she had held for more than 20 years and decided to work part time as an elementary school teacher. In fact, she said she preferred it to junior high school. She also began to teach flower arranging, which she had been longing to do for a long time. I explore her reasons for taking up flower arrangement below.

(2) How Sayaka Found Healing Herself?

It is standard practice for homeopaths to ask open questions about hobbies in the clinic as an important tool for patients to emplot the narrative of their lives.

[Narrative 8]

H: (After a while without comment.) Do you have any hobbies?
P: Flowers. Whenever I touch flowers or make flower arrangements and put together a bouquet, I feel good. I expected to teach flower arranging. I have just returned to learning how to make arrangements.
H: What do flowers mean for you?
P: Healing (***iyashi***).
H: What happens?
P: I forget to take any medicine. When I put together a bouquet, I forget what hurts. After I have devoted four hours to it, I forget everything and **I feel good hormones coming into the body.** I would like to plant flowers on the veranda. What I most love to be given is flowers. I would like to plant vegetables on the veranda.
H: You loved flowers from when you were a child?
P: Yes. I learned flower arranging from junior high school days.
H: Hmm…
P: I expected to teach it.

When the homeopath asking what her hobby meant to her, without hesitation Sayaka answered '*iyashi'*. It is not untypical for Japanese people to answer *iyashi* in order to convey a good feeling, or a feeling of peace (see Chapter 1). She realised she felt so good when arranging flowers that she might forget to take her pills. The same question was repeated in subsequent consultations and Sayaka gave the same answer. She was obviously aware that it helped her to do what she enjoyed and, by the same token, avoid her tranquilizers. Furthermore, she was asked the question as to when she felt at her most relaxed during several of the consultations and she always returned to the same answer: flowers. The repeated use of the same questions helped to engrain Sayaka's understanding of herself **(F3)**.

(3) How did Sayaka Emplot the Narrative of Characters in the Drama of Her Life?

Exploring how Sayaka emplotted the idea that 'someone is watching me' opens up the consciousness to new possibilities for transformation. This key phrase was important as a symbol for how she reacts to society. It was during the eighth and ninth consultation that Sayaka became aware of her character and her actions. In the first consultation, she had said: 'I want people to think well of me. I want to think well of myself, too. I also want my kids to think I'm a good mother. So I do my best all the time.' (Narrative 2). Because of who she was, she played the roles of good child for her mother, good wife for her husband and good worker for her students. She seemed to do everything for fear of other people's evaluation of her. She said, 'Now I know that I tried too hard and that made me ill' (Narrative 2). 'I might have made myself out to be a victim.' (Narrative 1). Both her speech and her tone had been pessimistic. She had said, 'I love to fill every minute on the calendar but I can't because of illness.'

In the second consultation, Sayaka put it differently, saying, 'I felt as though I was being watched by him all the time because he noticed every little detail.' (Narrative 4). She seemed to think her illness was caused by her husband and she wanted him to

change. Furthermore, she said 'I always had the feeling people were watching me' (Narrative 5).

Below, I pick up some important scenes in relation to this from the third consultation.

[Narrative 9]

H: You said you mind what your son thinks about you. Tell me about it.
P: It is not so …. My husband was very strict. My son not so much. My husband used to watch every detail. … I'm afraid my son may think I am capable of doing only one or two things because I don't have a job.
H: Why do you think your son may think like this? What does it make you feel?
P: He may think I am lazy.
H: He may think you are lazy.
P: **I want my son to think well of me.**
H: How do you feel if your son says you are lazy?
P: If my son says I am lazy... (She is thinking.) If my son says …（Laughs）He may say that he is studying hard at a *juku* for his school entrance examination and comes home… I feel my place (my value of existence) is denied. Currently I cannot work because of illness. I cannot earn money. So at least I want my son to think well of me. (She poured out a lot more about her feelings, not only for son but for her husband, mother and younger sister.) **I want others to rely on me.** (A lot later she said) **Oh, I been talking about things you did not ask me.**
H: **It is better, really (*sono hō ga yoino desu*).** (He changed the subject.) Did you dream recently?

Sayaka had already admitted she felt someone was always watching her. Because of her character, she was worried that even her son might think she was lazy although she was incapable of working because she was not well. The homeopath's questions about her emotions led her to pour out her impatience with her son and her work **(F3)**. Her expression changed slightly to 'I want others to rely on me.' The phrase seemed to be

based in a more positive perspective. Eventually, she said: 'I've been talking about things you did not ask me,' and the homeopath answered 'It is better, really.' As mentioned above, the patient's spontaneous remarks are keys to the eventual choice of remedy. Here, the homeopath's 'It is better, really,' seemed to work well for Sayaka because it made her confident that she could say whatever came to mind. **(F4)**

(Fourth, fifth and sixth consultations)

In the fourth consultation Sayaka had mainly complained about her husband. She had said, 'I would like to be needed by others; I would like them to find me reliable.' By the next consultations, she came to realise that her desire was to be accepted by others. At the same time, she had also come to see her character differently, saying '**I love myself when I work hard** (*ganbatteiru*).' She had always focused on what others thought of her; now, however, she realised she was evaluating herself.

In the sixth consultation, Sayaka reported a dream related to the story. She said, 'I had a very interesting dream. It was the school where I used to work. The male teacher understands me just the way I am. He said, 'You are OK just the way you are.' I realised he accepts me just the way I am. The dream made me feel I am accepted just the way I

am.' In most of the consultations, the homeopath had asked Sayaka what she had dreamed over the month. This time, she spontaneously spoke about her dream and analysed it for herself, connecting it with the previous sessions. The technique of repeating the same questions had paid dividends. To be 'accepted just the way I am' obviously carried a special significance for her. **(F4)**

(Seventh and eighth consultations)

In the seventh consultation Sayaka's condition was still broadly the same. Some symptoms had improved, others had worsened. I explore the eighth consultation in more detail. It took place two months after the previous one. The homeopath checked as usual what had changed, and the narratives naturally moved on to how Sayaka felt in herself. In this consultation, she talked about 'making an effort'.

[Narrative 10]

H: How do you feel today?

P: Not bad. However, I feel anxious because I cannot see what the future will be like. Because of homeopathy, I stopped *Kampo* and supplements. I'm always happy when I make an effort and doing as much as I can. **I feel suppressed because I don't do everything I can.**

H: **You feel suppressed you don't do everything you can?**

P: I would like to try as hard as I can. For example, I began to go to hot rock therapy (*ganban'yoku*)[33] four or five time a week recently, to detox. **Making an effort gives me a feeling of relief.** I do my best and I'm OK. So, I would like to take

[33] The therapy is practised lying on a big, hot rock until the whole body breaks out in a heavy sweat. It is used for detoxing. It currently popular in Japan's sports clubs and at the country's hot springs.

more homeopathic medicine.

Sayaka explained she liked to put in as much effort as she could. She was frustrated at the pace of homeopathic treatment because she lacked the patience to accept the implications of self-healing. This narrative developed the theme of making 'as much effort as I can'.

[Narrative 11]

P: I make as much effort as I can. However what I want and God's plan for me are not necessarily the same. So I will do my best with what I know and leave the rest to God.
H: Do you feel God always watches you?
P: It is said God lives here (she pointed her heart). But I feel God looks down from heaven. Because God looks from heaven, awful things won't happen to me. I felt more anxious before. I wondered why nothing I planned worked out even when I tried as hard as possible. **I could never let go (*ke sera sera*) but now I feel I can admit this. Whatever the result, I enjoy it.**
H: Because you have left everything to God?
P: I feel my illness may be God's intention for me.
H: God's intention?
P: In church, we pray for the sick. It may be that **they have to be sick because this is the only way they will learn.** … I have thought a lot about what I have learnt from my illness. I was given the strength to recover. I knew how important it is to be healthy. … I think the efficacy of homeopathy is that I don't hold on to as many things any more. I always used to refer back to what had happened. However, now I can easily switch when the situation changes. I think this is the result of homeopathy.
H: You make as much effort as you can. Is it from God?
P: **Now, I think so. However, I have realised I love it when I make an effort...** I'm very sorry I cannot do everything because of my illness. **I loved to do as much as I could although I knew the overwork made me ill.**

Here, Sayaka began to talk about her illness in connection with God. She seemed to be reflecting the teachings of the Protestant church.[34] She tried to distinguish how much of

[34] She has just baptized Protestant and began the treatment of homeopathy from the influence of a midwife whom Sayaka respects (see detail below on page 275). In the characteristics of Japanese religion, Shinto and Buddhism are widely regarded as the two major religions in Japan and there

her change she could attribute to God and how much to homeopathy. She appeared to wish to give credit to both. This time, however, she was fully aware and 'experienced' the homeopathic remedy working. Or it is possible that she was influenced by wishing the homeopath to think well of her. However, at the most important point in the interaction, she said, in reply to the homeopath's question, 'Is it from God': 'Now, I think so. However, I love it when I make an effort.' She had become aware that her original love was to do things for herself, not for others. The someone in 'Someone is watching me' had changed in the different narratives, playing the role of husband, son, mother, and even God. Eventually, through her interaction with the homeopath, she has become conscious of her own, unique character. The homeopath continued by exploring a fresh angle:

[Narrative 12]

H: What about being lazy (*sabotteiru*)?
P: I have plenty of time now. So I can watch TV and go shopping in the morning. I feel fruitless. … I used to work until night time. I felt satisfied and confident.
H: Did you feel this when you were a child?
P: Yes. I loved being busy. I used to go ballet twice a week, to abacus lessons (*soroban*) twice a week, and to '*kumon*'[35] twice a week when I was in elementary school. I did everything I wanted. I loved it.
H: What kind of happiness did you experience from being busy? What kind of joy? Describe the feeling.
P: **I loved making as much effort as I could. It was a feeling of self-satisfaction.**

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exists many new religions. Christians are not as common. I adopted Sayaka since she was a typical woman, aged 30-40 who was attracted in homeopathy to relieve herself from her illness and agony of life. She was a Christian but I did not focus on her because of her religion. It is true, as shown in Chapter 1, the number of people who are seeking 'relatedness' and self-realisation and are interested in spirituality has been increasing. In the selection of spirituality, while some people go into new religions, others believe in world-widely recognized religions. In the diversity of Japanese religions, Christianity is merely one of the choices in Japan. Therefore, whether Sayaka was influenced by the teaching of Protestant or not, she is the typical example of homeopathic users in Japan.

[35] Training study materials. *Kumon* is familiar to any Japanese schoolchild from elementary to junior high school.

It didn't come from how others judged me.

H: What about being lazy?

P: The time used to pass without me doing anything. Now it is boring when that happens. I feel lazy.

H: What is laziness for you?

P: Bad people. They should be blamed. The old saying says, 'No work, no pay dinner.'

H: They should be punished?

P: My son sometimes skips his studies, is lazy. I feel pity because he is wasting his time. Life is finite. I don't like lazy people.

H: What do you mean, 'finite'?

P: We don't know when we die. I don't want to be alone when I die. (The conversation continues.)

H: What would you like to do most?

P: **Work. That's what gives me most satisfaction. I would like to do something for other people. Something or other.**

H: **You would like to do something connecting with society? How do you feel if you are not connected with society?**

P: Left alone.

H: What is 'left alone' to you?

P: **There's no point in living.**

Using different words, Sayaka repeated that she loved making an effort, not for the sake of others but for her own satisfaction. At the same time, she wanted to do something for other people. She was aware that being connected with society at large was important for her. That brought her *iyashi*. She knew that if she was alone she felt life was not worth living.

The ninth consultation, which was the last one I was to observe, took place a month after the previous one. Sayaka talked about the same things as during the previous consultation, as though she had become fully aware of who she was. She said spontaneously without any questions from the homeopath, 'I think the remedy is working

because I'm not straining, not dwelling on things.' 'I used to get angry quickly, especially about my husband. But now I am not infuriated by small things. I can switch my feelings quickly.' 'I love being busy, although that is being too self-sufficient (laughing).' 'I think God gave me a long rest so that I could recover. That makes sense. In fact, my son is getting better too.' Sayaka had mentioned that her son had had a hard time when he was two and three years old because of her husband's violence. But now that she was at home because of her illness, her son had become calmer. Her voice was steady. She said, '**I love a full schedule. I love working hard. I love doing things one by one. I enjoy working hard. I love working because I feel I contribute to society.'**

In the first consultation, Sayaka had also said that she 'loves a full schedule.' However, she had felt depressed and victimised by helping others because her illness meant she could not act. In the ninth consultation, she was more cheerful. She recognised that she loved working hard: not for others—husband, sons, mother—but for herself. This was a quite a different woman from the Sayaka of the first consultation.

Regarding her social activities, two additional occasions are worth noting First, Sayaka had spoken to me outside the consultation about a friend whom she had introduced to the homeopath. Her friend had also experienced tough times with her family and her work and, like her, was suffering emotionally. 'My friend also worked too hard and it

caused her to be ill. I couldn't listen to her talk before because my own illness prevented me but now I am able to listen, and sometimes I take her shopping, which I could not have done a year ago. When I think about it, I feel I am steadily getting better.' This incident also indicates she was sure homeopathy worked for her and introduced the new imported medicine to her friend.

Second, Sayaka introduced me to the midwife who had first told her about homeopathy. I realised she wanted to help me because she knew I was looking for someone practising homeopathy in a different context. She took me to the midwife's clinic, which was on the outskirts of Kobe, a journey of more than two hours. We spent half a day there, touring the clinic and talking to the midwife. During the interview, Sayaka suddenly said, 'I can't tell you how surprised I am: my menstrual pain, which I've had since my junior high school days, cleared up with homeopathy!' Her voice was cheerful and it was obvious that she was convinced that homeopathy had worked well for her.

Therapeutic Emplotment

I have explored nine consultations from three different points of view: (1) How Sayaka emplotted her narrative of biomedical drug treatment; (2) how Sayaka found healing

herself; and (3) how she emplotted the narrative of characters in the drama of her life. The topics appear to have no connection and each may be relatively unimportant. However, the three different aspects intertwine with each other as the patient emplots her experience of illness into social action. It is important that Sayaka did not 'change' her character but she was aware of it subjectively and was able to reconstruct her social action from a different perspective.

Although Sayaka could not altogether throw away her pills, she said she was sure she would in the future. She had decided to enjoy life in spite of taking pills because she was sure she would like to contribute to society. It was apparent that she was prepared to give up her role as an invalid, rather than her medicines. Sayaka's gradual change and the ninth consultation's narratives are analysed by applying 'emplotment' and the concept of 'subjunctivising' (Good 1994) (see Introduction). Byron Good argues that narrative allows patients to emplot stories of their conditions in ways that suit them best. This 'subjunctivising' of reality leads the patients to explore indeterminacy and to engage with the idea of new possibilities rather than merely the depressing circumstances that they face. Sayaka's statement, 'It would be fine if I could be happy even though I continue to take medicine' indicates that she envisions a new way of thinking and emplots the story about her use of medicine.

Thus I have offered three views to illustrate how Sayaka's initial goals evolved into different outcomes.

One Year Later

A year after the last consultation I observed, I met Sayaka to find out what she thought homeopathic treatment had achieved for her. She said she had a new homeopath whom she consulted every two or three months. She said that the new homeopath was giving her flower essences in preference to homeopathic remedies, and they were keeping her emotionally stable. Her son was also using flower essences to help with the stress of university entrance examinations, and found they helped. When I met Sayaka, not having seen her for a year, I was surprised to see how cheerful and energetic she looked. She said:

> I returned to work at the school part time, just two or three days a month. I also worked at a flower shop for Mother's Day because I love flowers. It was very hard work physically (laughing). I'm now busy preparing a charity bazaar at my son's school. I have a massage only once a month now. I still take medicines! But when the medicine is working and I am able to work and do something enjoyable, I don't bother to take it. I am surprised that my shoulders no longer feel stiff even though they've been stiff since I was at junior high school. I still sometimes have ear pain. But I think it will go eventually. The first homeopath did his best for me and the remedy worked; then I naturally moved on to another homeopath. I have come to accept that it was my mental state that caused my symptoms. (Sayaka spoke fluently and with confidence).

I asked, ‘Do you think the conversations that were part of the consultations helped you to find a new perspective for your life?’ Sayaka replied, ‘No, I just made an effort to notice my total picture on a deeper level in order to help the homeopath find the most suitable remedy.’ This answer illustrates my findings **(F2 and F5)**. The purpose of the consultation was not to construct illness narratives but for finding the most suitable remedy. Furthermore, the narratives were basically about how changed she was after taking medicine even though the narratives developed through her spontaneous talking. Her trust in the homeopathic remedies enabled her to express her illness narratives freely and safely.

Why Did She ‘Believe in’ Homeopathy?

I have focused on how Sayaka emplotted her experiences and was able to derive new possibilities for her life from these illness narratives. She seemed to ‘believe in’ the efficacy of homeopathy. Her belief in homeopathy gradually increased. She justified the efficacy from the changes in her physical, mental/emotional and general levels in the consecutive consultations. Then what made her ‘believe in’ homeopathy? I explore two reasons. First those who introduced homeopathy to her for the first time seemed to be crucial. In other words, when looking at health-seeking behaviour in the pluralistic

context of Japan, it is important to take into account people's network. In Japan homeopathy is still unfamiliar and many people have not even heard its name (see Chapter 3). Regarding Sayaka, she said she knew homeopathy from a midwife she had met in Church. In the earlier interview, Sayaka said she admired the midwife on several counts: because she practised natural childbirth, because she was an independent woman who had set up her own clinic after a painful divorce, and because she was a devoted Protestant, the faith into which Sayaka had just been baptised. The midwife offered homeopathy to pregnant women and babies. Such an introduction made homeopathy 'believable' to Sayaka. As shown above, she took me to see the midwife and she reported how she had got better thanks to homeopathy. She seemed to express gratitude for the way in which the midwife had contributed to her recovery.

Second, it is important to know how patients understand a different medical concept alternatively. She has practised *Kampo* medicine, acupuncture and massage for years. She often used the terminology such as *qi* (energy) from Japanese words from Chinese medicine, saying 'I'm now getting it treated by acupuncture. In acupuncture terms, the state is 'rising *qi*', up to the neck (*ki ga agatteiru*)' rather than using biomedical terminology. Although *Kampo* and homeopathy understand holism differently, the patient understood her recovery depending on how she managed her energy (*qi*) flows. The

natural understanding of energy seemed important to understand newly imported medicine (see further Chapter 6).

To conclude: this chapter especially focused on the healing process or healing drama of a patient for thirteen months through an intensive analysis of narratives in clinical settings, using long-term recorded data in order to analyse therapeutic emplotment. Sayaka choose homeopathy rather than other CAMs such as *Kampo*, acupuncture and massage, and other folk medicine *Naikan* and *Morita* therapy. This chapter has illustrated the healing process achieved by homeopathy as practised in Japan. First, the characteristics of homeopathic practice were shown as five findings that allow the patient to speak freely and safely of their experience of illness. The patient emplots the different aspects of their narratives and combines them to create new outcomes during the nine consultations. This process serves to heal the experience of illness. The procedure differs from the biomedical consultation in which the medical doctor assesses symptoms in order to diagnose what disease to treat. The characteristics of homeopathic practice allow patients to speak about their experience of illness so that they gradually emplot pieces of narrative, a process that leads to new social action through consecutive consultations. This process of talking, in itself, is capable of bringing healing.

Second, in the example of Sayaka, during the course of the consultations she came to understand what she really needed to heal herself. The healing offered by Japanese homeopathy clinics prompted her recovery from the sick role, and encouraged her to find social relatedness and social values, and to make a contribution to society. In Sayaka's case, this was expressed in her choice to become a part-time elementary school teacher and to teach flower arranging. This may be a simple outcome, but it was one she reached in the course of consultation during which she emplotted her own narrative from an evolving point of view.

Third, the Japanese are said to be reluctant to divulge their personal histories in public, and psychological treatment came to Japan only recently (see Chapter 1). On this point, findings F2 and F5 work effectively for Japanese patients to tell their stories freely. The purpose of the patient's conversations in the homeopathic clinic is to help the homeopath decide what remedy will best help, even though what is said is likely to range over social matters such as family and other social relationships. The dynamic of the homeopathic consultation and the action for taking the remedy allows the patient to speak more freely and to collaborate with the homeopath. The collaborating activity between the homeopath and the patient in order to decide the remedy is the most important factor for the patient's healing. In the case discussed in this chapter, healing did not happen

through Sayaka's efforts alone. The homeopathic consultation works in the Japanese social and cultural context.

Chapter 6 Homeopathy as a Therapeutic Option: the Consumption of Homeopathy in Japan

The previous chapters examined how homeopathy was introduced into Japan mainly from the perspective of the practitioners (homeopaths) (Chapters 2-4), together with the relationship between practitioner and patient in the consultation (Chapter 5). This chapter finally focuses on the users, i.e. the consumers of homeopathy. In this chapter I describe users as consumers, taking the view that medicine should be assessed critically in terms of consumption. Why are consumers attracted to homeopathy? How do the consumers access homeopathy? What effect do the consumers have on the Japanese healthcare system? In the data of the fieldwork, it was clear that women aged 30-40 with children are the most likely to be attracted to homeopathy. Hence, this chapter will open with an exploration of the social and cultural background of women aged 30-40, with an emphasis on women with young children, in relation to parenting and medical care. Then, I will look at how consumers first encountered homeopathy, and how they experience and evaluate it in the light of their consultations, self-prescribing or presence in a self-help

group (*Ochakai*). Finally, the role played by consumers in the popular sector of the Japanese healthcare system is examined.

1. Parenting and Medicine in Today's Japan

As Helman (2007) points out, the first encounter with healthcare is in the family. When family members, especially children, feel unwell, it is usually the mother who decides what to do and how to treat them: it is women as mothers who are responsible for first aid. In order to understand the reception of homeopathy, the role of Japanese mothers and caregivers and their attitude towards medicine needs to be explored in their social and cultural context.

Japan experienced social change after World War II. The Japanese lifestyle became more westernised and more urbanised, and there were changes in the family too. Since the Meiji period (1868-1912), mothers have carried the responsibility of parenting, i.e., how to nurture the children (Lock 1987, Lock 1993, Sugimoto 2009, Hendry 2012). Before World War II, it was normal for three generations to live together in one house. With the advent of an urbanised and westernised society, the number of nuclear families has increased and as a result, only the parents take care of their children and particularly

the mothers. Lock (1993) examines how the transformation of Japan from a traditional to a modern society has affected the lives and values of ordinary people from the perspective of gender roles (1993:83). She indicates that, 'as a young bride, a woman was, until recently, schooled by *obāsan* (mother-in-low) in the traditions of the households she married into' (1993:99). In the nuclear family, married women have been released from schooling by the mother-in-law.

This means that mothers have come to be mentally, socially and physically independent concerning parenting. In Japanese post-war society, equality between men and women has spread to education and schools are mixed. Under these circumstances, mothers now choose their own values for parenting and children's education where once they had inherited these from the older generation. The nuclear family makes its own choices about how to give birth, about parenting, and about educating children.

In today's Japan, mothers aged 30 to 40 have little experience of parenting. The Japanese educationalists Kobayashi and Chen argue that the parenting environment has changed (Kobayashi and Chen 2008). The mothers of today were born in the 1970s and the first part of 1980s: the age of high economic growth and urbanisation. They themselves have little experience of parenting: there are few siblings in the nuclear family and giving birth takes place in hospital. Therefore, in the process of growing up, they had

little experience of parenting and few people to consult (2008:124). Thus in the contemporary Japanese family, mothers tend to have little experience as caregivers; yet, they have to determine the style of parenting because it is the mother who carries responsibility for the health of family members.

This is a part of the background to the immense amount of information about good parenting that circulates in the mass media. Large numbers of books, magazines and *manga* (comic books) are published and mothers have to select their own parenting style from the different values represented there (Ebata 1996). Furthermore, among the self-help groups are now nursing groups for childcare.

Mothers face a serious decision as to what medicine to choose when they are pregnant for the first time. They may not have cared for their health seriously earlier but they tend to opt for a healthier lifestyle once pregnant. Pregnant women are often worried about the medicalisation of giving birth in Japan (see Chapter 1) such as the use of chemicals and induced labour. Some mothers prefer a natural childbirth, hope to avoid a Caesarean and to keep their children away from vaccination. In addition to the responsibility for their children's healthcare, these mothers often have great fear of the use of steroid creams in atopic dermatitis known as 'steroid phobia' (Ezaki 1988, Takehara 2000, Ushiyama 2012, 2013). Thus mothers have a range of anxieties in relation

to parenting and medicine although the nuclear family makes it possible for them to choose whatever healthcare they prefer. Hence, it is likely people go for alternative medicine, which is the antithesis of biomedicine, and mothers keen on natural products are attracted to homeopathy. So, how do they experience and evaluate homeopathy? I will explore this from the ethnographic data.

2. Encounter with, Experience of and Evaluation of Homeopathy

I conducted interviews with people who use homeopathy in the urban areas of the Kanto region (Tokyo, Kanagawa, Saitama prefecture) and Kansai (Osaka, Kobe, Kyoto). I interviewed 36 people: five males and thirty-one females. I did not select people by gender and most of informants turned out to be female. Their ages ranged from their thirties to their seventies: (9 in their 30s, 18 in their 40s, 5 in their 50s, 2 in their 60s and 2 in their 70s.) There was also variety of presenting complaints for homeopathic treatment such as depression, panic attacks, cancer, cerebral infarction, asthma, skin rash, duodenal ulcer, brain tumour, and ulcerative colitis. The data followed much the same trend as the records in terms of age, gender, and type of complaint (Chapter 1).

From my research I categorised five motivations that took the subjects to consult a homeopath. Some gave more than one. (1) The principal reason users turned to homeopathy was because they were not getting better with biomedical treatment for their chronic illness, or for an often incurable disease such as cancer (18 users). Some of these 18 came not for themselves but for a family member. (2) The second category was users who were dissatisfied with biomedical treatment, which sometimes caused side effects, and preferred to use 'natural' treatment (9 users). (3) Third, another 9 people were drawn to homeopathy for mental and emotional treatment. (4) Fourth were the people who were attracted to the principles of homeopathy, i.e., which includes intellectual curiosity (5 users). (5) Finally, another 5 users felt homeopathy reflected their values and beliefs (and used it for what they saw as its 'spiritual' nature and as a means of self-transformation.) I will use the ethnographic data to explore in detail the patients' motivation in consulting a homeopath, their experience of the therapy and their evaluation of it.

Shama (1992) categorised the consumers of CAM from three angles: 'earnest seekers'; 'stable users'; 'eclectic users'. 'Earnest seekers' are 'sufferers who are desperately casting about for a remedy for a specific illness but who seem neither to have settled down with any one system of therapy nor to have abandoned the search as a bad job and accepted their condition as incurable' (1992:48) or they are 'looking for a cure

for a single specific problem, and did not express any particular intention to continue to use non-orthodox medicine once this was achieved' (1992:50). 'Stable users' 'had had a favourable initial experience of non-orthodox medicine and in the course of time achieved a fairly regular relationship with a particular practitioner in whom they had great confidence, or made regular use of a particular system of treatment in which they had faith'(1992:49). 'Eclectic users' were 'those who, after an initial experience of non-orthodox medicine, had decided that it was a good thing and tended to "shop around" for what they felt was the best form of treatment (orthodox or non-orthodox) for any particular problem. Some of these expressed an explicitly "consumerist" approach to healthcare.' I will analyse my data making use of this three-way categorisation.

To facilitate my examination of the ethnographic data on the consumers of homeopathy in Japan, I divide the information into two kinds of activity: consultations; self-prescribing. The category of self-prescribing includes (1) natural child birth and (2) self-prescribing course and *ochakai* (tea party) homeopathy self-help groups. These groups are first explored in terms of their first encounter with homeopathy, their experience of it and the eventual evaluation of homeopathy. Then the characteristics of Japanese consumers will be examined.

Consultations

I use three case histories drawn from the stories my interviewees gave me to explore why they decided to use homeopathy and how they evaluated homeopathy afterwards. The first case was a one-year-old boy with asthma and skin problems whose mother had taken him to a medical homeopath. I interviewed the mother, who was in her 30s. The second case was a woman of 39 who went to a lay homeopath for treatment for a chronic mental problem. The third case was a 6-year-old boy with atopic dermatitis and a development disorder, whose mother and father chose a lay homeopath. In this case, I interviewed both the homeopath and the boy's parents.

(1) Avoiding Steroid Treatment for Her Son

The patient was one-year-old boy with asthma and skin problems. The mother was looking for a treatment that avoided steroids. The mother, Hanako, was 36, married, with two sons. She had a degree from Junior College, and had worked for a manufacturing company before leaving the job to get married. She talked about her first encounter with homeopathy:

> My son suffered from asthma from the age of one, once I stopped breast feeding. I knew asthma is difficult to treat with allopathy.[36] At the time, I had learned about homeopathy in one of the *Manga* called *Kyo mo otenki* (Fine today again!). The *manga* was about the author's real life experience of parenthood. She liked to try new things and she chose homeopathy for her son.

Hanako discovered a new type of steroid-free treatment from a *manga* (cosmic book), in which the cartoonist had illustrated her own parenting experiences with homeopathy. She said, 'I was attracted to homeopathy from her story.'

> Then I read a book about homeopathy, which was rare in Japan at that time. I agreed with the homeopathic way of thinking, such as seeing patient not from the disease but from symptoms, and I thought the lack of side effects was also impressive! I normally doubted the prescribing of biomedical doctors.

Hanako confirmed her first impressions about homeopathic treatment by reading a book and found it accorded with her doubts about biomedical treatment. Then she searched for a homeopath on the internet and found a medical homeopath who specialised in dermatology. The homeopath treated her son outside the NHIS. She talked about her experience and reviewed the results of her son's consultations.

> My son would suffer from alternating asthma attacks and skin rashes. He still has asthma but his temper, which used to be hot and quick, has calmed down. I think it is good for him to be relaxed because the sudden flashes of anger have decreased. He consulted the homeopath for five years. The homeopath was a medical doctor. She also prescribed *Kampo* and homeopathic cream. My son's skin rash was getting worse but in the end **I was surprised that it was cleared.**

Hanako evaluated her son's homeopathic treatment positively and welcomed the change in his mental/emotional condition. Her son's chief complaint would be cleared by

[36] She used the term 'allopathy' instead of 'western medicine' or' biomedicine'. I got the impression she was familiar with the philosophy of homeopathic treatment.

homeopathy. She explained the medical procedure: if her son's asthma got worse, she said, he would inhale his steroids and also take *Kampo* medicine. She did not want her boy to use steroids but she followed the instructions of the dermatologist/medical homeopath. She prescribed a mixture of homeopathy, biomedical drugs and *Kampo* alternatively according to the boy's condition. The mother was content with the results and the prescribing that led to her son's recovery.

After she had described her first encounter with homeopathy, she turned to herself:

> Since my son was only one-year-old and he could not explain his symptoms for himself, the homeopath asked me to consult her at the same time. I took the same remedy as my son. I was suffered from my relationship with my mother but it was relieved. **I complained a lot about my husband in the consultation.** However, the homeopath said that my problem was with my mother.

Hanako's experience of her consultation left her impressed because it gave her the opportunity to burst out about the emotions in her private life in the presence of the homeopath. She was also impressed by the homeopath's unexpected comment that the emotions were not the result of her relationship with her husband but of her issues with her mother.

Next she reviewed the results of taking the remedies:

> After taking remedy, my dislike of my husband cleared – although I may have been influenced by the homeopath's advice making it a ***placebo effect***. My first impression

> of recovery was happiness! I was surprised. It confirmed that homeopathy worked well from the outset. … My unstable emotions were impacting on my children. I confirm that homeopathy worked well with my mental condition.

Although she was not sure whether her improvement had come from the consultation or from the remedy, she was sure her mental condition had got better. She explained how she had changed over the five years. She said she still consults the homeopath and so, now, does her elder son. She said:

> I sometimes consult the homeopath because my mind is unstable although I do not have anything wrong in particular. I am conscious how I have changed. This year my elder son also went to the homeopath, on his own. He used to suppress his emotions and was irritable at school but now he is fine.

Hanako relied on homeopathy for her family's healthcare, especially for mental/emotional problems. She appeared to be attracted by homeopathy and began to study how to prescribe herself for the family in the small study group organised by the medical homeopath.[37] I joined the study group once. Hanako took an active part in the class by responding to the homeopath's request and summarising what had been studied so far. She also joined some members of the study group and the homeopath to check the translation into Japanese of the texts they were studying from an English book on homeopathy. This made it clear why she used the unusual terms 'allopathy' and 'placebo'.

[37] The medical doctors in Institute B were officially opposed to lay people prescribing (see Chapter 2). However, the medical homeopath went her own way. She had first studied at one of the colleges in Japan before the Institute B was established, and then studied at one of the colleges in London. She also studied with a well-known Indian homeopath. She put together a small study group for both medical doctors and lay people. Hence, she is unlike other medical doctors in Japan.

Her studies appeared to reassure her about the efficacy of homeopathic healing. She said she continues to learn homeopathy, both for the sake of her family and because of her addiction to it. She enjoyed studying homeopathy.

Thus Hanako had deliberately looked for an alternative medicine so as to put an end to her anxiety over biomedical drugs for her son, and she found out about homeopathy from a comic on parenting. She was happy with homeopathy not only because her son had recovered from his complaints but because it had worked so well with her and her sons' mental/emotional problems. Her studies with the homeopath's study group further stimulated and lead her to be confident enough to use it herself. The initial relationship between homeopath and patient had developed into a new network with the members of the small homeopathy group. This experience decided her to make homeopathy her family's standard form of treatment and became a part of her lifestyle. Her role as the parent responsible for the family's health was satisfied by homeopathy. Hanako chose homeopathy for her son's specific illness; at the time of the interview, she had kept up her relationship with her homeopath for more than five years and had learned self-prescribing from her. Therefore, she is a typical example of a 'stable user'.

(2) Recovery from a Long Term Traumatic Mental and Emotional Problem

The second case is that of Akemi, a married housewife in her 30s with two children. She had consulted two homeopaths for her longstanding mental problems. She was disappointed in her first homeopath and then was satisfied with the second one.

She heard about homeopathy in her natural childcare group when she was looking for information about natural childbirth and bringing up children with natural childcare. This was when she learned about macrobiotics, *Ito-telmī therapy*[38], and homeopathy. Akemi knew homeopathy from the mother group to finding out about homeopathy in Japan. After giving birth to her first child, she was caught up in the Hanshin Awaji Earthquake in Kobe in January 1995. Her terrible experience led to physical and mental illness. Therefore, she had to put herself first and find a way of treating herself rather than her child.

She explained the mass of symptoms from which she had been suffering for years. The physical symptoms included: virtual loss of eyesight and chronic headaches; her left leg, which had been caught between pieces of furniture during the earthquake, had been

[38] *Ito-telmī* treatment is thermotherapy. It uses materials such as moxibustion. This folk remedy was invented by Kinitsu Ito in 1929. *Ito-telmī* was named after the inventor, Ito, and the Greek word *Telmī*, a treatment using thermotherapy. Practitioners put the instrument containing moxibustion directly on the patient's body to heat it. It is said the treatment works by stimulating the natural healing power (vital energy) and hence prevents disease; it promotes recovery from tiredness and health generally. Training takes two years. (Web page of *Ito- telmī*)

left paralyzed. Her mental symptoms were terrible memories. In one sudden moment she had lost her house and her intimate friends, and she had seen horribly injured people after earthquake left without help from an ambulance; she moved the corpses of the dead and slept with them in the public gymnasium where she was evacuated after the earthquake. She said that she had been almost 'mad' and for years after the earthquake she was unable to forget what she had seen. When she talked about the earthquake, she had tears in her eyes. She thought she could never be happy again or enjoy life. Furthermore, she was very scared at the slightest turbulence. She said, 'this January was the first January in ten years when I had a month feeling normal.' Her sufferings were to last more than ten years after her recovery began.

Regarding medical intervention, she was treated biomedically. She met an excellent ophthalmologist who suggested that good food was important in helping recovery so she learned macrobiotics and gradually recovered the use of her eye. However, she still had other symptoms. She said *Ito-Telmī,* thermotherapy using moxibustion, worked well with her mentally as well as physically. Although her health was getting better, she still had chronic headaches and mental pain. Moreover, her child suffered from rashes. She had tried various natural therapies such as reflexology and aromatherapy.

It was while experimenting with other natural therapies that she came across homeopathy. She consulted a homeopath but was disturbed because the homeopath's mother, who was running mothering classes, sat next to the homeopath during the consultation and advised her on her mothering. It was unexpected. She took homeopathic remedies after the consultation but said they did not work well. Her first experience of homeopathy was a disappointment.

She continued her *Ito-Telmī* sessions and also got a qualification as an *Ito-Telmī* practitioner. Four years ago, she joined a child health circle and came across homeopathy again when she asked her an obviously happy young woman why she was so cheerful: she answered that she used homeopathy. This persuaded Akemi to try homeopathy again. She was introduced to another homeopath.

Akemi spoke easily and in detail about her consultation. She said it was exactly what she wanted. During the consultation, she talked a lot and she found she was able to remember a lot, cry a lot, and rethink her life. She said she could speak easily and freely in the presence of the homeopath because, she thought, they were compatible. She described what she had experienced in the earthquake, how she was still suffering, and how she now was physically and mentally. She said the first consultation lasted for three

hours. Then, she took a remedy. After a single dose (*Naja* 30c), she had a series of dreams that recalled the terrible scenes of the earthquake. She said:

> I could not wake up from the bed, eat or drink for two days. I kept remembering the earthquake. I think it was because of the homeopathic remedy. But afterwards, I never again had a headache, eye ache, sore throat, runny nose, dizziness, or pain in my left leg. The pain there had been like being stabbed by a hundred knives: I'm now down to just one! Before taking the remedy, even a slight sign of turbulence made me panic and my heart beat. I could not read a computer screen. I did not think I could ever study again. But homeopathy worked for these symptoms as well.

After taking a remedy, she first experienced the heavy aggravation which sometimes occurs in the process of recovery as part of homeopathic treatment, and then she recovered. I asked her why she thought the experience was exactly what she wanted. She answered that the process of aggravation followed by recovery were what she had read in the homeopathy book which she had already read. The book made sense of her experience.

For Akemi, she was content with both the homeopathic consultation and the efficacy of the remedy. Akemi appeared to be especially satisfied with the relationship with the homeopath, something she had been unable to build with the homeopath she had consulted earlier. First, the long three-hour consultation allowed her to talk freely of her suffering. Even though the motivation of the homeopath was to observe her closely in order to make a diagnosis, it gave her the opportunity to allow her pent up emotions to burst out. Furthermore, she said that she was always able to get in touch with the homeopath by phone whenever she experienced particularly difficult emotions or

symptoms. He would listen with kindness and advise her. These conversations on the phone left her feeling released and he sometimes advised her to read a book. Because the homeopathic consultation was once every three months, these talks were vital for her healing. She said, 'his encouragement allowed me to survive.' She felt she was healed by the homeopath's support as well as by homeopathy. She gradually recovered her eyesight, her paralysed left leg functioned again, and the mental/emotional problems from which she had suffered for years were no longer such an issue. It seemed the relationship went beyond that of practitioner and patient. However, she thought this kind of relationship should be a part of homeopathic treatment: not only the consultation and the remedy but also the special care offered by the homeopath worked to increase the results of the treatment.

In the course of recovery, she became interested in studying homeopathy and joined a homeopathy self-prescribing course. She explained how a remedy she had chosen worked for her son. For example, she prescribed when he had mumps. After taking the remedy, the mumps shrink in thirty minutes. After that, the experience with her son made her put homeopathy at the heart of her family's healthcare.

Akemi's passion for homeopathy did not stop with the self-prescribing course: she wanted to spread homeopathy to her neighbours and friends. She began to telephone

people near her block of flats and asked the homeopath to hold a beginner's course for them. She said she had found than fifty people, of whom ten finally joined. This was the strength of her motivation to encourage the people she knew to recognise homeopathy. She said, 'It was the one and only treatment (*koreshika nai*). I treated myself with *Telmī* for eight years and knew how it worked but homeopathy was different. *Telmī* worked for depression but homeopathy worked in a different way.' I asked her what the most effective element of homeopathy was for her. She said:

> Everything! It's not only about me but my family and my friends. Everyone thanks to me for homeopathy… As their children are growing up, mothers get neurotic but through homeopathy we can stay open minded and change our view of life (*kokoro ga hirokunaru, nobinobi ninaru, kanngaekata ga kawaru*).

She made a particular effort to bring homeopathy to the attention of the mothers in her block of flats.

To conclude, Akemi got to know about homeopathy in her natural childcare group. Although she was disappointed the first homeopath, she did not abandon the treatment of homeopathy. Her second homeopath then had an impressive effect on her and his treatment worked miraculously for her long term mental/emotional problem. She particularly emphasised the importance of a sense of relatedness and trust between practitioner and patient, which she saw as key to the treatment. She regarded her homeopath as an advisor and a mentor for her life. After her own treatment, she set up a

homeopathic group for the mothers living in her block of flats and for her friends. The homeopathy network expands from mother to mother in Japan. Akemi's enthusiasm to spread homeopathy itself helped to heal her and find more energy. The activity empowered her. She started out as an 'eclectic user' but after she had found homeopathy she turned into a 'stable user', although she was also a practitioner of another therapy.

(3) Boy's Recovery from Atopic Dermatitis

The patient was an eleven-year-old boy with atopic dermatitis and a development disorder. I interviewed both the boy's mother, Kaori, the father, and the homeopath. I will illustrate this case by opening with the interview with the mother and then add comments from the different perspectives of the father and the homeopath.

Kaori was thirty-nine and married with two sons. She graduated from university and then worked for some years before leaving her job to get married. I interviewed her two and a half years after her son's first consultation. Kaori's first son was born with a skin rash, which was diagnosed as atopic dermatitis and treated with steroid cream. However, she didn't like the steroids and decided to have him treated with *Kampo*. She went to a *Kampo* doctor (*kampo-i*) who treated patients not from biomedical diagnosis

but from the principles of traditional Chinese medicine. However, the boy's skin did not get better and he still had to use the steroid cream. When the son was five, the rash got worse. She said the cause might be stress with his friends because he had difficulty communicating because of his developmental disability. On top of this, when he moved to primary school, he had a difficult relationship with his teacher, developed alopecia areata on his head, and suffered from continuous diarrhoea. His atopic dermatitis also got worse. She said he was utterly exhausted by his mental and physical problems. She studied aromatherapy to help him relax and raw food in the hope of helping him recover.

In this situation, her husband suddenly decided his son should get rid of the steroids and leave school for a while because nothing else was helping:

> My husband insisted that we would treat my son ourselves! After my son stopped the steroid cream, his skin got distinctly worse, something like *zennshinn yakedo joutai* (red and burning all over his body). He could not get out of bed. We took care of him alternatively, day and night. However, we didn't really have any idea what to do. My husband then turned to homeopathy, which he already knew something about because he'd read a few homeopathy books.

The parents decided to carry out the treatment getting rid of steroids, which can lead to heavy aggravations, as it did in the boy's case. After the father's decision to have him treated with homeopathy, Kaori searched the internet and found a homeopath she hoped was suitable from the homeopath's website. Kaori then took the boy for his first

consultation with the homeopath. I asked Kaori for her first impression of the consultation and how the homeopathic remedy worked. She said:

> I had the impression the homeopath listened carefully to my son's case history and I felt homeopathy was something different. However, although I understood the philosophy I still doubted whether it would work. To be honest, I thought this time would be the same as other CAMs because we had tried quite a few without finding the right one.

Her first impression appeared to be positive because the homeopath listened seriously to what she said, and this was the case although she did not expect her son to recover. She explained what happened next:

> For three weeks after taking the remedies, nothing happened. Then there suddenly appeared something that looked like chickenpox all over his body; the dermatitis got worse and the eruptions filled with juicy mucus and blood. He could not move because of bandages from top to bottom. He could not eat and he had no vitality. It was awful. It took around three months. My husband and I never left him; we took turns to sit at his bedside.

The remedies stimulated a heavy aggravation. According to Kaori, she understood the need for the aggravation even though her son's condition had got so much worse after the homeopathic remedies. I asked her why she could accept the process of aggravation while all waited patiently, the son and the parents, for three whole months. She said:

> I had read a magazine and knew about the homeopathic healing process from the stories of other patients in the magazine. So, I knew I could rely on the treatment even though it needed patience and took a long time.

The son's aggravation was similar to that of other patients and Kaori knew it was part of the healing process. This encouraged her to wait for the eventual recovery.

Kaori also consulted the homeopath for herself:

> In the course of our boy's treatment, the homeopath recommended that my husband and I see him too. We decided to go ahead for my son's sake because I had heard that atopic dermatitis could be caused by the relationship between the mother and child. The homeopath took my case and gave me the same remedy as the first one he gave my son. I experienced lots and lots of emotion, and became aware of lots of things.

She gave an example of the new awareness:

> Just after I had given birth and was about to hug my son for the first time, I felt he refused me, hated me and stiffed his body. I realised he was mirroring me because I disliked myself. I took the 'broken heart' remedy and it worked well. I also cried a lot as I remembered my feelings for my mother. After my unconscious physical behaviour and feelings changed, my son also began to change. I felt he accepted me.

The consultation helped Kaori become aware of an old memory concerning her son. After she had taken what the homeopath called the 'broken heart' remedy, the relationship between mother and son changed. It seemed the explanation of the homeopath also worked well for her. She was content that homeopathic treatment had released all kinds of emotions inside her.

After six months, the boy's skin condition was improving and he returned to school. Then her son's skin condition suddenly changed. It was when Kaori attempted hypnotherapy on him, which she had learned when studying aromatherapy some years earlier.

> I was reading the book of hypnotherapy beside my son in his bed because I always sleep by him. The book said that people always know the reason why they fall ill. I did not expect much but I asked my son to undergo hypnotherapy to relax him. I said I would call his illness *baikin (the germ)* during the hypnotherapy. While he was under the hypnotherapy I asked him, 'Why does the germ exist in your body? Where is the germ?'

Kaori guided her son to find the reason for his skin condition.

> He answered, 'The germ clears my body but it is itchy because the germ runs around my body. The remedies work well because the remedies show which way the germ goes in my body. I thought it was a germ in my body, but it was an angel! I can hear the angel's voice. The angel says, "My mother's food is good for my body. Fruit and vegetables are good. It is better not to eat meat for a while…."' My son began to talk very fast as he voiced the messages the 'angel' gave him. I asked him when the germ would leave his body. My son said 'It will leave in the end but it will take its time. They need to do something a bit more first.'

In the hypnotic trance the mother induced, the son recognised 'the germ' he was suffering from was 'an angel' working to clean his body. After this, Kaori would occasionally put him into a hypnotic state. Finally the son cried out: 'It (the atopic skin rash) was not a punishment but a gift. As you said, the atopic skin rash was a gift!' The words surprised her because she was used to him screaming and bursting with emotion, when he would hit her and shout, 'why am I like this?' She said:

> After this, his atopic skin rash got well. His red skin gradually got whiter and I thought his flow of energy had suddenly changed. When I talked about what had happened to the homeopath, she said it was exactly like something Hahnemann had written about when describing recovery. My son had understood why he got ill, found the meaning of it and got better.

Kaori had cheerfully passed on to her homeopath what had taken place with hypnotherapy. In this experience, she appeared to be content at the contribution she had made to his recovery as his mother. It was the reward for all her efforts.

I asked the father to give his side of the story. First he outlined his doubts about the steroid cream.

> When my son first took the cream, his skin recovered next day and became clean and soft – and then it got much worse. I thought there was something wrong about this so we attempted all kinds of alternative medicines for him. We were also hoping to see him recover from his developmental disability.

The boy's father mentioned several kinds of CAMs, ranging from Japan's traditional medicines to medicine of Western origin, and he talked about the spiritual healing imported during the *iyashi* and spiritual boom: his son experienced *Kampo* from three doctors; osteopathy; acupuncture; theta healing; brain stem therapy; music therapy and so on. They shopped around all the CAM therapies (see discussion below) and he said how much he had spent.

> One of the *Kampo* doctors charged about 100,000 yen (600 pounds) for a single consultation. With what I spent I could have built a house! We decided on homeopathy as a last resort. In my mind, I had done what I could, spent endless time and money, and this would be the final treatment.

I realised how devoted the parents had been to their son in instinctively avoiding steroid creams and how they had persevered until they found the right treatment. The father commented on why he had turned to homeopathy after learning about its history in the US:

> I read the history of homeopathy. Homeopathy was eliminated after biomedicine had been adopted in the United States, although homeopathy had flourished there for several decades. I thought, there is some kind of conspiracy in the biomedical world. Homeopathy was not popular in Japan -- so I decided to go for it.

His idea was to go into opposition to biomedicine. He doubted not only the steroid cream biomedical treatment for the skin condition but also the possibilities of biomedical interventions for the development disability.

> As for the developmental disability, I think it's just a business. All children do not grow at the same pace. Some grow faster and others grow more slowly. We need to accept the pace at which children need to grow.

The father's first move to avoid biomedical treatment was not only for the atopic dermatitis but the development disability too. Instead, he investigated many kinds of CAM and found his answer. He criticised how illness is medicalised and run as a business. He also pointed to Japanese social problems in relation to the medicalisation of biomedicine and the standardised Japanese educational system. Although his son's developmental disability was not healed by homeopathy, he had his answer in the current medical system in Japan. Then he evaluated the effect of the homeopathic treatment. He said little about his own experience of homeopathy, which appeared not to have made a significant impression on him. However, he then talked about his wife's:

> My wife used to accuse herself because she thought the boy's problems were her fault. She had a hard time in the years after his birth. But after she had been to the homeopath herself she became more self-aware. Homeopathy was good for her.

The father appeared especially pleased with the effect of homeopathic treatment on his wife. Then he took out the homeopathic home remedy kit from the family first aid box

and explained how the family used the remedy kit in everyday life. Homeopathy was central to the family's first aid. He said he was used to taking remedies as a way of keeping healthy.

I then asked the homeopath how she evaluated the treatment. She firstly gave me the summary of the case after the permission of the family and talked about them. She first described the boy's condition after taking remedies.

> I consistently selected the remedies on the basis of tautopathy, *Aluminum* and *Mercury*.[39] There was a huge amount of elimination including a worsening of the serious skin rash, considerable excretion and bleeding through the skin. The boy was also screaming from physical and mental pain.

The homeopath noted that the aggravation that was part of the healing process was both physical and mental. Then she spoke about the parents' cooperation.

> It was very important for the recovery that the parents understood the process of homeopathic recovery. The parents were also being treated. The mother had felt she had been angry and accused herself of not being a good mother, of causing her son's problems and the fact he was not recovering. She burst out with angry crying. On the other hand, the father became aware of his anger towards his parents and also realised how he had loaded all this onto his son. The parents' awareness and the relief of their emotional problems had an effect on the son's recovery.

The homeopath pointed out how the parents' awareness worked in the son's treatment. Finally she evaluated how hypnotherapy had worked in relation to homeopathic treatment:

[39] In tautopathy the remedies used are, for example, steroids or vaccination materials diluted in the same way as homeopathic remedies. *Aluminum* and *Mercury* are names of homeopathic remedies.

> The image therapy (hypnotherapy) also worked well. It is said that feelings of gratitude boost the immune system. When the son opened his heart and felt gratitude for his own illness, his illness was no longer had any meaning for him. However, I don't think this awareness could have happened if the biomedical drugs and chemicals had stayed in his body instead of being excreted by tautopathic prescribing. This was a most impressive case because I watched the process of growth and healing in the whole family.

The homeopath legitimised how detoxifying the contaminated body by homeopathic remedies lead to the awakening of the patient's awareness, after which hypnotherapy worked well. The homeopath appeared to be confident with her repertorisation[40] and the corporation between the family members and herself.

Kaori and her husband tried many kinds of CAM for their son's severe dermatitis; as her husband said 'I could have bought a house with the money.' Homeopathy was a last resort. After that, all the family members took their problems to the homeopath and built up a good relationship with her. Kaori also learned self-prescribing from her and turned from an 'eclectic user' to a 'stable user'.

After the son's recovery, Kaori and the homeopath sometimes got together with Kaori's neighbours and friends to share their experience of homeopathy and to talk about the raw food diet which she felt had also helped in her son's recovery. I will discuss the group meeting below.

[40] Repertorise means 'to look up symptoms in the Repertory to find which remedy (or remedies) is common to the presenting symtoms.'(Castro 1990:550)

Thus in this case the parents found homeopathy to treat their son's condition. The dawning mental awareness both of the parents as well as the patient contributed to his recovery thanks to homeopathic treatment. The interviews given by the mother, the father and the homeopath made it clear that a trusting relationship and cooperation between parents and homeopath appeared to be important factors during the two years it took the boy to recover. Furthermore, as the relationship developed it created new possibilities to recruit new consumers to homeopathy.

Self-prescribing

Next, I will investigate homeopathy prescribed without consulting a trained homeopath, especially in the case of pregnancy and in prescribing for children. I will illustrate this with two examples: natural childbirth with homeopathy; and a self-prescribing course and self-help group.

(1) Natural Child Birth: the Midwife

Emiko was a midwife of the forties. She opened a maternity clinic that specialised in natural birth. She avoided biomedical treatment such as induction except in emergencies.

The clinic was popular with pregnant women from all over in Japan who preferred to avoid the medicalisation of childbirth. This is how she described finding out about homeopathy:

> Basically, I admit anything pregnant women want to bring to help them during birth, even religious charms if that's what they want. I respect how each pregnant woman wants to live her life. Homeopathy is one example: a pregnant woman brought her remedies to the clinic. I had also heard of a midwife who had come back from the UK and used homeopathy. So I asked my assistant to attend the lectures of Institute A for midwives. She said more than 80 midwives were there.

Emiko first heard of homeopathy from a pregnant woman in her clinic. It is supposed that the reliability of homeopathy lay in the words 'It was used by a midwife in the UK' (see Chapter 2). Her assistant's report then confirmed that homeopathy could be of interest to Japanese midwives. She explained how she understood and uses homeopathy:

> I thought the homeopathic principle that a well chosen remedy brings out the underlying vitality was similar to the Eastern idea of stimulating the acupuncture points. When a women experiences the pain of labour, a homeopathic remedy works well. For the mothers, I also apply homeopathic *Calendula* cream. I think this has worked well in many cases. I stimulate the acupuncture points as well as use homeopathy. I do not know which is more effective to reduce the pain though.

Emiko gave examples of how homeopathy works during labour. She agreed with the principle that homeopathy stimulates the vital force and recognised this echoes the Eastern understanding. As to its efficacy, she appeared not to be sure but continued to use it:

> After I found homeopathy, I would sometimes suggest it to the women who came to me and most of them expected to use it. I also use it for a baby who is having difficulty breathing. When I think a pregnant woman has mental and emotional problems, I give

> a remedy and the pregnant woman cries a lot and feels healed of the past relation between the mother and the child. It works well in those situations. I have been using homeopathy for three years.

Although she initially delegated learning about homeopathy to her staff or read it up in books, Emiko was using homeopathy in several situations for both labour and babies.

Thus Emiko heard of homeopathy from a pregnant woman who came to her clinic. The concepts behind homeopathy harmonised with her own ideas of natural birth and echo the Eastern understanding. After she had found out how it worked she brought it into her clinic. However, she selects the most suitable therapies according to the pregnant woman's expectation. Hence she is an 'eclectic users'.

(2) Natural child birth: the pregnant woman

Next is the case of a woman who experienced homeopathy when pregnant. Rumi was a 39-year-old mother with two children. She was very uneasy about biomedical drugs although her parents were both medical doctors. Hence, she has used Kampo for years for her children's illnesses. When she was interested in natural birth, she read several books about it, and found homeopathy in one of these: *Zeitaku na osan* (Luxurious childbirth) by Sakurazawa, the cartoonist mentioned above. She had decided to give birth not in hospital but in a midwife clinic. She took homeopathic remedies during labour for

the first child on the recommendation of the midwife. She said, 'It was clear that they worked well and I gave birth smoothly.' In fact, she was amazed at their efficacy and decided to use a self-prescribing birth kit the next time. She explained about the kit:

> I knew how to detox before becoming pregnant, using a birth kit. I thought I would need it because I had a history of vaccinations, antibiotics, and penicillin. I decided exactly when to take the remedies. I've heard that a precise date can be set for the day the baby is expected if the birth kit is used. In fact, my second baby arrived within a day of the predicted date!

Rumi was happy to prepare for the birth of her child by using a birth kit. She appeared to be attracted to homeopathy. After the birth, she began to study how to use a self-care kit for her children. She explained how easy it was to give homeopathic remedies to the children.

> When my child began to cry with ear pain when sleeping one night, I took out a remedy from the kit and put it in his mouth. It was easy. Once he'd taken it, he stopped crying. It was very helpful for a mother! Homeopathy is really wonderful!

Rumi stressed how easy it is to use homeopathic remedies for children for emergencies. Rumi said she enjoyed joining a self-care course and going to a self-help group where she could listen to other mothers' experience of homeopathy and study homeopathic self-prescribing for the family. She also said, 'What the children should eat and what medicines to give them until they grow up is my responsibility as a mother. I would like to give natural and safe things to my children.' She wanted to be a good mother to protect her children from contamination. She fixed upon homeopathy as the standard form of care

for the whole family as ‘Stable Users’. However, she also relies on *Kampo* treatment and practises homeopathy and *Kampo* by turns depending on the situation.

(3) Self-prescribing Courses and Homeopathy Self-help Groups (*Ocha-kai*)

As mentioned in Chapter 4, many lay homeopaths hold self-prescribing courses. I joined five different courses given by lay homeopaths. The courses ranged from 3 to 6 meetings over a few months. The courses taught participants how to use homeopathy for first aid, using a self-care kit of 36 basic remedies. Homeopaths usually advertised through the internet, which was a good way of finding new clients. However, as far as I could learn when I joined the courses, the participants were either people who had already consulted a homeopath or were their friends and neighbours and knew about homeopathy from them. The courses usually had 6-10 people and most of them were women. The atmosphere was relaxed and people were at ease with each other. The courses were not one-sided lectures: discussions between the homeopath and the participants were a feature of such courses, or the discussion would take place freely between the participants as to whether homeopathic remedies worked or did not work. I argue that the crucial element in promoting homeopathy in Japan is not only the formal consultation but also self-

prescribing courses such as the ones I describe. Mothers especially are interested in prescribing homeopathy for their families and gather at the self-prescribing courses held by lay homeopaths.

Finally, I give an example of a homeopathy self-help group. In addition to the self-prescribing courses held by lay homeopaths, the mothers hold *Ochakai* (tea parties) for homeopathy. These are structured along the lines of the self-help groups Helman indicated in his studies of the role on self-help groups in the popular sector (Helman 2007: 83). The meetings of this self-help group were led by a full-time mother who had experienced the positive effects of homeopathy for all the family, including herself. I was allowed to join them several times. The members were neighbours and friends. Because the self-help group meetings were held in the living room of the organiser's house the number of people present was limited to 8 at any one time. Out of 8, most (around 6 people) had already experienced homeopathy; the others (around 2 people) had either not experienced homeopathy before or had vaguely negative impressions. The members included 3 or 4 people on a regular basis and 3 or 4 new members. The meetings were usually held from 10.00 to 12.00 on a weekday, followed by lunch in a restaurant until about 14:00, when everyone needed to get back to pick up the children. So for four hours, it was an unbroken stream of talk about homeopathy (see below).

Each person would share their experience of homeopathy. This would range from what happened during a consultation to self-prescriptions for the family members, especially for the children. Some, who had gone to a qualified homeopath, proudly related their experience of how homeopathy worked for their children; others shared, often in tears, the personal mental and emotional changes they had experienced through treatment. On the other hand, some described their problems in using homeopathy because of opposition from their parents; or how difficult it was to avoid having their children vaccinated because the nursery would not accept children who were not vaccinated. The stories varied and they discussed all kinds of cases together.

Some mothers shared success stories of both their consultations and in prescribing themselves for other members. The opportunity for them to speak about their successes is essential for mothers because it helps them to recover their power as good mothers and good wives. They encouraged those who were going through difficult times to use homeopathy and passed on useful ideas on how to overcome the situation. The members created strong ties through homeopathy. Such self-help groups are essential for the reception and expansion of homeopathy in Japan because mothers, in particular, are anxious about what medicines they are being given and are concerned to be good parents. The groups allow them to decide what medicine to use and how to help family members.

3. Empowerment of Consumers

I have given three examples illustrating homeopathic consultations and two examples of homeopathy and pregnancy, as well as the self-prescription courses and self-help groups offered as typical examples of homeopathic consumers, especially among mothers aged 30-40 in Japan. I will investigate how these activities work together to promote the reception of homeopathy in Japan.

As mentioned above, large numbers of books, magazines and *manga* (comic books) are published for giving parenting advice. Books, including cartoon books, have played a significant role in promoting homeopathy. One of the typical contexts in which my female informants found out about homeopathy was in making choices in relation to parenting. More specifically, several informants including Hanako and Rumi said that they came across homeopathy in the *Kyo mo otennki* (Fine today, again!) *manga* (Sakurazawa 2003a, b).

The manga was the work of the popular cartoonist Erika Sakurazawa.[41] The *manga* reflects the artist's private life: giving birth, parenting and her day-to-day life with

[41] 'Erika Sakurazawa was born in 1963 in Tokyo. She is a popular cartoonist appealing to the younger generation because she described the feelings of girls in love. She is also a noted figure of fashion and

her husband and children. This series of *manga* continued as serial stories in the magazine *Fiiru yangu*, which is targeted at women in their 20s and 30s. The *manga* was published from 2001 in the magazine as a series and later appeared in book form from 2003. The *manga* were still continuing in 2013. Some of Mrs Sakurazawa's stories have been broadcast as television dramas and one as a film – an indication of the influence of the approval ratings given by the younger generation. Homeopathy was introduced in the series of *manga*, which was influenced to the spread of homeopathy in Japan. Therefore, it is worthwhile saying something about this *manga* and how homeopathy was represented in it.

In the *manga* Mrs Sakurazawa described how she became interested in CAMs (Sakurazawa 2003). She explained that she was a weak child and often went to hospital, where she got a bad impression of biomedical treatment. She read *Spontaneous Healing,* a popular book about CAM by the American doctor Andrew Weil, who advocated integrated medicine (Weil 1995). The book introduced her to homeopathy, which she began to use for her child and herself and to which she devoted several pages in her *manga*. For example, she described how she consulted a homeopath, who treated her past trauma

a celebrity.' These are the opening words of Sakurazawa, E. 2003c. *Zeitaku na osan (Luxuary Childbirth),* Tokyo, Shincyo bunko.

with homeopathic remedies. Her experience was similar to that of Hanako, Akemi and Kaori.

Furthermore, the cartoon gave a detailed description of how self-prescribing worked for her child for such childhood illnesses as constipation, insomnia, skin rashes and burns. She illustrated her determination to eat only organic, natural food and to avoid junk food and sweets, an attitude that seemed to go well with her choice of homeopathy. The *manga* still continues after ten years, which indicates that it is well received by young mothers drawn to natural birth, organic food, and avoiding biomedical medicine. Thus the work and lifestyle of a popular cartoonist adored by younger mothers has drawn people to homeopathy. She has been an active agent in promoting homeopathy.

In addition to the cartoon books and parenting books, the natural childcare and nursing groups where Akemi was introduced to homeopathy were also key to the adoption of homeopathy in Japan. Parents' real-life stories inspired new consumers. Thus the experience of mothers using homeopathy for themselves and their children stimulated other mothers looking for natural childcare.

Regarding patients' experience of homeopathy and how they evaluated it, the attitudes of medical and lay homeopaths differed, which led to different prescribing

strategies. This was exemplified by Hanako, for whom her medical homeopath chose homeopathic remedies combined with *Kampo* and biomedical drugs. The homeopath chose the treatment considered most suitable for the patient's condition and in order to avoid too much aggravation. On the other hand, in Kaori's case, her lay homeopath used homeopathic remedies as an alternative route to detoxifying contamination. The two standpoints were quite different. However, whichever the patients chose, the constant appeared to be the degree of trust between practitioner and patient.

As I discussed in Chapter 1, the typical Japanese medical consultation is known as the 'three-minute consultation'. Many mothers may be frustrated with their 'three minutes' in the biomedical clinic. Even though they want to rely on doctors and consult them about their children's illnesses, what they get is a few minutes followed by pills. In the interviews on users' impressions of the homeopathic consultation, most mothers said, 'At last I was listened to carefully when I spoke about my child's illness.' The lengthy consultations were attractive to mothers who carried the responsibility for their children's health and the anxiety over parenting that the nuclear family generates. Therefore, the evaluation of the quality and length of the homeopathic consultation was an essential factor in the positive evaluation of homeopathy. Helman (1992) points out that the potential of alternative medicine:

> Many patients have an unfulfilled sense of wanting to be connected once again, to some wider context, to locate their suffering in a wider framework… Complementary practitioners often help people make sense of their situation in a more meaningful way… (Helman 1992:12)

The practitioners' attitudes have a strongly effect on the young patients and their mothers, and these influence how homeopathy is received in Japan.

The positive evaluation of homeopathy by the mothers comes in the light of the fact that, although the patients were first their children, Hanako and Kaori also consulted homeopaths, whose treatment had a positive effect on the mental and emotional stresses experienced by the women in their social environment and with their family; both became more confident in their parenting and able to handle the family's healthcare. On the other hand, Akemi had consulted homeopaths on her own behalf and then turned self-prescriber for the family. They all made homeopathy the standard form of healthcare for the family. After Hanako, Akemi, Kaori and Rumi had taken up self-prescribing, they found it essential to foster a good relationship with a homeopath who would guide them in their studies and give advice for the first aid prescriptions they were making. Therefore, the relationship between the homeopaths and the users became more intimate and continued after the formal consultations were over. The mothers had turned into permanent and committed consumers of homeopathy. I offer only five examples here but the same pattern is evident in the other interviewees. The self-prescribing they had learned on

behalf of their families plus the way their own treatment had benefited them led to a continuous relationship between them as consumers and their homeopaths, who became their advisors for day-to-day health care.

Regarding Sharma's categorisation of CAM users, once Hanako, Akemi, Kaori and Rumi had been persuaded that homeopathy had helped both with their main complaint and by bringing fresh impetus to their lives, they became 'stable users'. On the other hand, Emiko, a qualified midwife, use homeopathy as one among a number of natural therapies. Hanako's homeopath, as a medical doctor, selected the most suitable treatment, either biomedical or CAM therapies including *Kampo* and homeopathy, for the patient's condition. The standpoint was much the same as other medical homeopaths shown in Chapter 4. The existence of Stable Users of homeopathy contributes to the acceptance of homeopathy in the Japanese healthcare system.

In addition to becoming 'stable users' of homeopathy, the mothers were not static in that role but went on to establish new networks with homeopathy. Below, I sum up the role of mothers as consumers of homeopathy within Japanese healthcare. Figure 2 (below) illustrates the three kinds of activities pursued by consumers.

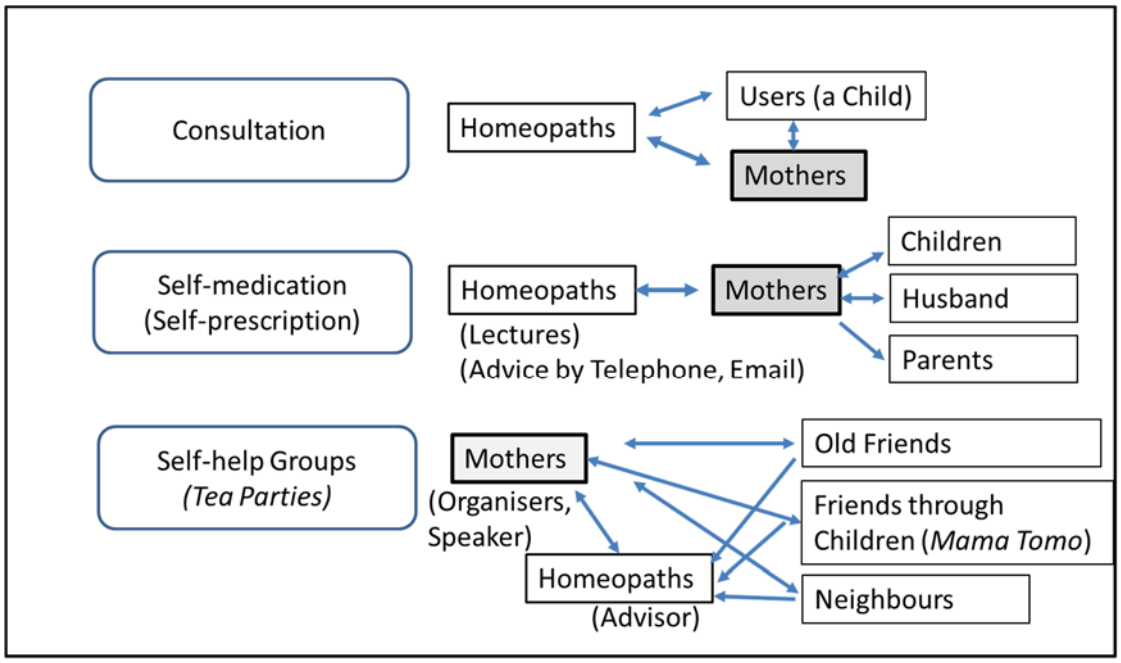

Figure 2 Three Patterns of Activity in the Homeopathic Network Linking Practitioners, Mothers and Others

First, the mother comes to homeopathy, either as patient or as mother of a patient. She experiences homeopathy as helpful and becomes a stable user who makes homeopathy the standard form of healthcare for her family. This means it is essential for the mothers to become self-prescribers, for which they go on a self-prescribing course led by a homeopath. Some mothers also use homeopathy to help to heal their inner child and establish a more meaningful life. Furthermore, some not only consume homeopathy as stable users but go on to create a new network of homeopathy. The self-help group emerges as a new network outside the relationship between practitioners and patients. Through the activities of their self-help groups, the mothers learn to be reassured they are

good mothers and good wives; that they are taking good care of their families and standing by the other mothers in this society of mothers. This leads to their empowerment.

Thus homeopathy has become for some the standard form of family healthcare and part of the lifestyle adopted by the nuclear family, a choice that allows mothers their own choice of medicine. Homeopathy has found a niche and established a unique status in the social and cultural environment of today's Japan. These three activities work together to promote the reception of homeopathy in Japan.

To conclude, this chapter has focused on consumers of homeopathy as a therapeutic option. The typical consumer is a woman of 30-40, mostly mothers with young children who carry responsibility for the family healthcare without any help. This situation has been especially influenced by the disappearance of the extended family in Japan. Worried on behalf of their families by the way biomedical medicine is being practised, they have turned to homeopathy because there are 'no side effects' and they 'feel safe'. They turn to it especially for their children both for their chronic illnesses, for which they consult a professional, and for the self-care they provide themselves. The consultations typical of homeopathy have the additional effect of offering the mothers support for their own emotional difficulties with their husband, children and parents. The consultations guide them to review their lives and come to an understanding of who they

are. They have learned confidence in their role as mothers, having taken charge of the family's health by studying self-prescribing of homeopathy. Homeopathy has contributed to their roles as mothers and wives. In the Japanese healthcare system homeopathy was accepted by mothers in the popular sector. Homeopathy has found a niche in the country's medical, social and cultural context and the practice of homeopathy has responded to consumer demand.

Chapter 7 An Issue of Safety in the Treatment of Homeopathy – The Relationship between Homeopaths and Patients

In previous chapters, in order to obtain a clearer picture of how homeopathy has been received, and reconfigured, in Japan, I discussed how new forms of healthcare proliferate under the influence of the socio-cultural context, including the healthcare systems of the regions in which they operate. The discussion so far, that centred on interest in new forms of medicine, as well as on the motivations of the people that use them and the expectations surrounding this, focused in turn on institutions such as professional associations and colleges, the role of medically-trained and lay practitioners, and the patients and users of homeopathy.

In this final chapter, I turn my attention to the safety of treatment by homeopathy in Japan, especially as practised by lay homeopaths. Most patients and users choose homeopathy because it is assumed to be natural, safe, and comes with no side effects, unlike biomedical treatment. However, medical doctors sometimes claim lay homeopaths do not have sufficient medical knowledge and may therefore misjudge the conditions

presented to them (see Introduction), although medical doctors also sometimes miss serious conditions. The problem was indicated in the narratives of medical homeopaths in Chapters 2 and 4, which included relevant cases. So how safe or unsafe are lay homeopaths?

In this connection, I focus on the relationship between lay homeopaths and patients in the Japanese socio-cultural context. First, I shall survey the sociology and medical anthropology literature of the relationship between practitioners and patients in the West, and between doctors and patients in Japan. Second, I shall illustrate this theme with a single case in which a homeopath and a patient had a long-term relationship; and I shall analyse the narratives as a way of exploring the effect of the socio-cultural context. I will assess how relationships between homeopaths and their patients differ from the regular doctor-patient relationships in Japan, as well from those existing between CAM practitioners and their patients in the West. I shall then analyse what takes place when new forms of medicine are introduced into the various regions of Japan. How the relationship between lay homeopaths and patients is affected more widely is explored below.

1. The Relationship between Practitioners and Patients

In sociology Parsons (1951, 1975) proposed a 'role' model to define the relationship between practitioners and patients. His proposition was that inherent within the status of 'doctor' or 'patient' in modern industrial societies, are certain socially defined roles. In other words, a doctor has a role expected of them and the patient too (the 'sick role'). Since Parsons' role analysis was very general, Szasz and Hollender (1956) proposed a more nuanced model of roles, (activity-passivity, guidance-cooperation, mutual participation), depending on the patient's condition. For example, in the case of chronic ailments, they argued that a 'mutual participation' model, in which patients and practitioners shared responsibility for moving treatment forward, was to be preferred.

Furthermore, Freidson (1962) holds that there have always been discrepancies and antagonisms inherent in the interests and values (priorities vis-à-vis how to act) of patients and doctors, calling this a 'clash of perspectives'. He also believes that, since medical knowledge and technology have the tendency to change significantly in just a few years, it is necessary to acknowledge that there are uncertainties inherent in the treatment process. As a model of doctor-patient roles that both presupposes the existence of a resultant clash of perspectives between participants and acknowledges the inherent uncertainties of medical science and treatment, Stone (1979) advocates a Health

Transactions Model. This contends that a role relationship where patients and doctors work together to elucidate the patient's condition, without either party apportioning blame for discrepancies or uncertainties, is the most desirable with regard to the effectiveness of treatment.

In medical anthropology, Kleinman (1980) examines the relationship between patients and healers in Taiwan. He describes patient-healer relationships as a transaction between an explanatory model (EM) and clinical reality: Chinese-style physician-patient; western-style doctor-patient (private clinic, public hospital outpatient clinic); shaman-client, Ch'ien interpreter-client, family-patient. According to his definition, 'Explanatory models are the notions about an episode of sickness and its treatment that are employed by all those engaged in the clinical process. The interaction between the EMs of patients and practitioners is a central component of health care.' (1980:105).

The nature of the doctor-patient relationship continued to be examined by, among others, Kleinman (1988), Budd and Sharma (1994), Stevenson et al. (2000), Barry et al. (2001). For example, Barry et al. (2001) explore how patients' attitudes towards 'lifeworld' effect the outcome of their treatment. They conclude that patients would receive better care if doctors made themselves more sensitive to how the inner concerns their patients are voiced during the communication between the two parties. In a recent

study, Parkin (2013) focuses on how information is exchanged between healers, doctors and patients in rural eastern Africa during a medical crisis. He points out that, 'Talk about sickness may then oscillate between being based on trust or on its loss' (2013:124). He explores how what is said concerning sickness between sufferers and healers or doctors moves back and forth between trust and alienation when there is a medical crisis, and examines this from angles such as 'encounter', 'negotiation', or 'unquestioned acceptance'. He concludes that the dynamic alternation of forms of talk is intrinsic to the therapeutic discourse and notes that a similar process of talk around sickness occurs in western hospitals and clinics.

Regarding the relationship between doctors and patients in Japan, Caudill and Doi (1963) and Ohnuki-Tierney (1984) point out that patients trust the doctor totally. Ohnuki-Tierney (1984), for example, focused on the relationship between doctors and patients in the hospital. She pointed out that, 'It also helps to establish a personal relationship between the two, since a doctor is chosen not by a simple match between the doctor's specialty and the patient's ailment, but because of a "vote of confidence" the patient has somehow given that particular doctor.' (1984:207). Alongside this, the healthcare scientist Munakata (1989) defines as the 'entrusting' style of treatment

(*omakase iryō*) the characteristics of the relationship between patients and practitioners in Japan.

In addition to Munakata's work (1989), Sugita and Hasegawa (2001) offer three characteristics of the relationship between doctors and patients in Japan: paternalism-oriented doctors; the entrusting-oriented (see below) patient; and the relationship between the two parties and the family. The characteristic of the first category, paternalism, is that doctors do not want to give information so as to hold onto their presumed charisma. With the second, patients assume an 'entrusting' relationship with their doctor (Munakata 1989). Sugita and Hasegawa also claim that there is a cultural tendency for patients to expect emotional ties to their doctors. They state that these patterns are reinforced not only on the doctors' side, by their habit of presenting a charismatic persona or by the practice of paternalism but, in fact, that there is also an element of patients provoking this sort of attitude in their doctors (2001:190-120). The third characteristic is that the patient's family intervenes in the relationship between doctor and patient. For example, a Japanese wife intervenes on her husband's behalf in the consultation room. She answers the doctor's questions instead of her husband although he is perfectly capable of speaking for himself (ibid.: 121). This mutual dependency is reflected in the clinical reality.

Ohnuki-Tierney (1984) also points out the role of the patient's family as that of a 'surrogate patient' (1984:179).

'Entrusting' style of treatment (*omakase iryō*)

According to Munakata's theory, in Japanese society, where roles based on mutual dependency are privileged, patients are apt to become dependent on their doctors and, by entrusting themselves entirely to them, hope to obtain from them the maximum 'emotional and instrumental help'. Doctors, on the other hand, find in the fact that patients are willing to place their trust in them something to buttress their self-identification and general self-worth as doctors (Munakata 1989:107-108). 'The doctor takes over as the boss, and the patient and the patient's family become followers' (Munakata 1986:376).

It is also understood that the establishment of quasi-familial relationships is an effective means of establishing trust between doctors and patients. In such models it is expected that the attending doctor will shoulder all the burden of treatment and care of the patient, ideally very much in the manner of a family member. Patients and their families also decide whether a particular doctor is someone dependable, to whom they can entrust their care. Thus, it would seem, Japanese patients are apt to place their trust

in doctors on the strength of the quasi-familial, emotional ties between them (Munakata 1989:108). 'Japanese patients, unlike American patients, develop the kind of dependency on their doctors that children feel toward their mothers, and since Japanese doctors try to respond to their patients as if they belonged to the same family' (Munakata 1986:376).

However, Munakata (1989) also points out that, conversely, the patients psychologically control their doctors:

> There is a tendency for patients to play the role of the weaker party and feign ignorance and powerlessness to bring out the doctor's sense of responsibility toward them. This is because their powerlessness or lack of knowledge constitutes a reason to be dependent. So, this is not a mere dependency relationship but might rather be described as a form of psychological manipulation that plays on the doctor's sense of duty and causes them to feel guilt when they do not carry out that duty to the fullest extent — a mode of behaviour that draws on a certain traditional wisdom that has developed among the Japanese. (Munakata 1989:109, Translated Nonami)

Munakata argues that the operative mode of communication within this 'entrusting' style of treatment is *sasshi-ai* (conjecturing about each other, from the verb *sassuru*, which means 'to understand the other's feelings without relying on verbal communication or understanding'; Munakata 1986:375). He also says that patients are apt to expect the sort of attentive and thoughtful care from doctors expressed in the Japanese expression *kayui tokoro ni te ga todoku* (reaching the itchy bits), i.e. going out of one's way to make another feel comfortable (Munakata 1989:109). Munakata also argues that this lack of verbal communication sometimes causes misdiagnosis.

These characteristics of the relationship between doctor and patient are illustrated by their mutual dependency. According to the psychiatrist Takeo Doi, there exists a structure of dependency known as *amae* that is unique to the Japanese people (Doi 1973, 1986). *Amae* means 'to depend and presume upon another's benevolence'. '[I]t must indicate that there is a social sanction in Japanese society for expressing the wish to *amaeru*. … in other words, in Japanese society parental dependency is fostered, and the behaviour pattern is even institutionalized into its social structure, whereas perhaps the opposite tendency prevails in Western societies' (Doi 1986: 125-126). It is, according to him, very widespread – found in its purest form in the attitude of a child towards its parents, but also arises in interpersonal relationships between two adults, for example 'husband and wife', 'master and subordinate', etc. (ibid.: 121).

In medical anthropology, Lock (1978) describes the relation between *amae* and illness as follows: 'There is a second constellation of feelings associated with illness which also stems from an extremely close mother-child relationship and the resulting dependence' (Lock 1978:163). She also characterises the situation when people are ill in Japan as follows:

> In return for hard work, responsible behavior, and submission of self, one can be assured of care and attention regarding all one's personal needs. In times of stress and illness, it is acceptable to become highly dependent upon the family, to *amaeru*. As a chance to escape temporarily from the pressures of society, mild sickness such as

> tiredness, pain, languid feelings (*karada ga darui*), or mild intestinal complaints can be rather welcome (ibid.: 163).

Thus it is not unusual to see mutual dependency based on *amae* in the interpersonal relationship in Japanese society.

Munakata (1986) also explains how the structure of mutual dependency in Japan reflects on interpersonal relationships as follows:

> Japanese interpersonal relationships are characterized by an effort to minimize the psychological distance between the interacting individuals. They do so by repressing their personal opinions and interacting frequently with each other for the purpose of establishing emotional ties before anything else. … Once the interacting individuals become friends, they begin to feel that they can expect things of each other as if they were members of the same family. They then become disinclined to say no to each other's requests. Weak followers will often obtain emotional and practical help from their bosses by taking advantage of this type of interpersonal relationship. If the boss refuses to provide help, the follower will harbour a strong grudge against him. But if the boss provides help, he well have gained influence over the follower, who will then feel a (lasting obligation) towards the boss. (1986:375）

Thus the 'entrusting' style of treatment defined by Munakata (1989) in the reality of the clinic is an example of the mutual dependency in interpersonal relationships that characterizes Japanese society.

Shift to the 'Self-determination' of the Patient

Munakata (1996) sees medical culture across the world as undergoing a change as we move further into the twenty-first century. Against a varied backdrop of changes in ethics,

changing illness structures and the need for self-care, and an increased level of knowledge on the part of patients, we are beginning to see a shift of emphasis from the 'entrusting' style of medical care, based on the doctor's thoughtfulness or goodwill, to a model centred on the 'self-determination' of the patient. The modes of healthcare based on mutual emotional dependency, formerly seen in Japan, are categorized as the 'entrusting' or 'thoughtfulness' model. Likewise, Munakata describes modes of healthcare based on relationships with specialists who are prepared offer support while respecting the actions of the patient to resolve their own problems, and the independence of that patient, as the 'self-determination' model. In order to realise the 'self-determination' model, it is significant to consider Stone (1979)'s Health Transactions Model. Moreover, as I argue in Chapter 1, the realities of contemporary Japanese healthcare and the 'three-minute consultation' are such that, excluding in-patients, it is often not viable to administer the kind of 'reaching the itchy bits', 'thoughtful to the last detail' type of care expected by patients under the old 'entrusting' system (Munakata 1996:245).

Then, what of the relationship between CAM practitioners and their patients? Sharma (1994) makes the following appraisal of the relationship between practitioners of CAM and their patients in the UK:

> This form of holism involves the explicit encouragement of the patient to take on more responsibility for his or her own health. This objective is not simply the elimination of the problem which has caused the patient to consult in the first place through the mobilization of the body's healing resources, but also a progress in self-understanding and self-responsibility (Sharma 1994:88).

In other words, CAM therapists aim to lead their patients into a 'self-determination' model of treatment. Sharma also notes that, in the case of CAM, under normal circumstances patients choose their own practitioners and have their own agenda regarding the course treatment consultations should take (ibid.: 89). This would tend to suggest that CAM patients are a self-selected group of participants in the treatment process. The therapist's role in spurring that process along cannot be ignored but patients too are actively involved in treating themselves. Based on what can be ascertained from Sharma's study, one would be justified in describing the relationship between CAM practitioners and patients in the UK as a 'self-determination' model.

Furthermore, Sharma sees the relationship not as a hierarchical one but, rather, in terms of an 'equation of responsibility'. The healer, in her analysis, holds to an ideal 'in which patients initially seek some form of help which they cannot provide for themselves, draw on the healer's expertise, then gradually become more independent and self-reliant with respect to their health and well-being' (ibid.: 92).

Sharma also analyses CAM patients with respect to their position as consumers within the CAM market. In this regard, she notes the 'consumer-provider relationship denotes a very different equation of responsibility from the professional hierarchy'. She explains, as follows:

> In the consumer model of health care the patients take responsibility for their own health by exercising their judgement about the kind of care relevant to their conditions in the first place. In short, the self-responsibility which is the aim of the 'strong' model of holism is the starting point for the market model. (ibid.: 98)

Since there are elements of consumer-provider structures within the relationship between CAM practitioners and patients in the UK, the environment is such that patients' rights to responsibility for their own treatment and self-determination have been able to grow. Thus Sharma (1994) points out that, when compared to doctor-patient relationships in Western medicine, CAM therapist-patient relationships have their foundations in stronger 'self-determination'-type ties between practitioner and patient.

In the course of her research on homeopathy in the UK, Barry (2006) conducted research on homeopathy in the UK, she described different kinds of users as follows: 'committed users: actively seeking alternatives', 'a committed homeopathy user' and 'pragmatic homeopathy users'. She records that a client 'reports feeling "empowered" by her interactions with alternative medicine. The homeopathic explanations for her illness makes more intuitive sense and the fact her therapists share their knowledge makes her

feel responsible for her health in a way that she hasn't felt with orthodox medicine' (2006:96). Barry also points out that 'The professional homeopaths (lay homeopaths) have far more time during their hour long sessions to transmit views of health and healing, to challenge existing beliefs and to educate their patients. This, combined with the fact their patients are often seeking a different way, lead[s] to big changes' (2006:103). Although Barry does not examine the relationship between practitioners and patients, she indicates that homeopaths lead patients to 'self-understanding' and 'self-responsibility' for their health, as Sharma also describes it.

To summarize, the relationship between doctors and patients in Japan is viewed as forming one of the 'entrustment' models of medical care. The relationship of mutual dependence continues to be seen in the clinical reality in spite of the shift of emphasis from an 'entrusting' style of medical care to a model centred on the 'self-determination' of the patient. According to Sharma (1994) and Barry (2006), in contrast, in the UK CAM therapist-patient relationships have their foundations in stronger 'self-determination' type ties between practitioner and patient.

2. Teruyo's Case

I will explore the relationship between a homeopath and a patient through one case. I chose this one from among the several cases I had collected where the patient was dissatisfied with the homeopath and/or with their treatment because, in this instance, the homeopath and the patient had a long-term and trusting relationship. I was able to speak informally to the patient several times about how she saw homeopathy and I also interviewed her formally. Hence, I could trace the process of how the relationship changed between the homeopath and her. I shall use the narrative offered by the patient to illustrate the way the socio-cultural context in Japan functions in the context of whether its lay homeopaths are safe.

Teruyo was a typical user of homeopathy in my research (see Chapter 6): she was in 30-40 year-old age group; female; dissatisfied with biomedical treatment because it sometimes causes side effects, and preferring to use 'natural' treatment. She first turned to homeopathy for her mother, then after learning homeopathy through a self-prescribing course, she used it for herself. When she wanted to make sure she had chosen the correct remedies for her current complaints, she would ask the homeopath whom she had consulted for her mother. She enjoyed the lay homeopath-patient relationship for about seven years. The case concerns a failure to diagnose cancer by a lay homeopath.

Encounter between Teruyo and her Homeopath

Teruyo was in her forties and married with no children. She was a vegetarian. She had graduated in English language and studied in Canada before becoming an English teacher at a college. She was also qualified in flower essences and crystal healing. I met her for the first time at a psychic healing seminar and spoke to her informally about homeopathy several times thereafter. I interviewed her formally when she was being treated for cancer after she had been hospitalised for cancer. It was after my main fieldwork in 2012 that Teruyo got in touch with me. Although the cancer was being treated biomedically, she wanted to be interviewed for my research because she had experienced homeopathic treatment for the condition too.

Teruyo had not had good health since her childhood, when she had sometimes experienced autointoxication. Both parents had gone through a serious illness as a result of biomedical practitioner failure. Her father had died of cancer when she was a college student; his condition had been misdiagnosed as haemorrhoids, after which it was too late for him to benefit from a full medical treatment. Teruyo commented: ‘My father always

asserted that (biomedical) drugs were not good. As a result, I prefer to choose *Kampo*, which draws on natural herbs, rather than drugs.'

Her mother had a serious disease for which there was no known biomedical treatment. Teruyo researched CAM therapies for her and would take her to an excellent *Kampo* doctor even though his practice was far from where they lived. However, her mother's disease did not get better. Then Teruyo's friend introduced her to a homeopath, whom her mother consulted twice but without convincing signs of recovery. After seeing what biomedical treatment had done to her mother earlier, Teruyo would take remedies prescribed by the homeopath to the hospital to which her mother was now confined, as the lady was unable to move from her bed. Teruyo gave her mother the remedies without the permission of the medical doctor in charge. Here is her recollection of homeopathy in her mother's case.

> I felt good because I was able give her remedies when there was nothing else I could do for her. I hoped she would get even just a little better. By then, the biomedical drugs had done all they could for her. When my mother was in a coma in her hospital bed and unable to move, I would pop a remedy in her mouth, and I would observe a flicker of movement.

Teruyo was happy to tell this story. It gave her pleasure that she was able to do at least something for her mother even though she thought the remedies would not have much effect on her mother's condition. The homeopathic treatment gave hope to a family

member – Teruyo herself – after biomedical treatment had done all it could. Homeopathy was being prescribed for her mother as an individual rather than for the disease itself. On the other hand, Teruyo was angry at the reaction of the medical staff when they found out she had been giving her mother homeopathic remedies because they refused to allow homeopathic treatment without a medical examination, saying it was fake. The experience only made Teruyo more determined to use the homeopathic remedies. This is what she said about their effect on her mother: 'I thought there was some reaction. But I could not keep giving them because she couldn't even swallow water in the end.' Her mother died shortly after.

During the time her mother was in hospital, Teruyo took a three day self-prescribing homeopathy course. She felt it would be useful for her to understand how homeopathy works mentally as well as physically. She then turned to homeopathy for her own health complaints such as headache, vomiting and cystitis, using a self-prescribing kit. She sometimes called the same homeopath who had helped with her mother to be reassured she had chosen the right remedies. Now, and quite clearly, Teruyo said she had experienced the effectiveness of the homeopathic approach for her symptoms. Gradually, the homeopath became like her home doctor because she preferred to use homeopathy to

the biomedical drugs her father had influenced her against, and also because of her conviction of the efficacy of homeopathy.

To summarize, Teruyo had eagerly turned to CAM when she knew the mother's disease could not be treated by biomedicine. She was also using homeopathy for her own day-to-day healthcare. At this point in the relationship between the practitioner and the patient, Teruyo had become responsible, as Sharma (1994) points out, for her own healthcare and had decided on her own medical care by learning something about homeopathy and choosing her own remedies (albeit backed by the homeopath's advice). The relationship between the two parties was the ideal known as the 'equation of responsibility'.

The Changing Relationship between the Practitioner and the Patient (1)

Teruyo then needed to consult the homeopath for a lung infection. First of all, she telephoned the homeopath and was advised what remedies to take; however, they did not work. Then she went to a *Kampo* doctor (who may have been a qualified medical doctor as well), where she was diagnosed with inflammation of the lungs after an X ray examination. The *Kampo* doctor advised her to go to hospital for biomedical treatment

but she went to the homeopath who had prescribed for her mother instead because this is what the homeopath advised her to do. It was the first time Teruyo had consulted this homeopath in her clinic. The homeopath prescribed on the spot and gave her several remedies to take, one by one, in the consulting room. She said, 'As I took each remedy, it took just ten minutes for me to feel everything had changed. I was recovering.' Her body temperature fell almost immediately. 'My lung inflammation was cured. So I thought homeopathy was amazing. My experience made me believe in homeopathy. I believed everything the homeopath said. This was the moment when I became really devoted to homeopathy.'

It is notable that Teruyo was astonished when her temperature fell within ten minutes. It means that she did not expect homeopathically prescribed remedies to lower her temperature. She might have expected biomedical drugs to have this effect. The surprising experience made her trust the homeopath more than ever.

The next event in her medical history was that Teruyo noticed a lump in her breast. She did not go to hospital but consulted the homeopath. The homeopath said, 'Neither anti-cancer agents nor drugs are any good. You should not go to the cancer centre. The cancer centre treats just cancer. I have experience of treating cancer … I have worked with several cancer sufferers.' Teruyo said, 'I felt this was wonderful and I believed all I

was told.' Once a month she went to the homeopath, who gave her massages and advice for an anti-cancer diet.

In due course, the homeopath became worried by Teruyo's condition and, despite her earlier statements that biomedical treatment was bad, advised her to go to hospital. Teruyo followed her advice and was operated for breast cancer. The operation succeeded. This experience made Teruyo trust the homeopath even more because she had given her wise guidance in the face of her dislike of biomedical treatment.

After some months, Teruyo consulted the homeopath again. Her presenting symptom was that her legs hurt. However, despite the homeopath's remedies, the leg pain did not go away. 'I asked her whether it was cancer but she said it was the after effects of an earlier traffic accident. "I can treat it" she said.' Teruyo continued to consult the homeopath although her husband told her again and again to go to the hospital. 'But I believed the homeopath. My husband told me later that he thought I would die but he chose to respect my decision.' Teruyo's behaviour shows that the tie to the therapist regarding health treatment choices was stronger than that to her husband.

The homeopath took her to a shaman whom she respected and who treated patients through a different form of energy healing. There were various other patients in

the room. Why did the homeopath introduce her to a shaman? The homeopath may have seen herself in the role of Teruyo's 'home doctor'. As explained above, the Japanese 'entrusting' style of treatment expects the 'home doctor' to have responsibility for the entire treatment and care of the patient, treating them as if they were a member of the extended family. Therefore, the homeopath may have been attempting to respond to her patient's needs because Teruyo was relying on her as her 'home doctor'. Here Teruyo recalls how she felt about the shaman and how she reacted to the healing session with him.

> She took me to the shaman. This shyster gave me some so-called 'energy healing'. However I did not feel anything although the patients around me said, 'It is warmer…'. He asked how I felt when the session ended. I had to say something. First I replied that I had not felt anything. However, this felt discourteous so I then said I had felt something. I had to answer because the patients around me said they had experienced something.

Teruyo did not respect the shaman but she could not express what she felt because the homeopath did respect him. Teruyo appears to have second guessed (*sassuru*) the feelings of the homeopath in order not to distress the homeopath and she wanted to maintain a good relationship with her. The relationship between Teruyo and the homeopath, where the patient conforms to what she assumes the therapist wants to hear, is typical of the 'entrusting' style of treatment in Japan.

The Changing Relationship between the Practitioner and the Patient (2)

It was only when Teruyo's leg pain became so bad that she could not walk that she finally went to hospital – again, on the recommendation of the homeopath. The homeopath also suggested she take her but Teruyo had responded angrily: 'What, now? Isn't it too late?' In the end her husband took to her to the hospital, where she was diagnosed with cancer of the spinal cord, which was difficult to operate on. She was told in hospital that her cancer had metastasised to the spinal cord. Most of the doctors and nurses in the cancer centre preferred not to operate because the diagnosis was that she would die within two or three months, with or without the operation. Only one doctor, who had just returned from studying in the US, agreed to go ahead. The operation was successful and she survived although some cancer does still remain and she continues to take anti-cancer drugs. It was her encounter with this courageous doctor that showed her, for the first time, the effectiveness of surgery and biomedical treatment. The homeopath's poor understanding of what was going on had meant that Teruyo had kept away from any kind of biomedical or surgical intervention. This is how Teruyo remembers it:

> It was a *sennō* (brain-wash) because I did not understand. I was *sennō-sareta* (brain-washed) by the *sensei* (doctor) (i.e. the lay homeopath.), by what she said and how she behaved. Many things had been right in what the *sensei* had said. The relation between a medical doctor and a patient must be strong. I really believed in homeopathy after I recovered from the lung inflammation. It was like magic. From that time on, I believed there was a strong tie between the *sensei* and myself. She also advised me what I should avoid eating, and I agreed. When I look back, this seems to me to be mere prejudice.

As she described her experience, Teruyo used the term *sensei* (doctor) to denote her lay homeopath. The homeopath seems to have taken on the existence of a doctor for Teruyo. The close relationship between *sensei* and her follows the pattern of the 'entrusting' style of treatment between doctor (boss) and patient (follower), where the doctor exerts the strong influence of a family member. In Japanese society, once the follower puts someone into the position of boss, both parties observe that hierarchy, i.e. the relationship is set forever, and one component is that the follower should be respected by the boss. The relationship between practitioner and patient in Japan has grown out of the country's social context. Teruyo recollected the tie between them, though strong, had become inappropriate: she used the term '*sennō'* (brain-wash) to describe what she now was as the control being exerted over her mind. She regretted having left all aspects of the treatment to the homeopath on the assumption that there had been a strong and trusting bond between them.

The relationship between the homeopath and the patient may have an affinity with the mentor-follower relationship that Hsu (1999) describes as characteristic of personalised transmission, and in this way similar to the boss-follower relationship. Hsu explains the mentor-follower relationship as follows: 'A disciple, unlike a student, was expected to know and accept all aspects of his master's personality (Hsu 1999:100-102).

This included the respect a son has for his father (*xiao*) and absolutely loyalty.' Teruyo's vocabulary, which draws on words such as 'brain-washed' and '*sensei*', recalls Hsu's mentor-follower relationship. Like an apprentice, Teruyo was taught how to understand the principles of homeopathy and turned to her mentor to confirm which remedies she should use. This accords with the model of the transmission of the knowledge of health and healing. As Barry (2006) shows above, lay homeopaths 'transmit views of health and healing', 'challenge existing beliefs' and 'educate their patients'. The long homeopathy consultation lends itself, more than with any other CAM therapy, to a form of communication between practitioner and patient that allows the transmission of knowledge.

This case revives the concerns of medical homeopaths over the poor diagnostic skills practised by some lay homeopaths because of their lack of medical knowledge. This problem appears to reside not only in their lack of medical knowledge but in the 'entrusting' style of relationship in Japanese society, where the patient hands over full responsibility to the practitioner, even when the patient has doubts about their treatment. In the case quoted above, the situation got to the point where the patient got to the hospital too late for an operation. She survived but now has to use a wheelchair and still takes anti-cancer medicine.

As Sharma (1994) points out, the CAM practitioners' ideal is to share responsibility with the patient; in this context, the homeopath appeared to equate this responsibility with helping the patient in her self-prescribing. However, the relationship evolved into an 'entrusting' style of treatment.

When Teruyo was in hospital with cancer of the spinal cord, which had metastasised from the earlier breast cancer, the homeopath visited her several times. Teruyo remembers what the homeopath said at her hospital bed: 'This is the right moment for an operation,' (this, despite the fact that the surgeons were mostly of the opinion that it was too late),'Biomedical drugs are sometimes effective,' 'I have had some successes in treating difficult diseases,' 'I know someone who can testify how well I have treated a difficult disease.' Teruyo said that the homeopath may have been afraid she would sue because there had recently been case against a homeopath after a baby had died (see Introduction). She also said:

> She brought me remedies, and also home-made cooking rich with enzymes because I had constipation. These were all good for me. Yet she unashamedly asked me to cover her parking fees at a time I really couldn't concentrate. It was unbelievable. She came to the hospital three times. She would have paid a parking fee each time. Yet it may be natural (that the *sensei* came to see me). I don't think she came because she was concerned about my health but because she was worried on her own behalf.

Although I was unable to interview Teruyo's homeopath, it was clear that the homeopath made the three hospital visits in her capacity as her patient's 'home doctor',

and that is why she brought remedies and specially prepared food with her. She came to see her spontaneously: not for the sake of earning fees but for the sake of her patient. In Japanese society, it is natural for the patient to express their appreciation to their home doctor when the doctor makes a hospital visit, and normally the patient would express their gratitude by, for example, reimbursing their parking expenses, plus a gift. Therefore Teruyo acknowledged this by saying 'it may be natural…'. At the same time, Teruyo was shocked when the homeopath asked to be reimbursed for her the parking fee because she thought the homeopath had come to apologise for failing to make a correct diagnosis. The two attitudes were in conflict.

It appears that the homeopath claimed the parking fee because she had come to the hospital not to apologise but in her role as 'home doctor'. Munakata (1989) points out that there are seldom lawsuits against doctors from the patients in Japan because patients tend to persuade themselves that 'The doctor did their best for me'. This is the case even when the patient has suffered an iatrogenically induced illness through a prescribed overuse of drugs by a home doctor that may have led to death (Munakata 1989:110). In the case under discussion, the homeopath may have expected this kind of reaction in her patient. On the other hand, Teruyo did not act as the homeopath expected. She said:

> I believed in homeopathy. I really *believed* in homeopathy. But I was disappointed in the character of the homeopath. I don't either dislike or hate her but I regret how much I believed in her. I still like homeopathy. I would like to use homeopathic remedies even now but my husband will not allow it. One day I would like to go to the *sensei* and say, 'I recovered from the cancer.'

Teruyo did not blame the homeopath for her poor skills as a practitioner but blamed herself that she had not been able to judge whether she should have entered into an entrustment relationship with her as her 'home doctor'. Her reaction falls within the context of the 'entrusting' relationship in Japan.

3. Are Lay Homeopaths in Japan Unsafe?

So, are lay homeopaths in Japan unsafe? So far, I have illustrated this theme with a case in which the homeopath and the patient had a long-term relationship that extended over almost six years and how the strong tie between them reflected the socio-cultural context in Japan. The two parties gradually constructed a trusting relationship, which began with the treatment of the patient's mother's disease, and progressed to advice over self-prescribing, the miraculous treatment of the lung inflammation, the breast cancer and the leg pain (that was, in fact, a symptom of cancer of the spinal cord). The relationship was typical of the relationship between doctors and patients in Japan, where the bond between practitioner and patient turns into the hierarchical relationship that one also sees between

boss and follower. If a patient experiences a miraculous recovery from a complaint through homeopathy, the relationship between practitioner and patient turns into a tighter hierarchical bond.

Once this bond is established, the homeopath becomes a member of the extended family, responsible for all the patient's healthcare. For her part, the patient was content to offer a passive expectation she would receive attentive and thoughtful care; she respected her homeopath and trusted she would be given her the maximum 'emotional and practical help'. The relationship between homeopath and patient in this case conforms to Japan's 'entrusting' style of management. In the relationship they had constructed, the homeopath attempted to answer her patient's expectations even when the presenting condition went beyond her knowledge or ability. In this case, the practitioner found it hard to release her patient because the CAM therapist tends to take full responsibility for whatever happens. Patients also find it hard to change over to biomedical treatment when it is needed. Under the circumstances, they second guess (*sassuru*) each other, a device 'to understand the other's feeling without verbal communication or understanding' (Munakata 1986:376). As Munakata argues, this lack of verbal communication sometimes causes poor diagnosis. The homeopath's lack of diagnosis in Teruyo's case appears to have had its roots in this process.

Thus I argue that the sometimes doubtful safety record of lay homeopaths is caused not only by lack of formal medical knowledge but is also the result of the 'entrusting' style of relationship, based Japan's tradition of *amae*.

In addition, both lay homeopaths and patients are apt to trust that homeopathy can cure conditions which were not cured by biomedical treatment, although neither party may fully understand the limitations of homeopathic treatment. This may lie behind the popularity of the new forms of medicine in Japan, where homeopathy had arrived only before fifteen years earlier and where it is not yet fully recognised. Recalling her experience, the cancer sufferer Teruyo clarifies her expectations of the understanding between medical doctors and CAM practitioners:

> I think there is considerable lack of understanding and a great distance between medical doctors and homeopaths. In the past, medical doctors did not respect *Kampo*. Nowadays medical doctors understand *Kampo* much better than before. Affiliation between biomedical treatment and CAM therapies is best.

Teruyo stated that understanding between medical doctors and homeopaths is essential. She illustrated this by referring to the environment for *Kampo* in Japan. In the past, *Kampo* was not accepted by biomedical doctors. However, nowadays it is. In the event, Teruyo's *Kampo* doctor introduced her to a biomedical doctor. According to the study of CAM users by Kamohara (2002), 78.9 percent of patients conceal the fact that they consult CAM practitioners from their home doctors (2002:35). Conversely, the figures

indicate that most CAM practitioners understand when biomedical treatment should be preferred to their discipline, especially in the case of diseases such as cancer (Sasaki 1977, kuroda 1985). Mutual understanding between practitioners and doctors as well as between practitioners and patients is essential for the safety of treatment.

In this chapter, I have focused on the safety of treatments by lay homeopaths from the viewpoint of the relationship between the practitioners and their patients. I have argued that the safety of lay homeopaths is caused not only by their lack of formal medical knowledge but by the 'entrusting' style of treatment which is applied the relationship between doctors and patients in Japan. Although Sharma (1994) describes that CAM therapist-patient relationships is 'self-determination' –type ties between practitioners and patients rather than that of doctors and patients in the West, in other words, 'equal of responsibility', the relationship between the homeopaths and patients in Japan still remains the relationship between doctors and patients in Japan.

Conclusion

1. A Summary of Research Findings

In this thesis, I have discussed the introduction of homeopathy into Japan in the late 1990s, focusing on the establishment of institutional structures, the transmission of homeopathic medicine in colleges, the perceived role of the homeopath as 'Professional, Provider, Vocational' and, finally, the reception and evaluation of homeopathy by the patient, user and consumer. Let us now remind ourselves how homeopathy has been received and how it has transformed Japan's medical and socio-cultural environment, as these points have been discussed over the course of this thesis.

In Chapter 1, I considered the introduction of homeopathy into Japan from the perspective of the state of the country's healthcare system and the appearance and diversification of CAM. Firstly I discussed the ease with which Japanese nationals are able to access biomedical treatment options, thanks to universal and mandatory health insurance programmes, as well as how this, on the other hand, has resulted in the development of the '3-minute consultation' and the so-called '*kusuri-zuke'* (soaked in drugs' phenomenon). I also noted that, in many cases, the uptake of CAM options by consumers in Japan was born out of a desire to prevent illness and maintain good health,

rather than in response to any dissatisfaction with biomedicine *per se*. Since *Kampo* is now being used to treat patients' symptoms within the framework of the national insurance scheme, it is obvious that it is moving away from its traditional role as folk remedy, which suggests that this might also be having an effect on the implementation of new CAM options.

I also argued that, during the health boom, '*iyashi*' (healing), the spiritual boom played a role in the introduction of CAM from the West. Accordingly, the impetus for that introduction was to be found within a diversity of healing phenomena, including forms of relaxation that transcend the boundaries of healing illnesses, spiritual healing and so on. Moreover, as this thesis has made clear, in Japan, as in Europe and the United States, since medical research bodies dealing with CAM, as well as CAM departments within university medical schools, began to be set up in the 2000s, interest in CAM as part of an integrative medicine approach has been spreading amongst healthcare professionals. Put simply, following the classifications set out in Kleinman (1980:50) (see Chapter 2), within Japanese health care the medical sector has retained a firm position, offering easy access to care for all. In the meantime the folk sector has seen a variety of imported CAM options added to the traditional therapies already in existence while the popular sector is experiencing a trend towards heightened interest in a form of healing

that reaches beyond illness, all this running alongside an increased awareness of health issues.

In order to shed light on the circumstances surrounding the arrival of homeopathy in Japan, after surveying the rapid increase in the number of educational institutions dedicated to homeopathic education in the 15 years since the first body was set up in 1997, Chapter 2 turned to two institutions in particular, analysing the background and objectives of each of their founders in turn: one group consisted of medical doctors, the other of a lay person.

With the aim of practising homeopathy within the healthcare system, the medical doctors opted to pursue their own course of action and formed Institute B as a body designed solely for the education of doctors, veterinarians, dentists and pharmacists. The reaction from other medical doctors to the formation of Institute B was not over positive and so it can be seen that choosing to go down the homeopathy route, as a doctor, was something that required a degree of courage. However, for patients, medical homeopaths had a crucial role in establishing the reliability of homeopathy.

The non-medical institution, on the other hand, was to reflect closely the founder's outlook. Makoto Michio has pursued a different course of development in his training of medical professionals – an ideal dear to him.

These two groups, both reflecting the intentions of their founders, have followed separate and unique paths of development – and these have acted in such a way as to answer the needs of the diverse groups of people with an interest in homeopathy. Moreover, I have established that what the groups share is the fact that the homeopathy common to all of them was imported from the UK. They serve to demonstrate that, in an era of globalised healthcare, a treatment's country of origin can have a bearing on its growth. Various precedents practised in the UK have helped to promote homeopathy in Japan: (a) the co-existence of doctors and 'lay' practitioners in the British homeopathic sector served as the model for all of the aforementioned groups; and (b) phrases such as 'long history in the UK', 'patronised by the British Royal Family' or 'treatment approved by the NHS' have helped to gain the trust of Japanese people interested in homeopathic medicine.

Chapter 3 aimed a critical eye at the method of the transmission of homeopathic medicine, focusing on three colleges: two founded by Japanese lay people; one by a European. In order to nurture true professionals, College 1, founded by a Japanese lay

person, has adopted a style which encourages students to think for themselves and find their own answers to questions posed in class. This style, which places the emphasis on logic rather than on practical methods of prescribing, was highly gratifying to students who prefer a more active approach to study, one that differs from the teaching and learning styles found in classrooms elsewhere in Japan. In this case it appears that what they found gratifying was not knowledge of homeopathy *per se*, or that they were being trained to move on and become homeopaths, but that they had learned that there is pleasure to be had in study generally. This approach to teaching – which resembles the *Koan* system of study formerly employed in Japanese Zen Buddhism – was popular with middle-class intellectuals.

On the other hand College 2, a branch school of a European college, followed internationally-recognised standards and became an example of how the discipline can operate alongside biomedical treatment when drawing on the accumulated knowledge and techniques of the experienced homeopath who founded the parent college in Europe. College 3, as a second generation of Japanese college of homeopathy, followed the guidelines personally laid down by the founder: Mr Minami has nurtured a form of homeopathy that is rooted in Japan but follows Samuel Hahnemann's original precepts laid out in *The Organon*. Hence he has created a study space that adapts the *Terakoya*

style that originates in the Edo period, where students are encouraged to discuss freely and help each other in harmony. Thus each college has reflected the founder's motivation and strategy. The teaching method of College 2, which originates in Europe, is based on the knowledge and the practical techniques derived from years of clinical experience in Europe. On the other hand both colleges of Japanese origin respect the learning style based on the spirit of *dō* to pursue not only the knowledge and skills of homeopathy but also the mental and spiritual improvement of homeopaths as human beings, although both colleges pursue different principles and teaching styles.

Chapter 4 concentrated on the homeopaths themselves. It looked at both medical and lay homeopaths, and considered their intentions and objectives as practitioners. Since homeopathy is not accepted as a form of medical science in Japan, medical homeopaths carry out treatment within a different framework. They agree with the basic principles of homeopathy and have found it a useful tool to bypass what they find lacking in western medicine. In other words, they see homeopathy as no more than something to complement contemporary medical treatment and make use of it with the goal of patient treatment in mind, but only as far as they find it appropriate. Where they have common ground is in their desire to perform treatments that integrate with a patient's current social environment, as well in their commitment to improving the patient's quality of life. In

this respect, they judge homeopathy's holistic approach to curing disease to offer a framework of treatment and practice in which they can realise their aims as doctors. Thus, the relationship between medical homeopath and patient is similar to that of doctor and patient.

On the other hand, lay homeopaths have viewed homeopathy as a form of 'alternative medicine' that replaces biomedicine. They hold that homeopathy should be used in all but the most serious emergency cases. This is altogether different from the medical homeopath's view of homeopathy as something which can help them offer their patients the best care possible. Furthermore they believe that they are also able, through homeopathy, to develop as human beings, seeing homeopathy not only as a means to cure illness but also a means of self-realisation or self-enhancement. This has affected their approach to consultations, which is why they include a patient's family background and lifestyle in the scope of their case taking. Chapter 4 also described how lay homeopaths, more than their doctor counterparts, want, like missionaries, to spread the word and encourage homeopathy to flourish in Japan.

We have discussed that medical homeopaths have retained their practices and status as healthcare professionals and are, thus, financially stable as homeopaths too. Lay homeopaths, on the other hand, work without the guarantee of financial security. This

makes it likely that, amongst the factors that drive people to become homeopaths, are not only the desire to cure illness but the pleasure of contributing to the lives of others and helping to spread new forms of treatment. This is evident in the common trend for beneficiaries of alternative medicine to go on to become practitioners themselves. It is also clear that there are many people who choose to study homeopathy because they are fundamentally in accord with the principles that govern it.

In the Japanese healthcare system, medical homeopaths have not moved beyond the boundaries of the medical sector. The expansion of lay homeopathy, on the other hand, is contributing to the growth of the folk sector, as well as to an increase in homeopathy's status within that sector. Finally, this thesis has noted that, judging from the fact that the number of women in homeopathy is so high, the folk sector offers an environment which enables women to get ahead within the otherwise male-dominated world of medicine.

Chapter 5 focused on the narrative that develops between practitioner and patient in the context of the homeopathic consultation and, by examining the course of treatment of one patient over a ten-month period, considered the role played by consultations in patient recovery in Japan. Over the course of the ten months, during which her main complaint did not go away altogether, the patient nonetheless was able to review her life, isolate what she really wanted and thus begin the process of change. What stands out is

that the long narratives that the homeopathic consultation encourages have a healing effect that extends beyond treatment of the patient's principal complaint. This is just one example of homeopathy's efficacy as a holistic treatment.

Chapter 6 turned a critical eye to the position of the consumer within homeopathy. The data made clear that many consumers of homeopathic treatments were women of 30 to 40 who had opted for homeopathy for fear of the side-effects of biomedicine and because of their impression that it is a natural and deep-acting therapy. This is something that stands out as characteristic of homeopathy when compared to other CAM options. In terms of the socio-cultural background of users, it appears that it is mothers who are driving the phenomenon: the products of the nuclear family are worried how to bring up their children and feel weighted down with the responsibility of looking after the health of their family. The questionnaires completed by this group singled out terms such as 'no side effects,' 'natural' and 'safe'. The main complaints are either related to chronic skin conditions or mental-emotional issues, both of which have been on the increase in Japan in recent years. Following this, several examples of consumers' encounters with homeopathy were examined, together with their experience of treatment and their evaluation of how it worked. In the case of children with chronic problems, the consumers were happy not only for their children to be treated but themselves too. It is clear that, in

focusing on parent-child or other family relationships, homeopathy is able to contribute to the children's recovery. In the context of mental-emotional care, a case was presented of someone who experienced some improvement only when she came to homeopathy after trying a variety of other treatment methods. What can be noted in each case is that clients are most satisfied by becoming able to realign their lifestyles and develop in themselves, rather than merely being the object of treatment that focuses on their, or their child's, health issues. The examples of several patients were quoted who went on to study homeopathic self-care, and put this into action in the context of their family's healthcare; many of these chose to recommend homeopathy to their friends and acquaintances. Many mothers created self-help groups based on homeopathy, a new social network that spread homeopathy through the membership.

Chapter 6 followed the use of homeopathy amongst midwives helping mothers who wish to give birth naturally, and its acceptance by mothers who want to administer safe remedies to their children. Through the study of homeopathic self-care, mothers were able to regain the confidence to act as the healthcare professional in the household and, in this way, homeopathy helped them firm up their role as wives and mothers.

In addition, the study of self-care homeopathy witnessed a considerable growth in popularity amongst the friends and acquaintances of its clients. Examples were quoted

of the close link that developed between provider (homeopath) and consumer (client), a link that has contributed significantly to the reception and growth of homeopathy in Japan.

Dissatisfaction with medical care, particularly amongst women with children, has had an appreciable impact on the implementation of homeopathic approaches in the country. In particular, with respect to their modes of education and prescription, as well as their ability to establish networks involving patients and friends, it is clear that lay homeopaths, who move beyond the realm of merely treating illness, have contributed a great deal to the spread of homeopathy in Japan.

Chapter 7 focused on the safety of treatment by homeopathy, especially where administered by lay homeopaths, and proceeded from the viewpoint of the relationship between the practitioners and their patients. I homed in on the relationship between a lay homeopath and a patient that had lasted several years, which I analysed through the lens of the 'entrusting' style of treatment that has been typical of the relationship between doctors and patients in Japan. Although medical doctors sometimes claim that lay homeopaths do not have sufficient medical knowledge, a lack that can lead to misdiagnoses, I have argued that the safety of lay homeopaths is caused not only by their lack of formal medical knowledge but by the traditional assumptions of how treatment

should proceed in Japan, assumptions about the relationship between doctors and patients that the homeopaths inherited.

Finally, Institute A and each of the colleges have attracted different consumers, but what they have in common is that they are opposed to Japan's existing form of healthcare. There are also doctors within Institute B willing to promote holistic medicine who are also winning consumers' trust. All in all, the power of lay people, both as homeopaths and as consumers, has made a considerable contribution to the reception of homeopathy in Japan.

To summarise: homeopathy was adopted in Japan and then spread in a form that matches well with Japanese healthcare system and with the country's socio-cultural context more generally.

2. Anthropological Contribution in this Thesis

This section clarifies how anthropology has contributed to this thesis from the point of view of: 1) medical pluralism and healthcare in medical anthropology; and 2) globalisation and the transmission of medicine.

Medical Pluralism

I have illustrated the new form of Japanese medical pluralism that emerged with the introduction of homeopathy. Medical pluralism in Japan exists between traditional medicine such as *Kampo* and biomedicine, which complement each other (Lock 1980, Ohnuki 1984). However, after *Kampo* was included in biomedical treatment within the National Health Insurance System, the role of *Kampo* changed and it was prescribed in the context of biomedicine (Lock 1990). In my research, all the informants had experienced *Kampo*. Some kept using *Kampo* for a particular symptom but others were not satisfied and gave it up. Both patients and medical doctors quoted in this thesis had turned to homeopathy, especially in the case of chronic or incurable conditions, after biomedical treatment. Some added to their biomedical treatment, others turned to homeopathy.

On the other hand, the Japanese cultural lifestyle has changed. Japanese people no longer necessarily inherit traditional family customs and proscriptions related to medical care. The new lifestyle has meant that Japanese people are now free to choose the type of medical care they wish to pursue. In this situation, they have opted to look for medicine that suits their style of living and particular circumstances. Among my informants, consumers of homeopathy were all educated to university level and carried a

certain intellectual outlook; hence they had actively and consciously pursued the new medicines to solve their anxieties about biomedicine, turning to books, *manga* and the internet to find out more – and encountered homeopathy.

The consumers were especially attracted by the opportunity to clarify the emotional problems coming from their social environment through the long consultation customary in The consumers were especially attracted by the opportunity to clarify the emotional problems coming from their social environment through the long consultation customary in homeopathy that precedes treatment with homeopathic remedies. They appeared to understand the principles of homeopathy, especially the existence of the 'vital force'. The concept that illness is caused by an imbalance in the vital force should be understandable for the Japanese because it accords with how the Japanese have traditionally understood illness (Ohnuki-Tierney 1984). Furthermore, the new ideas of healing such as the inner child and past lives, which emerged through *iyashi* and the spiritual boom, translated easily into the homeopathic understanding and were supported by homeopathic treatment. Once the consumers realised that they were happy with homeopathic treatment, it was noted, homeopathy became central to the family's medical care and sometimes became an integral part of their lifestyle.

Regarding the practitioners of homeopathy, lay homeopaths in particular attained new status as professionals through the new medicine, as Leslie (1976) argues. They had an informally recognised position not only as practitioners but also as lecturers and advisors. However, their position is insecure because of the current status of homeopathy in Japan. Hence, the practitioners tend to have a strong motivation to spread homeopathy in Japan. This motivation is reinforced by the training offered by the colleges of homeopathy, which put across homeopathy as a mission or a vocation.

Thus, this thesis has described the process of the establishment and expansion of homeopathy within Japanese medical pluralism.

Health Care in Medical Anthropology

In the investigation of homeopathy within Japan's system of medical pluralism, the concept of a healthcare system in medical anthropology is capable of explaining how a social network expands. The relationships between the three sectors, the medical, folk and popular sectors, were significant in this analysis of the introduction of the new medicine. In Figure 3 (below), I adapt Kleinman's figure (1980:50) to illustrate the

relationship of the activities generated by homeopathy, such as its institutions, practitioners and consumers.

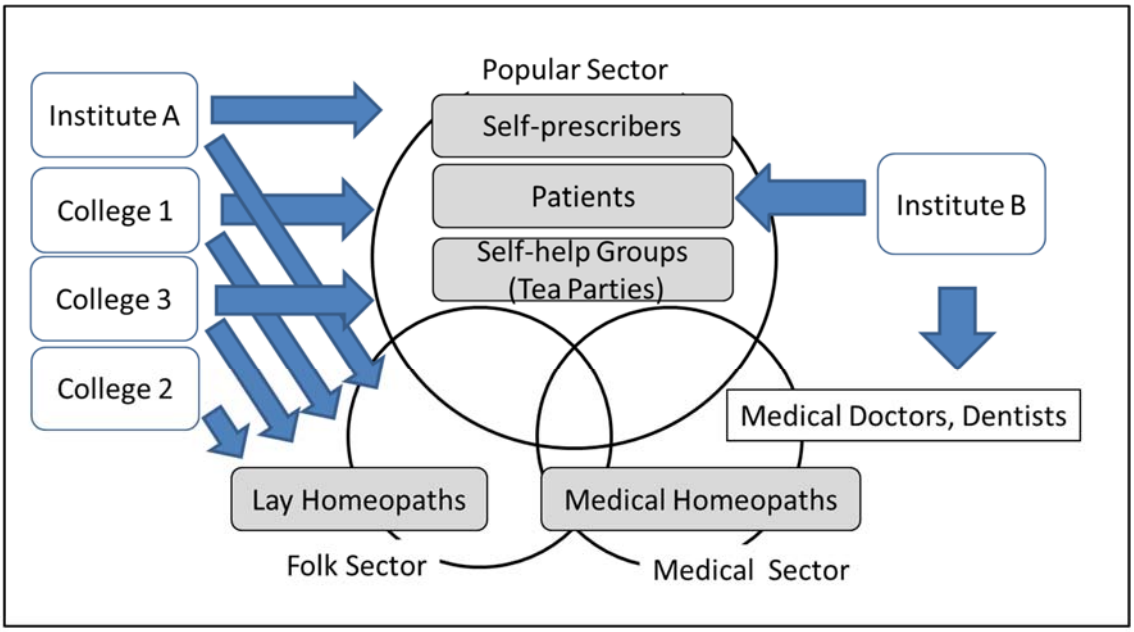

Figure 3 Homeopathy's Part in in Japan's Healthcare System (adapted from Kleinman 1980:50)

The medical sector, as represented by Institute B, makes a limited contribution to the folk and popular sectors although medical homeopaths, too, have a strong motivation to see homeopathy accepted by the government; however, their professional body, Institute B, insists that lay homeopaths should not be admitted. On the other hand, another lay institution and the other colleges have responded to the demand of users, or consumers, as the folk and popular sectors have expanded. The folk sector and the popular sector are closely related in that the relationship between lay practitioners of homeopathy and mothers who use it often continues after the consultation, and lay practitioners often

become advisors to the mothers for their family's healthcare. Furthermore, in the popular sector the mothers have a significant role in the spread of homeopathy. The background to this situation has grown out of the mother's role in Japanese socio-cultural history (see Chapter 6). The reception of homeopathy in Japan makes clear that healthcare is not provided only by medical doctors but by mothers and lay practitioners. Homeopathy has been developed within the activities generated by the popular sector.

The concept of the new medical pluralism should also be examined within the healthcare sector. Medical sectors hold to their hegemony despite the introduction of new medicine. On the other hand, homeopathy has freely expanded in the folk and popular sectors. Thus through this thesis it has been apparent that the examination of medical pluralism and the healthcare system has uncovered a niche that has allowed the introduction of homeopathy and the development of a new social network promoting homeopathy.

In addition to my contribution concerning medical pluralism and the healthcare system, I have also applied narrative analysis, used in medical anthropology, to real conversations in the clinic. Especially, I have argued that Good and Mattingly's (1994 and 1998) 'therapeutic emplotment' works in the homeopathic conversation and the narrative itself works in patient treatment in Japan. The finding was built by my findings

of narrative analyses in homeopathic clinics in the UK in my MPhil dissertation. Furthermore, the narrative analyses contributed to illustrate in detail the relationship between practitioner and patient in the examination of the folk and popular sectors in the Japanese healthcare system.

Globalisation and the Transmission of Medicine

I found important aspects touching on globalisation and the transmission of medicine by examining the time and the place of the introduction of the new medicine into Japan. First, the late 1990s were at the heart of the globalisation of medicine and the rise of CAM worldwide. For this reason, in the UK lay homeopathy experienced a resurgence (Sharma (1995). It was significant that, in the main, homeopathy was imported by Japan not from Germany but from the UK. The reason was not only that the Japanese were able to study homeopathy in English but because of the history of the relationship between the UK and Japan and the reassurance associated with the British Royal family's use of the therapy (see above). The founders of Japan's homeopathy institutions also set up institutions and colleges similar to those in the UK, although the ways of transmitting the therapy were unique to each one. In the transmission of medicine in Japan, those who undertook a

homeopathic education saw it as a vocation as much as a training. The strategies adopted by the lay founders expanded the number of consumers of homeopathy.

Finally, the transformation of homeopathy in Japan was aided by attitudes such as 'becoming a real physician', and these became key to the reception of homeopathy in the country. Its students promoted homeopathy as part of a healthy lifestyle. This accords with the Japanese mental training known as *dō*, which prioritises mental training. Hence, homeopaths practise homeopathy not only as an occupation but as a vocation. This is a significant acculturation of homeopathy to Japan. The training that formed Japan's lay homeopaths led to the reception of homeopathy by a wider base of consumers.

To conclude, this thesis is built on a review of medical pluralism. It has examined Japan's healthcare system through data provided by medical anthropology, narrative analyses, globalisation and the transmission of medicine, interpreted in the light of medical anthropology.

3. Further Research

This thesis is based mainly on the fieldwork I carried out from September 2007 to February 2009. I concentrated on people who were positively interested in homeopathy

and I traced how this is came about. Therefore, data provided by those who had a negative opinion of homeopathy or who believed that homeopathy practised by the non-medically qualified was dangerous has been, in the main, excluded, although I shed light on one aspect of the negative position in Chapter 7. However, as outlined in the Introduction, after the fieldwork had been completed, a homeopath was put on trial for negligence in 2010. This verdict led to the therapy being excluded from the official Japanese medical canon of acceptable therapies.

This incident threw a shadow over the development of homeopathy in Japan. Each of the homeopathy institutions immediately made clear where it stood. The medical doctors' institution stated, 'It was meant to happen.' A number of students and users of homeopathy, however, were inevitably caught up by the outcome. A new stage for homeopathy in Japan has begun. Further research will be significant.

In conclusion, this thesis has examined the reception and transformation of homeopathy in Japan. I have concentrated on the practice of homeopathy in the folk and popular sectors rather than on the medical element of Japan's healthcare system. The activities of non-medical people in particular have made a strong contribution to the reception of homeopathy in Japan. In the context of the demand for complementary and alternative medicine, the consumers of homeopathy have found for themselves a new

medical system that they can use not only for themselves but also extend to all their family members, and which they have then introduced to friends and neighbours: this has created a new style of healthcare. These are facts on the ground: the ideas and policies of the medical doctors in the medical sector – the ones who have not embraced homeopathy – do not necessarily respond to the demand of ordinary people wanting to pursue a healthy and meaningful life. There is a clear gap between the popular sector and the medical sector in Japan's healthcare. My thesis has confined itself to the introduction of homeopathy within the expanding role of folk and popular medicine. However, the rise of complementary and alternative medicine as a whole has clearly changed the map in the medical, folk and popular sectors of the country's healthcare scene.

On the other hand, some issues faced by CAM, such as the efficacy and safety, are left unresolved. Homeopathy is no exception. However, as shown in this thesis, the more biomedical science is specified by the established medical sector and the more it develops technologically, the more ordinary people are interested in CAM. It is noted that ordinary people want the additional value that CAM treatment offers. The next step is for research to initiate qualitative studies from the aspect of the social sciences, especially anthropological research.

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