

## Paula Arai, Carleton College



*Paula K. R. Arai is an Assistant Professor at Carleton College, where she teaches the religions of East Asia. Her special interests include Japanese Buddhist rituals and practices, women's experiences and contributions, and healing. Her primary research is based on anthropological fieldwork in Japan. She is the author of Women Living Zen: Japanese Soto Buddhist Nuns (1999) and several book chapters and journal articles.*

The perspectives of modern Western scientific (allopathic) medicine and several Asian healing and spiritual practices are the focus of the course I teach entitled "Medicine, Healing, and Spirituality." Analysis of cultural and religious influences on the concepts of illness and health and the relationship of body and mind directs the inquiry. Linda Barnes's "Integrated Model of Affliction and Healing" facilitates cross-cultural understandings and discussions. Barnes's list of questions that constitute the model are incisive in the way that they draw out core concepts that enable one to compare divergent views.

Barnes's model comprises seven issues: 1) understandings of Ultimate Human Possibility; 2) understandings of Affliction and Suffering; 3) understandings of the Self; 4) understandings of Illness/Sickness; 5) the Healers; 6) the Nature of the Intervention/Care; and 7) Efficacy. The model helps one find clarity about specific differences and similarities between systems, while also seeing them in their own context. It facilitates discussions of cosmologies and epistemologies with precision, helping students gain insight into the ramifications of differences. It makes it easy to see that whether something is deemed "sound knowledge," "New Age nonsense," or "primitive" turns upon one's concepts of knowledge and self. Whether one's concept of self is a bifurcated mind and body or an inextricably integrated mind and body makes a difference in what is deemed possible and realistic.

We begin this journey with students becoming conscious of their biases and assumptions. To this end, I first articulate biases and assumptions relevant to the course material that I have come to be aware of in myself. Class policy is that no one has to reveal any information they do not want to. It is a priority to establish respect and trust for each other in the classroom.

Brainstorming on the board, we launch a discussion of the meaning of the three main concepts of the course: medicine, healing, and spirituality. As words go up on the board, students immediately see how their ideas are not always shared by their peers. We then probe to find what root assumptions of self, death, body, mind, etc., are implicit in their concepts of medicine, healing, and spirituality. They must analyze themselves and find a coherent way to explain their thinking to their classmates. I often analyze my own concepts to model how to do this exercise. For example, I think healing is the result of accepting life as it is and not rejecting parts of it. This is based on my view that everything in the world is interrelated. So, one cannot be whole if one does not embrace all events as part of oneself.

I ask them to observe how their assumptions affect their perception of events and, hence, their actions. The first formal course assignment is to answer the question “What kind of a researcher am I?” The response includes explication of one’s race, gender, sexual orientation, age, educational background, concentration of study, class, language(s), health/illness experiences, and anything else students think relevant to becoming conscious of their assumptions and gaining insights into the context in which they are doing this work. The assignment has either been a one-page paper or a five-minute oral presentation. Students reported that doing several of these exercises in oral form, rather than written, helped them more. They benefited from the views and insights of others. It also fostered tighter bonds of trust, enabling students to deal with some difficult issues in a nonthreatening environment. This is essential, because painful experiences and intense sadness often emerge, especially as students delve into the field project.

The course integrates a field research project into the broader investigation of the relationship of healing and spirituality, posing such questions as “How do attitude and belief influence health and illness? What difference does culture make to your health?” Each student must converse with a collaborator for at least three two-hour sessions. They must then write a paper analyzing the healing system and process of their collaborator.

In order to collaborate with someone else in discussions about their healing process, one must have a complex set of skills. Therefore, the course is designed to cultivate three kinds of intelligence outlined by Howard Gardner: 1) linguistic (the ability to use written and oral language flexibly and productively); 2) interpersonal (the capacity to understand other individuals, to work well with them, to motivate them); and 3) intrapersonal (involving a correlative understanding of oneself: one’s strengths, weaknesses, desires, fears, and the capacity to use this knowledge to make judicious decisions about how to lead one’s life). The writing assignments, oral reports, and formal presentation foster linguistic intelligence. The collaboration, the actual collaborating process, and in-class discussions promote interpersonal

intelligence. Intrapersonal intelligence is cultivated through the self-reflexive questions that are discussed in class, but most pointedly in the oral report on “What kind of a researcher am I?”

After their first collaboration session, students write or present a report on their relationship with their collaborator, noting issues that should be flagged for likely bias (positive or negative), issues of communication (similar styles, distance, etc.). As the collaboration proceeds, they must also give a report on their field journal. At the end of the term, each student gives an oral presentation (more formal than a report, because it is timed and students polish their wording and organization) on their own research process. The final paper concentrates on their analysis of their collaborator’s healing process.

Focusing on religion and healing is an effective approach for exposing students to the ramifications of religion on the way people perceive and experience life and death. Examining fundamental concepts that make up a worldview, such as self, body, world, and meaning of life and death, facilitates seeing differences between religious traditions. The implications of those differences also become easier to identify. Once students learn that they need to be clear about the assumptions at work in any given activity or concept, then they can analyze an event or idea while being less likely to project their own worldview inadvertently onto someone else. Highlighting the theme of healing goes beyond theoretical concerns and requires attention upon what people do. Environment, diet, rituals, human relations, gender-specific roles, and activities all come into focus. It is in the messy details that one can broach accuracy. Looking at the specifics of what people do one begs the question “why?”

As students begin to see how different things look from different perspectives, they realize that a tight definition of the term “religion” is neither possible, nor even desirable. So much depends on the details of the specific context that generalizations can simply be misleading. Students have observed that they even can reflect imperialistic arrogance, insidiously at work. Most often, misunderstanding and poor communication are the results of trying to understand “religion” with a generalized definition. What I hope the students learn about religion through this study of healing is that any topic must be pursued first with questions. By scrutinizing their own assumptions and analyzing the assumptions of others, nuanced understanding develops and distinct perspectives emerge. It brings into high relief the particular concepts such as life and death, body and mind. In my experience, this is an essential foundation from which to understand and appreciate what healing means in any given context.

## Resources

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