

Japanese Health Cosmology: a study of terminal cancer patients in Japan

Ikumi Okamoto

D.Phil Candidate

Institute of Social and Cultural Anthropology, University of Oxford

ikumi.okamoto@wolfson.ox.ac.uk

Introduction

This paper is a short presentation of Japanese attitudes towards health and illness based on empirical research on the experiences of dying patients receiving palliative care in contemporary Japan. It aims to show how the traditional Japanese holistic concept of health and illness coexists with Western medicine, and the degree to which it is still highly evaluated within the realm of palliative care. In so doing, I would like to introduce the concepts of *tairyoku* and *taichō* and then to clarify how these concepts affect patients' (and their families') decision-making processes when they receive medical treatments.

Palliative care is the care given to patients whose disease is not responsive to curative treatment. Pain and symptom control is mainly conducted at palliative care units (PCU), instead of providing aggressive treatments such as chemo- and radiotherapy. Palliative care regards a patient humanely, and aims 'to achieve the best possible quality of life for patients and their families' (WHO Expert Committee on Cancer Pain Relief and Active Supportive Care 1990: 11).

Patients who enter PCU expect that they can receive the most advanced Western medical technologies to relieve their pain. Interestingly, however, it was found that not all treatments recommended by medical professionals were preferred by patients in Japan. This research clarified the concept of health and disease specific to Japanese culture (i.e. *tairyoku* and *taichō*), and helps explain why patients do not always agree with the suggestions of medical professionals.

Methodology and background

I carried out fieldwork at the Palliative Care Unit (PCU)¹ in Higashi Sapporo Hospital (Sapporo, Japan) from November 1999 to October 2000. I also visited other hospices including two Christian ones (Yodogawa Christian Hospital in Osaka and Rokko Hospital in Kobe) and one Buddhist hospice called Vihara (Nagaoka-Nishi Hospital in Niigata) which provide religious care by Christian chaplains and Buddhist monks respectively. One private surgery, Tanaka Surgery in Miyazaki Prefecture, was also visited.

At the PCU in Higashi Sapporo Hospital, I spent most of my time in close contact with patients, families and medical professionals in order to conduct direct interviews and long-term observation. I attended daily conferences for PCU staff, doctors' meetings with patients and families, and PCU outpatients' consultations. I concentrated on recording the speech and actions of patients, families and medical professionals.

Most PCU patients suffered from cancer, and were at the terminal stage. In many cases, entering the PCU was the patients' own choice, or they decided to do so because they were recommended by their family who had heard of the PCU, or by their previous doctors. Palliative care units have not yet been fully accepted in Japanese society, mainly due to their small number, and also because they normally exist in urban areas only. Therefore, it can be said that those at PCUs and their families are generally people who are more familiar with Western medical systems in urban areas.²

Illness - a part of healthy life

The Japanese concept of health and illness is holistic. It considers 'all the parts of the body to be interconnected and mutually affecting each other, and affected by, the environment, both social and physical' (Lock 1980: 217). This also assumes that there is no perfect health as such, as health is not a static state. When everything is relatively in balance, a person is considered to be in a state of good health.

According to Ohnuki-Tierney (1984: 51), many Japanese regard themselves as somewhat less than healthy, if not sickly. 'The concept of *jibyō* clearly reflects this aspect of Japanese attitudes toward health and illness. [...] *Jibyō* means an illness that a person carries throughout life, and suffers at some times more acutely than at others' (Ohnuki-Tierney, 1984: 53). Examples of *jibyō* include shoulder stiffness, constipation, low blood pressure, headaches and dizziness. Common to all these *jibyō* is the fact that they are chronic and incurable.

Another concept, *taishitsu*, is closely linked with the notion of *jibyō*. *Taishitsu* is 'the nature of the constitution with which one is born' (Ohnuki-Tierney 1984: 54). The common *taishitsu* are, for example, healthy, ordinary, weak and unenergetic, hypersensitive, and so on. In a sense, as Ohnuki-Tierney suggests (*ibid.*: 72), in Japan,

¹ The PCU was established in September 1993 with 28 beds within Higashi-Sapporo Hospital. There are two full-time doctors, twenty registered nurses, five nursing assistants, one medical social worker, one dietitian, one pharmacist, one music therapist and a team of voluntary staff.

² In Higashi-Sapporo Hospital, some of the patients were from outside Sapporo. Although those patients were from more rural areas in Hokkaido Prefecture, they were often brought to the PCU by relatives or acquaintances living in Sapporo.

Individuals learn to live with weakness of the body, just as they live their daily lives with the knowledge of ever-present danger and evil. [...] In this context, it should be pointed out that in the Japanese Morita therapy, the indigenous so-called psychotherapy developed for the treatment of neuroses, the basic premise is that human beings are weak. Therefore, the first step for recovery according to this method is to learn to acknowledge one's weaknesses and live with them. (Miura and Usa 1974; Reynolds 1976, cited in Ohnuki-Tierney)

Inherent characteristics are given, and the individual should adjust to rather than manipulate them. Therefore, Japanese people who have a weak *taishitsu*, or some kind of *jibyō*, usually consider themselves normal, and try to live harmoniously with what they are given, instead of trying to change it.

Cancer is also sometimes seen as *jibyō*, especially when patients recognize that the disease is no longer responsive to curative treatment, before the body has deteriorated badly. I heard many cancer patients new to the PCU say to their doctors that they had to live with cancer until they die, or that they wanted 'to get along' with cancer. Instead of manipulating a cancer tumour itself, they mostly try to adjust themselves to their diseased body. They try to build up more bodily energy, which is decreased due to cancer, and try to generate a more harmonious condition with the cancer. The concepts of *tairyoku* and *taichō* are commonly employed by PCU patients and their families to enhance the patients' condition holistically.

The concepts of *tairyoku* and *taichō*

During my fieldwork at PCU and other hospices, words such as *tairyoku* (体力)² and *taichō* (体調)³ were often heard. These words are also heard commonly in everyday conversation. However, an environment where topics related to health and illness are more common, such as PCU, these words are heard even more frequently than in other situations. The concepts of *tairyoku* and *taicho* also demonstrate Japanese people's holistic view of health. These concepts are generally used as a measurement of the total health condition, and *tairyoku* is thought to have a curative power. During my fieldwork in Japan, these words seemed like the key words for patients to describe how they were.

Tairyoku literally means not only one's physical power, but also vital bodily energy flow which is conceptually similar to the Japanese *ki*⁴ or Chinese *qi*⁵. For instance, the following are typical statements made by patients at hospices:

Without *tairyoku*, human beings cannot survive.

(My husband said) his *tairyoku* has decreased since last summer (and since then his cancer seems to have spread).

² 体 (*tai* or *karada*) and 力 (*ryoku* or *chikara*) mean 'body' and 'power' respectively.

³ 体 (*tai* or *karada*) and 調 (*chō*) mean 'body' and 'condition' respectively.

⁴ According to Doi (1973: 96), the concept of *ki* is used particularly in expressions to do with emotion, temperament and behaviour. It also indicates the movement of the mind from moment to moment (Doi, 1973: 109). Lock (85) noted that *ki* is considered dynamic, and is also closely related to the state of health. For example, *genki* ('good health') literally means 'original *ki*' but also implies a steady flow of *ki*. The concept of *ki* explains that 'health and ill health are both normal', and 'the body continually moves in and out of both states' (ibid.).

⁵ *Qi* was the breath and substance of life, the vital force that maintained the health of an individual, the well-being of the family and the prosperity of the dynasty' (Bray 1999: 191).

I'm not very confident about leaving the hospice, as I have no *tairyoku* at the moment.

An examination of patients' narratives suggests that *tairyoku* is constructed from four closely related components, these being gentle but not extreme exercise, nutrition, rest, and state of mind. The following are quotations from patients' narratives:

Mrs. M exercises everyday. She also takes many kinds of foodstuffs in order to regain *tairyoku* and increase her immunity.

nurse

What he (a patient) calls treatments are yoga and health food. He also wants to eat to build up his *tairyoku*.

doctor

If I become able to eat, I think I will have more *tairyoku*.

patient

Patient: (Even when I lost my ability to taste due to radiotherapy), I ate and ate by some means or other, although I was asked by other patients how I could manage to do that despite the fact that I could not taste anything.

Patient's wife: I also told him to eat and eat, as nobody can live without *tairyoku*.

at a PCU outpatient consultation

My mother seems to strongly believe that rehabilitation will increase her *tairyoku* and she will recover sooner or later.

patient's daughter

[...] I wonder if I would live longer (i.e. have more *tairyoku*) if I stay somewhere warmer doing nothing in order to recuperate [...]

patient

Patient: When I first entered here, I really felt ill, and it was so hard for me to eat. I also had a hard time mentally, but I've felt much better since the last few days, thanks to you. I've become able to eat, you know, I have more power [*tairyoku*].

Doctor: The power to hang on.

Patient: Eating makes a big difference, doesn't it?

on a doctor's round

I won't be able to walk any more if I don't eat.

patient

My face is swollen so much and I'm depressed ... I feel I'm loosing my *tairyoku* now...

It is believed that *tairyoku* is built up on the basis of exercise, nutrition, rest, and state of mind. In addition, if one of these is lacking, the whole balance is thought to be disturbed, and this leads to a decrease in *tairyoku*. For instance, if one does not eat properly, one will lose one's mobility, become unable to have a proper rest and also to keep oneself in a good state of mind. If, however, all four factors are well balanced, the body is filled with *tairyoku*, which brings good health to a person. Therefore, this balance dominates a person's general well being, and when a person becomes ill, restoring the balance between the four factors is considered important.

Taichō, on the other hand, refers to one's bodily condition, and so can also mean the balance of the four factors (i.e. eating, resting, exercise, and state of mind) needed to maintain *tairyoku*. It is therefore thought to be essential to have good *taichō* in the first place as a precondition of good health. During my fieldwork, I heard many patients say to medical professionals,

I came here to get my *taichō* into good shape.

Normally, patients had already tried many possible cancer treatments prior to entering a PCU. Due to side effects caused by aggressive treatments, patients have suffered from an imbalance between the four factors, and they may realize that they do not have good *taichō*. Thus, it is considered important to restore the balance necessary for good *taicho* and so rebuild their *tairyoku*.

***Tairyoku* – as a measurement of bodily condition**

The word *tairyoku* is also often heard during the patients' decision-making process regarding medical treatments. The more *tairyoku* they have, the better and stronger they feel, and they seemed to prefer having any kinds of treatment when they have more *tairyoku*.

I was told that I might not be able to have an operation next time, as I won't have enough *tairyoku* then.

(patient)

I heard radiotherapy has no effect on cancer, and it only takes *tairyoku* away, then makes my condition worse.

(patient)

Blood transfusion brought on a fever last time. I wonder what will happen to me this time, as I have much less *tairyoku* now than before.

(patient)

I'd like to have more *tairyoku*, so I don't want to take any medicine.

(patient)

The above statements show that even treatments recommended by medical professionals are not always considered preferable, if there is a possibility that they will bring about a decrease in *tairyoku*, and that a certain amount of *tairyoku* is thought to be necessary to undergo an operation. When discussing treatments, patients tend to consider the influence on *tairyoku* rather than mere physical discomfort caused by side effects. In other words, it can be said that Japanese patients tend to consider holistic consequences in the long run, rather than immediate cause and effect on the body itself.

What will happen if *tairyoku* starts to decrease, and nothing can stop it? Two patients said the following to their doctors:

My disease is taking my *tairyoku* away.

I sometimes think I'll have more tumours one after another, then my *tairyoku* will decrease until death.

It can be said that a decrease in *tairyoku* is thought to indicate that one is approaching death. A disease undermines *tairyoku* until it runs out at death.

***Tairyoku* - as a curative power**

Tairyoku seems to be believed to have a power of healing. The following are all statements by patients who knew their true diagnosis.

If I stay here (PCU), I'll get better and have more *tairyoku*, I think.

I'd like to cure my cancer with my *tairyoku*.

I'm relying on my natural healing power. You (a doctor) told me I have nothing wrong internally. I am fighting my cancer. I'm not about to let it beat me.

Its function is very similar to the immune system in Western medicine – the more *tairyoku* patients have, the stronger they are, and they can fight a disease and kill it.

Additionally, as seen in the last statement above, patients seem to believe that their cancer is not fatal when they have nothing abnormal internally. Another patient suffering from tongue cancer also said, "I was told that nothing internal is affected.", and showed his positive attitude toward cure. It seems that if cancer does not affect internal organs, patients are still able to eat, and therefore they can build *tairyoku* to fight their cancer. *Tairyoku* may be considered something internal, and thus if a cancer is developed on the surface of a body, the tumour will not affect *tairyoku*, which means that they can build *tairyoku* from within their body. One lung cancer patient said to his doctor:

I don't mind having cancer all over, if I have no pain.

Here, having a cancer does not seem to be connected with bodily dysfunction that results in death. Having no pain may simply mean that he is in enough comfort to be able to build up his *tairyoku* again and so live longer. Even if cancer tumours spread all over the body, so long as there is no pain, this gives a patient a chance to regenerate *tairyoku*, which will seem to place them far from death.

It is thought that death approaches only when *tairyoku* runs out, and people are likely to believe that if patients have enough *tairyoku*, they can 'throw off' their cancer. The activities to increase *tairyoku*, such as having nutrients, exercise, rest and a good state of mind are thus significant for patients, although some of them may seem medically meaningless.

***Tairyoku* and eating**

At the PCU it was observed that eating is one of the most meaningful of acts for many patients. A prime example was a patient who would not give up eating, saying, "The day I become unable to eat will be the day I die." One patient cried and lamented, "Today is the worst day of my life", when her doctor told the patient that she would not be able to eat again. One patient who tried to eat said, "I won't be able to walk any more if I don't eat". However, in the course of cancer, patients usually suffer from anorexia. Both physical and socio-emotional factors can be possible causes. For example, enlarged cancer tumours putting pressure on the gullet, side effects of treatments, symptoms of cancer itself, such as nausea and vomiting, fever, mouth ulcers, and depression (Yodogawa Christian Hospital Hospice 1997; Kato 2000). *Terminal Care Manual* (1997), compiled by Yodogawa Christian Hospital Hospice, noted that:

It is important to clarify whose problem anorexia is and what is the nature of that problem. Sometimes a patient's or a family's idea that 'the body will be weakened without food' is too heavy a burden for a patient.

(Yodogawa Christian Hospital Hospice 1997: 74)

One dietician has pointed out that it is important for patients' families and carers to bear the following things in mind:

- 1) to respect a patient's will
- 2) not to be alternately happy and miserable at a patient's appetite
- 3) to accept that a patient will have less appetite in the course of a disease
- 4) to think up various recipes which reduce the burden for carers (it is sometimes essential for them to have a rest and make use of store-bought, prepared foods for patients)
- 5) to keep a patient's mouth hygienically clean
- 6) to provide the best environment for a patient (for example, providing ventilation, a clean room, maintaining a comfortable room temperature, music, and flowers on the table)

(Kato 2000: 16)

Kato (ibid.) also claims that eating is important both to maintain life and to improve a patient's quality of life. It is meaningful for patients to enjoy tasty seasonal meals together with their families. Additionally, Kato (ibid.: 17) recommends recipes for patients who have eating difficulties due to their symptoms, whether vomiting, diarrhea, dysphagia or oral problems. This implies that it is important for patients and families to consume food orally despite the difficulties.

This idea is supported by the fact that many hospices and PCUs in Japan organise events offering seasonally themed meals. For instance, at PCU in Higashi Sapporo Hospital, voluntary workers hold seasonal events, such as a summer festival in August and a moon-viewing party in September, providing foods traditional to those events. Patients can enjoy foods different from those usually provided by the hospital, and sometimes patients who reject hospital meals can eat those seasonal ones, as a special treat for them. Additionally, as medical professionals and other people working at PCU are all invited to these events, they provide a great opportunity for patients and medical professionals to communicate informally with one another. They eat the same food at the same table and talk about personal topics other than their health. Both patients and doctors can be 'themselves,' escaping the roles of patient and carer. I heard some patients saying that they completely forgot to take medicines after enjoying a meal of cooked salmon and vegetables from the communal pot (*nabe*), followed by a session of *karaoke* with other patients and all the people working at the PCU. They had as good a time as they used to before becoming patients. Additionally, it should be remembered that having meals with company can encourage the appetite.

A sixty-three year old breast cancer patient, Mrs. T lost her appetite while she was at PCU. She said to her doctor:

I can eat if somebody else helps me. I don't feel like eating at all when I'm alone, but a nursing aid feeds me. Then I have more appetite. I become unable to eat when I'm on my own, as I feel pain. People at the nurse station often come to my room.

A nurse at Vihara⁶ in Nagaoka Nishi Hospital said about a seventy-seven year old lung cancer patient that

She seems to have no particular pain, but her appetite has fallen off. She can't really eat breakfast. But she seems to be able to eat when her son is with her, so she eats lunch and dinner quite well.

In the former case, having company more or less affects the patient's mental status, which even helps decrease the level of physical pain, and this enables her to eat. The latter case shows that her son's being together with the patient clearly encourages her appetite. A Buddhist monk working voluntarily at Vihara told me that

There was a male patient who used to be at Vihara ... I often went to his room to have a chat. One day I found that he liked drinking. Then we had even more to talk about. He told me there was a pub which served a very good mixed stew. I had never been there, as it looked a bit dirty. However, I went to the pub at around four, and got some stew for him. We drank together with it in his room. Then we became even closer.

(Kiso: personal communication)

Having a good meal with others not only helps patients have a good appetite, but also builds a good relationship with others, which may lead to a better mental state. Here is another example which shows that having tasty food is considered important. A chief nurse at Tanaka Surgery in Miyazaki Prefecture said:

I always ask all patients who come to this hospital what they want to eat, and what they want to do. One old lady told me that she wanted to eat a flatfish. So I even drove to Miyazaki City to buy a very good one for her. Once I had trouble with a requested food ... We sent a patient with leukemia to the Miyazaki Prefectural Hospital in December. When I visited him there with another nurse, he told us he wanted to eat some bamboo shoots. We didn't know what to do, as it was not in season, but someone who knew him well went to the mountains, and dug a few very small bamboo shoots for him. He ate only a little of them. It was his last meal. He died three days after that. Later, I heard that he said it was so delicious.

(Tanaka: personal communication)

Eating is considered one of the biggest pleasures for patients, especially when they have lost other faculties such as mobility. Therefore, carers usually try to help them eat even if they are at the very terminal stage, and patients themselves also try to eat as much as possible.

Feeding patients also seems to have a significant meaning for carers. Ohnuki-Tierney (1984) points out that feeding patients their favourite foods is a non-verbalized method for dealing with the psychological dimension of patients. Japanese people are more likely to feed patients than to vocally express their concerns to patients. She attributes this to what Caudill (1976) pointed out, namely that 'the Japanese are reluctant to verbalize their feelings, although they can do so in writing' (cited in Ohnuki-Tierney 1980: 221).

⁶ *Vihara* is the term advocated by Hitoshi Tamiya in 1985. This is the name for terminal care facilities with a Buddhist background, and is used instead of the name 'Buddhist hospice' (Nagaoka Nishi Hospital home page, 2001).

Increasing *tairyoku* with medical assistance

When a decrease in *tairyoku* becomes apparent, it threatens patients and families, as it implies that death is approaching. Interestingly, many patients and families who still believe in the fighting power of *tairyoku* start to seek medical assistance to increase their level of *tairyoku*.

Case study - Mr. H

Mr. H (aged eighty-five) who suffered from parotid gland cancer asked for TPN (total parenteral nutrition⁷) in order to put on weight, although he was still able to take foods orally.

Doctor: A drip infusion on the back of your hand has the equivalent calories of one rice ball.

Mr. H: If I have it on there, it will hurt, so I want to have it on here (points on his chest).

Doctor: Would you like to have one, then?

Mr. H: I would like to, as I have never lost this much weight before ...

Mr. H was practicing Yoga and taking health food regularly to build up his *tairyoku*. Therefore, it was very shocking for him that he suddenly became unable to eat much and started to lose weight.

Case study - Mrs. K

Mrs. K was a fifty-four year old housewife who suffered from lung cancer. When her cancer was diagnosed, it was already incurable. She tried many different alternative medicines, such as Chinese medicine and health foods. Incidentally, her two sons were particularly keen on Chinese herbal medicine prescribed by a Chinese medical doctor in Tokyo.

When I met her at the PCU, she was almost unconscious. Although it was hard for her to swallow, her family was still keen on Chinese herbal medicine, which was liquid. They were still asking a doctor to insert a tube from her nose to throat, so that she could take the Chinese medicine as she could not swallow. They were also constantly preoccupied with her nutrition.

Toward the end of the patient's life, the family even asked a doctor to try to manipulate her electrolytes, and to improve her nutritional blood condition by using TPN, although a doctor explained to the family that giving her treatments at this stage would be a burden for her.

They also asked a doctor to photocopy the blood test result for them to keep. The conversation between the patient's husband, son and a doctor suggests that the family were thinking that her cancer had affected her *tairyoku* rather than her organs themselves.

Husband: What is happening to her leukocytes?

Doctor: At the terminal stage they are always like this.

Son: Why does she have a fever?

⁷ Nutrition maintained entirely by intravenous injection or other nongastrointestinal route (Stedman's Medical Dictionary 1995).

Doctor: It is normal to have a fever just before death. In a sense, this is a natural process.

[...]

Doctor: Normally, when weakened, patients suffer from lower sodium, but in her case, the level has risen. It could be due to the Chinese medicine you have given her. At an intensive care unit, the sodium level will be urgently corrected, but it is meaningless to do that at the terminal stage of life.

Son: Is it really impossible, even if you try intentionally?

Doctor: Yes, if sodium is low, it could be supplied though ...

Son: Are there any other problems with her blood test result?

Doctor: The level of one of her enzymes has gone up too, but this is partly caused by her cancer.

In this conversation, scientific and medical terms, such as sodium, leukocytes, and enzymes are frequently used. Despite that, the family's central concern was not very scientific. Reference to the patient's tumour itself and affected parts of the body were absent from their conversation. The family's main concern was at the molecular level, which is invisible without advanced technology. However, this invisibility is similar to the concept of *tairyoku*. In a sense, it seems that they consider the patient's blood as a flow of *tairyoku*. The fact that they still tried to make her take the Chinese medicine, and asked the doctor to manipulate the sodium level in the blood, may not be very different from the perspectives of other patients who try to rebuild *tairyoku* to fight their cancer. It can be said that this family also tried to put the patient's *tairyoku* back in balance by regulating her blood components, and to make it flow smoothly and harmoniously throughout her body. Although the word *tairyoku* was barely used here, Mrs. K's family's perspective demonstrates a similar concept in that they tried to get something invisible back in balance for a better state of health. Additionally, it also seems that the family may have thought the patient would be cured if her blood components were in balance, or if she had better nutrition. It was thought that the patient's symptoms were caused by a decrease in *tairyoku* due to her inability to eat, rather than by malfunctioning organs due to her cancer. The subject of her cancer seems to be absent from the conversation.

Conclusion

The collection of patients' and families' narratives demonstrates that the traditional attitudes towards health and illness coexist with Western medicine at PCUs in Japan. The concept of *tairyoku* appeared to be especially key. In sum, it functions as a measurement of bodily condition, and it is thought to have a power to cure disease. Therefore, the activities to increase *tairyoku* are considered important, and eating is the prime example of this. When patients realize their disease is incurable, they exert themselves to increase their *tairyoku* to beat the disease. Patients often believe that some medical treatments will result in the decrease in *tairyoku*, and thus reject them. They prefer eating foods or taking alternative medicine to undergoing Western medical treatments or taking drugs. However, when the decrease in *tairyoku* becomes apparent despite their best efforts, they suddenly turn to Western medicine in order to maintain the level of *tairyoku*.

Interestingly, when alternative medicine fails to meet patients' expectations, they tend to return to biomedical treatment. Ohnuki-Tierney (1984) also explains that in Japan, biomedicine is most effective in acute cases, and alternative medicine is most effective for health maintenance and in cases where biomedicine has failed. This may be because patients,

who are progressing to a more severe situation, need more immediate and specific treatment. Biomedicine, which has the fragmentary tendencies that distinguish between body and mind, physical and mental, rational and emotional, as independently constituted entities, can offer treatments specifically to meet patients' requests. It may also have more immediate and clearer effect than alternative medicine. (For example, it was explained to Mr. H by his doctor that a drip infusion had calories equivalent to one rice ball.) Japanese patients may believe that more specific and quick treatments on affected parts of body (including blood components in Mrs. K's case) will immediately result in returning the whole body to balance. This may explain why the Japanese holistic view of health and disease coexists with Western medicine.

In her book *East Asian Medicine in Urban Japan*, Lock (1980: 249) argues that 'this type of attitude reinforces reductionistic rather than holistic thinking and appears to have long historical roots, since a similar attitude can be seen in traditional medical thinking: that the social order is given and the individual should adjust to it'. Lock illustrates that doctors and patients do not usually attempt to manipulate dimensions other than physical ones, even if other dimensions are seen as partially causal in illness. Instead, 'they focus on building up the patients' physical states so that they can cope once again with the demands of daily life' (ibid.: 249). In the case of terminal cancer patients, Western medicine seems to be used to reinforce the balance to regenerate *tairyoku*. The things happening to patients' bodies cannot be changed and should be accepted, as they know their disease is incurable. In order to adjust themselves to the situation, they want to build up the patients' physical states at least at their *tairyoku* level, instead of manipulating the cancer itself. Aspects similar to the concepts of *jibyō* and *taishitsu* can be observed here.

The attitude of Mr. H and Mrs. K's family may seem absurd and meaningless from the point of view of Western medicine but can be explained in the context of Japanese concepts of health and illness.

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