I Introduction
Alternative medicine or therapeutic approach in Japan usually consists of shinkyuushi (acupuncturists), kampo medicine (traditional medicine) and kitoshi (folk healer). According to the classification by Sasaki, groups of faith healing are categorized as “incantation and prayers groups of traditional medicine”, “mountain worship group”, and “new religion group” (Sasaki, 1986).

People in rural areas often receive various kinds of treatment of alternative medicine, sometimes more than those of modern medicine. Tonai et al. (1989) showed that there were only 4% of all health problems resulted in consultation with physicians in rural area, meaning that people who have some health problems go to lay consultation (22%) including alternative medicine, rather than clinic or hospital. Those situation is not simply due to geographic reasons. Many types of alternative medicine are active in Tokyo where modern medicine, with full of various specialties, dominates (Sasaki, 1989; Sakai et al., 1993; Ito et al., 1993; Ito 1996).

These results in Japan raise questions who come to alternative medicine, how their medical conditions are, and whether they receive appropriate medical treatment if they need it.

In this article, we examine characteristics of clients, and a relationship between modern medicine and spiritual healing through analysis of clients.

II Methods

Setting
The subjects were clients who received spiritual healing of Nippon Shineri Kyoukai (Japan Psychic Science Association) in Tokyo. The association is influenced by spiritualism and shintoism, and there are about 3,000 members in Japan (Sakai, 1989). Their unique shamanistic etiology and healing process have emphasized that spiritual relationship with ancestors or possession of the low-grade evil spirit causes illness and that the clients should be cured by healing practice of the high-grade spirit in the spiritual world (Sakai, 1989).

Participant observation
We performed interviews with clients at spiritual healing as participant observers. The association agreed our participation for a medical research project, and asked us to give medical advice to the clients and spiritual healers.

Before sessions of spiritual healing, we introduced ourselves as medical professionals such as psychiatrists, and informed...
the clients that the interview was to check their medical conditions. Although we did not necessarily intervene the intention of clients to receive spiritual healing, we sometimes ascertained the needs of medical treatment to those who needed it. We let two clients stopped receiving spiritual healing. One of them was a 10-year old female who was accompanied by her parents. She was too young to judge whether spiritual healing was good or bad for her. The other client was a 20-year old woman hospitalized in a psychiatric hospital. She was brought by her mother despite that she was an inpatient to be concentrated on her treatment.

Subjects

During the research period between January 1993 and December 1994, 242 clients received spiritual healing (113 men and 129 women). The mean age of the subjects was 42.7 (SD=18.5, range 0-85 years). Their occupation varied, and there were 90 permanent employees (including 5 university lecturers and 2 medical doctors), 10 part-timers, 29 students, 32 housewives, 42 unemployed and 39 unknown.

Measures

Based on the interviews, we examined the clients according to their chief complaints, histories of biomedical treatment, and sociodemographic features. Their diagnoses were based on whether they had schizophrenia, other psychiatric disorders or physical problems. We also categorized the clients into two; a group with initial visit only and a revisited group.

To see the clients’ satisfaction, we asked those of the revisiting group about effects of the healing.

Data were analyzed by chi-square test.

III Results

As chief complaints of clients, the rate of psychiatric problems, musculoskeletal problems, neoplasm, indefinite complaints, and other complaints was 35.5%, 12.4%, 3.3%, 9.9%, and 38.9%, respectively. According to DSM-III-R criteria for schizophrenia (American Psychiatric Association, 1987), 29 (12.0%) were positive.

Regarding therapeutic history, 130 (53.7%) clients simultaneously received both spiritual healing and biomedical treatment, 60 (24.8%) clients dropped out of biomedical treatment, and 52 (21.5%) clients never had it.

Of those who received spiritual healing, 81 (33.5%) revisited. Although there were no significant difference in diagnosis between two groups, the drop-out rate from biomedical treatment in the revisited group (34.6%) was significantly higher than that in the initial visit group (19.9%; \( \chi^2 = 6.24, \text{ df}=1, p<0.05 \)).

As a result of a questionnaire for clients conducted at their second visit, 95.1% of those who revisited reported that spiritual healing was effective on their complaints.

IV Discussion

Most of the clients had chronic problems. They complained that they were not properly treated by physicians because of lack of explanation or because it was not fatal. When the treatment period lasted for a long period without dramatic effect, the patients began to look for other approaches and encounter the spiritual healing. Satisfaction to this healing was very high in the revisited clients. We must examine why and what part of spiritual healing attracts people so much. It is considered that the high satisfac-
tion comes from their psychological effect, because their complaints were well understood and their problems were explained with certain reasons. Since this spiritual group explains that low-grade evil spirits cause clients' disorders, this etiology reduces responsibility of the individual cause, and makes clients feel easier to face chronic, terminal or indefinite disorders. This psychological effect is a great attraction to people suffering from poor physical or mental state, whether this healing is objectively effective or not. In this paper, treatment effects are not shown using objective indicators but we can say that high satisfaction is definitely the driving force of revisits.

This psychological effect, on the other hand, has a negative aspect. There was a tendency to drop out of biomedical treatment particularly in revisited clients. Those clients who heavily depend on spiritual healing have a risk to be unwilling to access necessary treatment. Some approach to prevent their drop-out from biomedical treatment is necessary. Also, clients should be medically checked before they receive any therapeutic approaches in non-biomedical settings. If a client needs medical treatment, he or she should be referred to the modern medical care. Establishment of such referral system is preferable.

Even though this field survey in Tokyo clarified some characteristics of illness behavior, it had a limitation. Since this study was based on interviews with clients of only one example of the non-biomedical groups, a follow-up study is needed to examine the outcome of these healing groups using the control groups.

V  Summary

Tokyo is a modernized city and many health care organizations of biomedicine are available. On the other hand, alternative medicine or therapeutic approach is also active. Our purpose in this study was to analyze medical conditions in people who have received one of non-biomedical approaches, i.e. spiritual healing, in Tokyo from the aspect of mental health and to explore potential problems in modern medicine.

Subjects were 242 clients who received spiritual healing at Japan Spiritual Association from January 1993 to December 1994. In this association, clients were explained that the low-grade evil spirit caused their illness, and spiritual healer provided “treatment”. We checked the clients' medical conditions before spiritual healing through interview and conducted questionnaire survey for the revisited clients on their satisfaction.

As the results, most clients had chronic problems; 35.5% of the clients had psychiatric problems and 12.0% was diagnosed as schizophrenia. While 130 clients received biomedical treatment at the same time (53.7%), 60 clients dropped out of it (24.8%). The proportion of biomedical drop-out was significantly high in the revisited clients. Of 81 revisited clients, 95% regarded this therapy as effective.

These results suggest that clients who dropped out of biomedical treatments were not satisfied with biomedicine but they were seeking alternative therapy. As many clients see that spiritual therapy is effective, it may work as psychological support for clients to face their problems.
References
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東京における心霊治療とメンタルヘルス

伊藤 弘人* 酒井 和夫** 佐々木雄司***

東京には、現代医学による医療機関が多いが、一方で民間医療も活発に行われている。本調査の目的は、東京で民間医療を受けている人々の医学的状況を、メンタルヘルスの側面から分析することである。

対象は、日本心霊科学協会で行われている心霊治療を、1993年1月から1994年12月までに受けた242人の来会者である。方法は、来会者への面接により、医学的問題や治療状況について検討した。また、来会者に対しては治療に対する満足度を調査した。

結果は、来会者のほとんどは慢性的な問題をもち、来会者の35.5%が精神科的問題を有し、さらに12.0%が精神分裂症と診断された。53.7%は医学的治療を平行して受けているが、24.8%は医学的治療を中断していた。再会者の中には、医学的治療を中断している者の割合有意に高かった。再会者81名のうち95%がこの治療を効果的であると評価していた。

これらの結果は、医学的治療を中断している患者の中には、医学的治療に満足できず、民間療法を求めていることが示唆している。また、民間療法は効果的であると考えている人が多いことから、クライエントが自分の問題に立ち向かうときに心理的な支援として機能していることが考えられる。

この調査は、現代医学による医療機関では扱われない治療的な問題の一側面を示すとともに、将来の対策の方向性を示している。

Key words: client, illness behavior, mental health, schizophrenia, spiritual healing

クライエント，受療行動，メンタルヘルス，精神分裂症，心霊治療