



Christoph KLEINE*

Buddhist Monks as Healers in Early and Medieval Japan¹

Healing as a this-worldly religious benefit has always been a major function of Buddhism in Japan and elsewhere. In ancient Japan, Buddhist institutions and their representatives – in competition with the official medical institutions established according to the Yōrō Code – were frequently employed as healers by the imperial court. Mass ordinations for the sake of a sick court member were common means to bring about the cure. The healing power of Buddhist priests was evidently ascribed to their “charisma of the office,” rather than to their “personal charisma.” From the latter half of the Heian period, however, we observe a shift towards personal charisma. It is suggested that a heightened consciousness of crisis complemented by a trend towards individualization generated an increased demand for charismatic leaders such as ascetics and itinerant priests not only for healing purposes. As soon as the groups that gathered around charismatic figures such as Hōnen (1133–1212) began to institutionalize the notoriously unstable and revolutionary charismatic leadership was routinized and thus “tamed.”

Keywords: Buddhism – healing – charisma – this-worldly benefits

A Short History of Medicine in Early Japan

As the functional differentiation of early Japanese society was rather weakly developed, no single social system could monopolize the function of healing the sick. Religion was one of the social systems which offered cures, but it was not the only one.²

In conjunction with other cultural goods, medicinal knowledge was brought to Japan from China, initially via Korea. This does not imply, however, that there had been no indigenous traditions of healing in Japan before. Japanese mythology

* Professor for the History of Religions Studies, Leipzig University

1. This article derives from a presentation delivered 2009 in Tangshan.
2. Luhmann assumes that in the course of proceeding functional differentiation of a given society subsystems with increasingly specified „Bezugsproblemen“ and functions emerge (Luhmann: 1982, 45). It is noteworthy, however, that in modern Japan – quite unlike modern Europe – healing still is a major function (or rather: “Leistung” or “service” in Luhmannian terms) especially of new religions.

traces indigenous medicine back to two cultural heroes: Ōna Muchi no Kami 大日貴命 (also: Ō-Kuninushi 大國主神), a son of Susanoo no Mikoto 素戔鳴尊, and Sukuna Hikona no Kami 少彦名命, his partner. (Aston 1993 I: 59; cf. Rosner 1989: 9) According to Erhard Rosner, medicine as mentioned in Japanese mythology was above all a kind of “demonological medicine”, in contrast to classical Chinese medicine, since individual diseases as well as epidemics were mostly believed to be caused by some curse of a superhuman being (*tatari* [祟り]). (Rosner 1989: 9) Accordingly, magical practices, prayers, and exorcisms (*majinai* 呪い) were applied as defense measures and healing methods. (Rosner 1989: 10) Possession by evil spirits (*magatsubi* 禍霊), a closely related cause of disease, could be removed by purification rites. (Lock 1984: 115) Contact with polluting agents (*eki-akudoku* 疫悪毒) such as blood and corpses was believed to be another cause of disease. In such cases, “herbal infusions and hot-spring baths were designed to act as sudorifics, purgatives, or emetics.” (Lock 1984: 25) According to Pamela Winfield and others “[i]t appears that ritual specialists such as the Nakatomi and Imbe clans monopolized this early preventative and purgative therapy.” (Winfield 2005: 115)

In 552 Kinmei Tennō ordered men from Paekche “learned in Medicine, in Divination, and in the calendar” to come up to his court to furnish the Japanese “with books of divination [卜書], calendars [曆本], and drugs of various kinds [種種藥物]”.³ In the same year – according to the *Nihon shoki* – Buddhism was introduced to Japan via Korea.⁴ From the very start the “foreign gods” (*banshin* 蕃神) of Buddhism were believed to have outstanding healing powers, and the medical skills of Buddhist priests were valued above those of the indigenous physicians.⁵ And early on Buddhist rituals were used to dispel all kinds of evil, including diseases of court members. Not surprisingly, such rituals were often connected with the cult around Yakushi Nyorai 薬師如来 (Skt. *Baiṣajyaguru*), the healing Buddha. (Winfield 2005: 116) In 608 the Empress Suiko sent young medicinal doctors to China, to study Chinese medicine (*kanpō* 漢方). (Aston 1993 II: 139; cf. Fujikawa 1911: 6) They returned in the company of Buddhist priests in 622. (Aston 1993 II: 150) From this date Chinese medicine was systematically studied in Japan – also by Buddhist monks – and gradually displaced indigenous healing traditions. (Morris 1994: 133)

3. Aston 1993 II: 68; cf. Fujikawa 1911: 5. For the Japanese, or rather Chinese, text of the *Nihon shoki* I have consulted the digitalized version provided online by the Japanese Historical Text Initiative of the University of California at Berkeley (<http://sunsite.berkeley.edu/jhti/Nihon%20shoki.html>) throughout this text.
4. For the problem of the correct date of the transmission of Buddhism to Japan see Durt (1985) and Best (1995).
5. This is clearly stated in an inscription on the Buddha’s footprint on a stone at the Yakushiji in Nara. The inscription says: “There have always been medicinal doctors, but the foreign guests, the doctors of today, are worthy of respect and praise 薬師は常のもあれど、賓客の、今の薬師、貴かりけり賞だしかりけり.” (Shinmura 2006: 40-41).

In the 8th century the increasingly centralized state was reorganized after the model of Tang China. The Yōrō Code 養老律令, a revision of the Taihō Code 大寶律令 of 701, drafted by Fujiwara no Fuhito 藤原不比等 (659-720) in 718 (Yōrō 2) and put into effect in 757 by his grandson Fujiwara no Nakamaro 藤原仲麻呂 (706–764), may be said to be the heart of this reform. Among other things, the Yōrō Code aimed at a reorganization of Japan's medical system. In the 24th section of this code, the *Ishitsu-ryō* 醫疾令 (“Regulations for healing diseases”), medicinal ranks and the education of experts in various medicinal branches are specified. The “university” in which the doctors were educated belonged to the Ministry of the Imperial Household and consisted of five departments:

1. Medicine (i 醫):
 - 1.1 Internal Medicine (*tairyō* 体療): 12 students; duration of study: 9 years
 - 1.2 Surgery (i.e. healing of wounds and tumors; *sōshu* 創腫): 3 students; duration of study: 7 years
 - 1.3 Pediatrics (*shōshō* 少小): 3 students; duration of study: 7 years
 - 1.4 Ears, eyes, mouths, and teeth (*ji-moku-kō-shi* 耳目口齒): 2 students; duration of study: 6 years (Dettmer 1972: 76–77)
2. Acupuncture and Moxibustion (*haritokyū* 針灸): 20 students; duration of study: 9 years
3. Massage (*anma* 按摩): 10 students; duration of study: 3 years.
4. Spells (*shugon/zugon* 咒禁): 6 students; duration of study: 3 years⁶
5. Pharmacology (*yaku'en* 藥園): 6 students; duration of study: not specified (Dettmer 1972: 78–82; Fujikawa 1911: 7–8)

Medical students, who ought to be between 13 and 16 years of age (§ 2), were chosen among the common folk but had to be well versed in medicinal herbs and skilled in magical techniques (*hōjutsu yūchō* 法術優長) (§ 1). In addition, 30 women from the age of 15 to 25 were elected to be educated in midwifery and acupuncture as well as to heal and bandage wounds. (Dettmer 1972: 82–83; Fujikawa 1911: 8) Graduates gained the status of public servants. Their qualification was solely based on their skills, their training, and their office, not on any kind of paranormal gift or personal charisma.

Obviously, the officially accredited doctors failed to monopolize the profession of healing. As indicated above Japanese society was primarily differentiated by stratification, not by functional social subsystems. Thus, the existing social systems were not clearly defined by any specific social function as is the case in modern societies. Various social systems could fulfill a number of different functions; and one given function could be fulfilled by different social systems – though in a

6. Five years according to Dettmer. According to Fujikawa (1911: 8), the department of healing by spells was later abolished.

different manner –, for example by the state controlled medicinal system and by the religious system, dominated by the Saigha. For the vast majority of the Japanese people regular medicinal supply by officially approved doctors was completely unavailable, as “the Masters and Doctors of medicine who were attached to the bureau were responsible for curing only people of the Fifth Rank and above and significantly their department was placed under the Ministry of the Imperial Household.” (Morris 1994: 133) As in other areas of social welfare the Buddhist order was the only networked institution that was capable of acting supranationally.⁷ Therefore Buddhist priests certainly played a significant role in the sphere of medicinal supply amongst the populace. In fact, the “Rules for Monks and Nuns” (*Sō-niryō* 僧尼令) as part of the Yōrō Code explicitly allow ordained men and women to engage in healing activities, with one noteworthy reservation: they were forbidden to use “shamanic witchcraft” (*fujutsu* 巫術),⁸ but this prohibition did “not apply to the cure of sickness by the recitation of spells (*mantra*) in accordance with Buddhism (*buppō jishu* 佛法持咒).” (Aida 1964: 370; Singer 2002: 217-18) “Masters of spells” (*shugonshi* 呪禁師) were in fact regarded as one group of Buddhist experts along with “meditation masters” (*zenji* 禪師) and “vinaya masters” (*risshi* 律師).⁹

The “buddhification” of the art of healing in Japan received another strong impulse when Kūkai 空海 (774–835) returned from China in 806, popularized esoteric Buddhism in Japan and propagated tantric rituals. Among these tantric rituals, the ritual of “mutual empowerment” (*kaji* 加持) was of particular importance with regard to healing. As is well known, in 834 Kūkai succeeded in establishing a Shingon Chapel (Shingon’in 真言院) inside the imperial palace in which, among other things, the emperor’s clothes were empowered by *kaji* rituals in order to protect the ruler from any kind of misfortune, especially illness. (Yamada and

7. According to Luhmann (1982: 54–66), religion – as any other social system – does not only fulfill a function for the society as a whole – i.e. to transform indeterminacy (transcendence) into determinateness (immanence) in the case of religion – but also relates (a) to other social systems by rendering service to them (“Leistung” ⇒ “diaconia”) and (b) to itself by reflection (“Reflexion” ⇒ “theology”). In premodern Japan Buddhism clearly provided quite a number of services to solve “residual problems” left unsolved or even generated by other systems.

8. The term refers to “shamanic” methods of banning gods and ghosts and is roughly used as a synonym for *kamigakari* 神懸り (Aida 1964: 371). “Shamanism”, of course, is a problematic term. For the Korean case see, for example, Eikemeier (2003). For a discussion of “shamanism” in Japan see Hori (1975). Hori, for instance, adopts Eliade’s concept of “shamanism” and defines the term as “the general name given that magical, mystical, often esoteric phenomenon that has taken shape around the shaman, a person of unusual personality who has mastered archaic techniques of ecstasy (trance, rapture, separation of the soul from the body, etc.).” (Hori 1975: 245) Cf. Fairchild (1962), Blacker (1975).

9. See, for instance, Aston 1993 II: 96.

Kuriyama 1997: 546; cf. Abe 1999: 58; Hayami 1986: 170-74) In Shingon “spiritual healing” by rituals is usually supplemented or combined with the application of metals and minerals (“five treasures”; *gohō* 五寶),¹⁰ medicinal herbs (“five herbs”; *goyaku* 五藥),¹¹ fragrances (“five fragrances”; *gokō* 五香),¹² as well as methods of inner alchemy (*naidan* 內丹) and outer alchemy (*gaidan* 外丹).¹³ Significantly we do not find many references to the application of such healing substances in sources from the Heian period,¹⁴ which may either be explained by the fact that the readers were supposed to know which substances were used in combination with tantric healing rituals, or that such details were simply not entertaining enough.¹⁵

10. I.e. gold 金, silver 銀, lapis lazuli 琉璃, pearls 真珠, and crystal 水精.
11. There are various lists in the texts, including, for instance, ginseng 人參, lucid asparagus 天門冬, poris cocos (?) 伏苓, licorice root 甘草, etc.
12. Except for white sandalwood (白檀), I have been unable to find English equivalents for the fragrant substances mentioned in the texts. A typical list is as follows: 沈, 白檀, 丁香, 鬱金, 竜腦.
13. For detailed information see Yamada and Kuriyama (1997: 546-565). These materials, often including the “five kinds of grains” (*gokoku* 五穀), abstention from which was typically recommended to mountain ascetics influenced by Daoist ideas, were used in various tantric rituals, as can be seen in texts such as the following: *Godai Kokūzō hō shitaku chūmon* 五大虚空藏法支度注文 (Takeuchi 2008 vol. 12: 85). See also *Denbō kanjō goma shitaku chūshin jō’an* 伝法灌頂護摩支度注進状案 (Takeuchi 2008 vol. 12: 323); *Shingon’in go-shichinichi mi-shuhō kōyaku-tō shitaku* 真言院後七日御修法香藥等支度 (Takeuchi 2008 vol. 12: 245); *Fugen enmyō goma shitaku chūmon* 普賢延命護摩支度注文 (Takeuchi 2008 vol. 28: 177); *Aizen’ō hō shitaku chūmon* 愛染王法支度注文 (Takeuchi 2008 vol. 28: 182). Inner and outer alchemy are, of course, based on Chinese longevity techniques, commonly assigned to Daoism. For the adaptation of Chinese or Daoist longevity techniques, see Sakade (1989).
14. I can tell of only two instances. In the *Genji monogatari* the burning of poppy seeds (*karashi*, *keshi*, or *kaishi* 芥子) as part of exorcist rites is mentioned twice. One reads as follows: “The Rokujō lady received the news with mixed feelings. She had heard that her rival was critically ill, and now the crisis had passed. She was not herself. The strangest thing was that her robes were permeated with the scent of the poppy seeds burned at exorcisms. She changed clothes repeatedly and even washed her hair, but the odor persisted” (Murasaki 1976: 169; Japanese text: Murasaki 1977: 88).
15. Despite the absence of detailed information on particular medical practices applied by monks in historiographies and edifying narratives, it can safely be assumed that monks were in fact engaged in such practices. Medicine (*ihōmyō* 醫方明; Skt. *cikitsā-vidyā*) was one of the “five sciences” (*gomyo* 五明; Skt. *pañca-vidyā*) of India, and these sciences were regularly studied in Buddhist monasteries. For detailed information see Zysk (1991). Accordingly, Buddhist monks brought āyurvedic knowledge to China, where this tradition was combined with classical Chinese medicine and later brought to Japan. In medieval times for instance, medicine was systematically studied on Mt. Hiei. Therefore Buddhist healing practices were not confined to “magico-religious healing” (Zysk) or “prayer healing” (*kiryō* 祈療; Shinmura). From the middle Heian period Buddhist monks started to specialize in medicine, and in medieval Japan there appeared a considerable number of so-called „priestly doctors” (*sō’i* 僧醫). (Shinmura 2006: 42) One famous example of a monk well versed in medicine is Ganjin 鑑真 (Ch. Jianzhen, 668-763), on whom Minamoto no Tamenori in his *Sanbō’e* writes: „When he was asked the name of a particular medicine, he could identify it by its smell. He offered prayers for the [retired] emperor and presented medicines to the empress.” (Kamens 1988: 265) This account shows that Buddhist monks combined “faith healing” by spells with medicine proper. My paper, however, will concentrate on the image of monks as “faith healers”.

Simply stated, medicine in ancient Heian Japan rested on two pillars: on classical Chinese medicine (*kanpō*), best represented by Tanba no Yasuyori's 丹波康賴 (912–995) monumental *Ishin-pō* 醫心方, and on Buddhist rituals.¹⁶ In order to restrict foreign and Buddhist influence and thus prevent the complete displacement of what they regarded as indigenous Japanese medicine (Karow 1953: 162),¹⁷ in 808 nativists under the rule of Heizei Tennō 平城天皇 (also: Heijō; 774–824) had compiled a now lost medicinal work titled *Classified Prescriptions from the Daidō Period* (*Daidō ruiju-hō* 大同類聚方) in 160 scrolls. The compilers, Izumo no Hirosada 出雲廣貞 and Abe no Manao 安倍真直, met with little success, however. The text failed to stop the process of “sinification” and “buddhification” of Japanese medicine, because under the rule of Saga Tennō 嵯峨天皇 (786–842) the sinophile power groups clearly outplayed the nativist forces. (Karow 1953: 156) It was soon forgotten and was rediscovered only in the 18th century by the nativists of the National Learning movement (*kokugaku* 國學), who used it as an instrument in their fight against the medicinal teachings of China and Europe. (Karow 1953: 156)

Buddhist Monks as Healers in Classical Japanese Literature

Before I start to analyze the image of Buddhist monks in the literature of classical Japan, a few critical remarks about the sources are to be made. Accounts of healing monks are taken from texts of different genres: imperial chronicles, courtly epics, edifying narratives, and diaries. Every literary genre has its own specific discursive rules, which means that the accounts tend to be rather stereotyped. Furthermore, the accounts of healing methods applied by Buddhist priests are often quite brief and unspecific. The texts tell us about things that are relevant to the genre in a way that is appropriate to the genre. Every generalized conclusion drawn from these texts is thus to be taken with a considerable degree of precaution.

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16. I do not quite understand what Lock (1984: 23) means when she says: “Three distinct composites of beliefs have influenced the state of medicine in Japan today. They are the indigenous belief system of Shintō, the East Asian medical tradition, which was officially incorporated into use in Japan in the sixth century and the cosmopolitan medical system which was first brought to Japan in the sixteenth century by the Portuguese.” Lock not only ignores the strong influence on Japanese medicine exerted by Buddhism, especially esoteric Buddhism. It is hardly convincing to call the medical system of 16th century Europe “cosmopolitan” in contrast to East Asian medicine. And the anachronistic usage of the term “Shintō” should be avoided here.
17. This does not mean, however, that the medicinal theory and practice advocated by the nativists were free of Chinese influence.

Healing Monks in the Official Chronicles

Keeping this in mind we may now take a look at the oldest available texts. In the old imperial chronicle *Nihon shoki* 日本書紀, published in 720, there are a number of accounts that mention Buddhist priests in connection with healing.

In the 6th month of the year 585, when an epidemic raged in the realm, Soga no Umako no Sukune 蘇我馬子宿禰 (–626) addressed

the Emperor [Bidatsu 敏達天皇; 538-585], saying: ‘Thy servant’s disease has not yet been healed; nor is it possible for succour to be afforded me unless by the power of the three precious things [*sanbō* 三寶; Skt. *triratna*].’ Hereupon the Emperor commanded Umako no Sukune, saying: ‘Thou mayest practise the Buddhist religion alone, but discontinue it in so far as others are concerned.’ So the three nuns were given back to Umako no Sukune, who received them with rejoicing, lamenting their unexampled misfortunes, and bowing down his head in their honour. He built them a Temple anew, into which he welcomed them, and provided them with sustenance. (Aston 1993 II: 104)

In this passage the healing power of Buddhism is clearly affirmed.

In the eighth month of the 22nd year of Empress Suiko’s rule a remarkable event took place. A high ranking minister, the Ōomi, fell ill, and „[f]or his sake a thousand persons, men and women, entered religion [*shukke* 出家]” (Aston 1993 II: 145), that means they were ordained as Buddhist monks and nuns. As we will see, mass ordinations were a favored means against diseases of court members.

On the 18th day of the 7th month in 671 Emperor Tenchi 天智天皇 “took to his bed and was ill.” (Aston 1993 II: 297) In the 10th month, 8th day, the Emperor was still ill, and probably for this reason a “ceremony of opening the eyes of 100 Buddhas took place in the interior of the Palace.” (Aston 1993 II: 297) In the same month “the Emperor sent messengers to offer to the Buddha of Hōkōji a kesa, a golden begging-bowl, a tusk of ivory, aloes wood, sandal wood and various objects of value.” (Aston 1993 II: 297) Despite these meritorious deeds, the “Emperor’s disease became more grave” on the 17th day. Thus, he

sent for the Prince Imperial to come into the chamber where he was lying and addressed him, saying: ‘Our condition is desperate: what remains after belongs to thee,’ etc., etc. Hereupon the Prince Imperial with repeated obeisances declined firmly to receive (the succession), giving ill-health as his reason. He said: ‘I pray thee let the mighty task be entrusted to the Empress, and let Prince Ohotomo undertake the promulgation of measures of Government. It is thy servant’s request, for the Emperor’s sake, to renounce the world [*shukke* 出家] and practise religion [*shudō* 修道].’ The Emperor gave his consent, and the Heir to the Throne got up and bowed repeatedly. He straightway proceeded to the south of the Buddhist Hall in the

interior of the Palace, and sitting upon a chair, shaved off his hair and became a priest [*shamon* 沙門]. Upon this the Emperor sent him a present of a kesa by Sugita no Ikuiha.” (Aston 1993 II: 297)

When on the 12th day of the 11th month in 680, the “Empress-consort was unwell. (The Emperor [Tenmu]) having made a vow on her behalf, began the erection of the Temple of Yakushiji, and made one hundred persons enter religion as priests. In consequence of this she recovered her health.” (Aston 1993 II: 348) On the 26th day, the Emperor himself took ill. “For this reason one hundred persons were made to enter religion as priests, and he presently recovered.” (Aston 1993 II: 349) On the 24th day of the 5th month in 686 the Emperor’s body was again “ill at ease.” “It was ascertained by divination [*uranai* 卜] that the Emperor’s disease was owing to a curse from the Kusa-nagi sword.” As a countermeasure, the sword “was sent to the shrine of Atsuta, in Wohari, and deposited there.” (Aston 1993 II: 377) Before that, however, the “Sutra of Yakushi was expounded in the Temple of Kahara, and a ‘retreat’ was held within the Palace.” (Aston 1993 II: 376) Apparently, however, the Emperor did not recover. Thus, on the 28th day of “seventy persons of pure conduct were selected to retire from the world [*shukke* 出家].” (Aston 1993 II: 379) And again, in the “8th month, 1st day [f]or the sake of the Emperor, eighty priests were received into religion [*do hachijū sō* 度八十僧].” (Aston 1993 II: 379) On the 2nd day, “priests and nuns, to the number of 100 in all, entered religion [*do sōni* 度僧尼]. Accordingly, 100 Bosatsu were set up within the Palace, and 200 volumes of the Kwannon Sutra read.” (Aston 1993 II: 379) And again on the 17th day of the 8th month in 694, “one hundred and four priests were made to enter religion [*do shamon* 度沙門] for the sake of the Imperial Princess Asuka.” (Aston 1993 II: 417)

In a similar manner, the *Shoku Nihongi* 続日本紀, a sequel to the *Nihon shoki* completed in 797, gives an account of a mass ordination for the sake of a member of the court who was suffering from a disease. The text says:

13th day [of the 12th month in the year of 702]. The retired Empress fell ill. General amnesty in the Realm. A hundred people were allowed to become priests [*shukke* 出家]. The Konkomyōkyō (Sūtra of the Golden Light) was ordered to be read in the four Home Provinces. (Snellen 1934: 204)

The text further tells us about the monk Dōshō 道照 (also: 道昭; 629-700),¹⁸ a disciple of the famous Xuanzang 玄奘 (602-664), who had received a bowl from his master that was originally from India and allegedly had “miraculous powers for healing illness with ingredients cooked in it.” When “many men of the mission [of Dōshō] became ill. The priest, taking the bowl, heated water, boiled gruel, gave it to all patients, the same day they were cured.” (Snellen 1934: 182) Furthermore, on the 25th day of the 9th month in 703 the “priest Hōren 法蓮 was given 40 chō of

18. For further information see Eisenhofer-Halim (1995) and Williams (2003: 266-285).

land in Bizen, his skill as a medical man [*ijutsu* 醫術] was herewith appreciated.” (Snellen 1934: 211) In 706 there was a “contagious disease and famine in the realm provinces,” “in Tanba, Izumo and Iwami it was extraordinarily violent.” Therefore “the reading of sutras was ordered in the temples of the capital and the home provinces.” (Snellen 1934: 238)

What preliminary conclusions may be drawn from the above cited accounts? First of all, promotion of the Buddha Dharma in general was believed to be an investment into national welfare and in particular to be conducive to curing ailments of high ranking representatives of the state. Obviously, quantity was favored above quality, as it were. Mass ordinations of as many people as possible – economically an enormous waste of “human resources” – were regarded as effective means to fight diseases. “Personal charisma”¹⁹ in the sense of the individual gift to bestow religious benefits, in accordance with Max Weber’s (1864–1920) terminology, was unnecessary, as it seems. There is only one instance in which the ordained persons are said to be individuals of pure conduct. This could mean that they had already practiced Buddhism privately and unofficially as “lay priests” before being ordained officially and were regarded as ritually pure. It is unclear whether they performed any rituals for the sake of the Emperor immediately after their ordination. It is very likely, however, that they – now being equipped with the “charisma of the office” – collectively recited *sūtras*, *dhāraṇīs* or *mantras*. Only one particular *sūtra* is mentioned by title in this context, namely the *Sūtra of Golden Light* (*Konkōmyō-kyō* 金光明經; Skt. *Suvarṇa-prabhāsōttama-sūtra*). This of course is no coincidence, since the *Sūtra of Golden Light* was regarded as one of three “state protecting *sūtras*”, the others being the *Sūtra of the Humane Kings* (*Nin’ō-kyō* 仁王經), and the *Lotus Sūtra* (*Hokke-kyō* 法華經). As the emperor and his family not only represented but virtually *were* the state, caring for their health was a state affair of utmost importance. The welfare of the nation and the well-being of the emperor were closely intertwined. Furthermore, the *Sūtra of Golden Light* claims that all kinds of calamities, including afflictions of the emperor, resulted from disrespect for

19. Max Weber (1985: 140) defines charisma as „außeralltäglich (ursprünglich, sowohl bei Propheten wie bei therapeutischen wie bei Rechts-Weisen wie bei Jagdführern wie bei Kriegshelden: als magisch bedingt) geltende Qualität einer Persönlichkeit heißen, um derentwillen sie als mit übernatürlichen oder übermenschlichen oder mindestens spezifisch außeralltäglichen, nicht jedem andern zugänglichen Kräften oder Eigenschaften [begabt] oder als gottgesandt oder als vorbildlich und deshalb als »Führer« gewertet wird.“ The English translation reads: “a certain quality of an individual personality, by virtue of which he is set apart from ordinary men and treated as endowed with supernatural, superhuman, or at least specifically exceptional powers or qualities. These are such as are not accessible to the ordinary person, but are regarded as of divine origin or as exemplary, and on the basis of them the individual concerned is treated as a leader.” (Weber 1978: 241)

the Buddha Dharma and in particular for the *Sūtra of Golden Light*. On the other hand, listening to the sūtra alone was the best preventive measure against all kinds of misfortunes. Above that, the *Sūtra of Golden Light* contains a chapter, entirely devoted to healing.²⁰ Thus it appeared to be only natural to have this particular sūtra recited when a member of the imperial family had fallen ill.

Healing Monks in Edifying Narratives

It is a matter of course that official chronicles such as *Nihon shoki* and *Shoku Nihongi* are primarily interested in cases of healing which are relevant to the whole nation. Other types of genres, especially *monogatari* 物語 and *setsuwa* 説話, exhibit more interest in individuals and in the causes of their ailments.

As indicated above descriptions of causes and cures for diseases are to a considerable degree dependent on which genre the text belongs to and on the particular message the text aims to convey. Texts such as the *Nihon ryōi-ki* 日本靈異記²¹ for instance, the *leitmotiv* of which is the “visible miraculous working of karmic retribution,” tend to trace back all kinds of ailments to the bad karma of the afflicted individual. (Kyōkai 1973: 118; 236; 248; 270) Significantly, in the case of the *Nihon ryōi-ki*, all karmically caused ailments are handicaps such as blindness, deafness and the like. In correspondence with the karmic causes of these handicaps, the appropriate ways to cure them are repentance and conversion. In some instances, however, specific healing methods are mentioned, such as the recitation of sūtras or *dhāraṇīs* by the afflicted person him- or herself. There is only one case in which a “*dhyāna* master” (*zenji* 禪師) conducts some unspecified healing ritual on behalf of a man who suffers from deafness and a skin disease. (Kyōkai 1967: 92)

Not surprisingly, the *Hokkekyō genki* 法華經驗記²² emphasizes the healing power of the *Lotus Sūtra* and traces back the causes of diseases to undue behavior towards that scripture. In this collection of edifying narratives possession is also mentioned as one cause of illness. We read for instance that

[a] woman was suffering for several days from possession by an evil spirit [*akuryō* 惡靈]. Finally the spirit revealed itself and said to the woman, ‘I am the spirit of your former husband. [...] [...] As the woman visited Dōmyō at the [Hōrin-ji] temple and the spirit heard the recitation [of the Lotus Sūtra], the spirit left its snake status and was reborn in heaven. Thereafter the woman was never possessed by any spirits. (Dykstra 1983: 109; Inoue and Ōsone 1995: 165/551b)

20. *Konkōmy-kyō* 金光明經 (T 16, no. 663, p. 351b)

21. Full title: *Nihonkoku genbō zen'aku ryōi-ki* 日本國現報善惡靈異記; written around 800 by Kyōkai 景戒 of Yakushi-ji 藥師寺.

22. Full title: *Dai Nihonkoku hokkekyō genki* 大日本國法華經驗記; written between 1040-1044 by Chingen 鎮源 of Shuryōgon-in 首楞嚴院.

According to one story – obviously referring to chapter 4 of the *Lotus Sūtra*²³ – the holy scripture even has the power to protect the reciter from poison, from being wounded by swords and staves, and even to revive the dead. (Dykstra 1983:111; Inoue and Ōsone 1995: 167/552a) As is well known the text of the *Lotus Sūtra* itself claims that those who recite or preach it will be protected against all kinds of evil, including malevolent gods, ghosts, demons, etc. (Katō et al. 1984: 332, 340; T 9, no. 262, p. 59b)

Evidently, stories about diseases and healing in the *Hokkekyō genki* reflect the doctrinal message of the Lotus Sutra rather than give any credential and specific information on actual healing practices.

The Buddhist world-view is also well reflected in the causes of diseases given in the famous *Collection of Tales of Times now Past* (*Konjaku monogarai shū* 今昔物語集). According to Shinmura's analysis of the text the following causes of diseases are discernible:

1. the sin of slandering the Buddhist Dharma (*buppō hibō* 佛法誹謗)
2. accumulated [bad] karma (*shukugō* 宿業)
3. spirits and gods (*kishin, onigami* 鬼神)
4. spirits of living persons (*ikiryō, ikisudama* 生靈)
5. sickness-producing gods (*ekijin* 疫神)
6. spirit possession (*mononoke* 物怪; also: 物の氣)
7. curses (*juso* 呪詛) (Shinmura 2006: 41)

Those causes related to the impact of spirits (3–7) seem to dominate accounts of healing in Buddhist edifying literature.²⁴

Monks as Healers in Makura no sōshi and Genji monogatari

Perhaps the most detailed and interesting accounts of healing by monks are provided by two literary works written by court ladies of the late Heian period, one being the so-called *Pillow Book* (*Makura no sōshi* 枕草子; a diary written between 996–1012) of Sei Shōnagon 清少納言 (fl. late 10th century), the other being the famous *Tale of Genji* (*Genji monogatari* 源氏物語; early 11th century) by Murasaki

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23. “He who reads this sutra will be ever free from pain and disease; his countenance will be fresh and white; he will not be born poor, humble, or ugly. All creatures will delight to see him as a longed-for saint; heavenly cherubim will be his servants. Swords and staves will not be laid on him; poisons cannot harm him. If anyone curses him [that man’s] mouth will be closed” (Katō et al. 1984: 234; T 9, no. 262, p. 39b).
 24. For detailed information on the belief in malign spirits in general see Goodwin (1989), McMullin (1988) and Plutschow (1983).

Shikibu 紫式部 (fl. ca. 1000). Sei Shōnagon describes in detail how evil spirits are driven out of sick persons by Buddhist priests who, however, did not always succeed – a “depressing thing” (*susamajiki mono* すすまじきもの), as she writes.

With a look of complete self-confidence on his face an exorcist (*genja* 験者) prepares to expel an evil spirit (*mono no ke* 物怪) from his patient. Handing his mace (*tokko* 獨鈷), rosary (*zuzu* 珠數), and other paraphernalia to the medium who is assisting him, he begins to recite his spells in the special shrill tone that he forces from his throat on such occasions. For all the exorcist’s efforts, the spirit gives no sign of leaving, and the Guardian Demon fails to take possession of the medium. The relations and friends of the patient, find this rather unfortunate. After he has recited his incantations for the length of an entire watch, the exorcist is worn out. ‘The Guardian Demon is completely inactive,’ he tells his medium. ‘You may leave.’ Then, as he takes back his rosary, he adds, ‘Well, well, it hasn’t worked!’ He passes his hand over his forehead, then yawns deeply (he of all people!) and leans back against a pillar for a nap. (Sei Shōnagon 1967: 22; Japanese: Sei Shōnagon 1977 vol. 1: 65–66; 1991: 30)

There is an even more detailed account of a – successful – exorcism in the *Pillow Book*, and I think it is worth being cited at length:

[...] In the main room was a four-foot curtain of state and in front of it a round hassock on which a priest (*sō* 僧) was kneeling. He was in his early thirties and quite handsome. Over his grey habit he wore a fine silk stole – altogether the effect was magnificent. Cooling himself with a clove-scented fan, he recited the Magic Incantation of the Thousand Hands (*senju darani* 千手陀羅尼).²⁵

I gathered that someone in the house was seriously ill (*mono no ke ni itō nayamu hito* 物怪にいたうなやむ人), for now a heavily built girl with a splendid head of hair edged her way into the room. Clearly this was the medium to whom the evil spirit was going to be transferred (*utsususbeki hito* うつすべき人). She was wearing an unlined robe of stiff silk and long, light-coloured trousers.

When the girl had sat down next to the priest in front of a small three-foot curtain of state, he turned round and handed her a thin, highly polished wand (*tokko* 獨鈷). Then with his eyes tightly shut he began to read mystic incantations (*darani* 陀羅尼), his voice coming out in staccato bursts as he uttered the sacred syllables. It was an impressive sight, and many of the ladies of the house came out from behind the screens and curtains and sat watching in a group.

After a short time the medium began to tremble and fell into a trance. It was awesome indeed to see how the priest’s incantations (*gohō* 護法) were steadily taking effect. [...]

25. A popular *dhāraṇī* connected with the thousand-handed Avalokiteśvara (Senju Kannon 千手観音) who has an eye in the palm of each hand, which are believed to have the power to extend life, dissolve crimes, heal sickness, etc.

It occurred to me how embarrassed the girl herself would feel to be exposed like this if she were in her normal state of mind. She lay there groaning and wailing in the most terrible way, and, though one realized that she was in no actual pain, one could not help but sympathizing with her. [...]

Meanwhile, it was announced that the patient was a little better. [...]

By the Hour of the Monkey the priest had brought the spirit under control and, having forced it to beg for mercy, he now dismissed it. 'Oh!' exclaimed the medium. 'I thought I was behind the curtains and here I am in front. What on earth has happened?' Overcome with embarrassment, she hid her face in her long hair and was about to glide out of the room when the priest stopped her and, after murmuring a few incantations (*kaji* 加持), said, 'Well, my dear, how do you feel? You should be quite yourself by now.' He smiled at the girl, but this only added to her confusion.

'I should have liked to stay a little longer,' said the priest, as he prepared to leave the house, 'but I am afraid it is almost time for my evening prayers.' The people of the house tried to stop him. 'Please wait a moment,' they said. 'We should like to make an offering.' But the priest was obviously in a great hurry and would not stay. At this point a lady of noble rank, evidently a member of the family, edged her way up to the priest's curtain of state and said, 'We are most grateful for your visit, Your Reverence. Our patient looked as if she might succumb to the evil spirit, but now she is well on the way to recovery. I cannot tell you how delighted we are. If Your Reverence has any free time tomorrow, would you please call again?'

'I fear we are dealing with a very obstinate spirit (*go-mokke* 御物怪),' the priest replied briefly, 'and we must not be off our guard. I am pleased that what I did today has helped the patient.' So saying, he took his leave with an air of such dignity that everyone felt the Buddha himself had appeared on earth. (Sei Shōnagon 1967: 264-65)²⁶

Quite a similar story is told by Murasaki Shikibu in her *Tale of Genji*:

At Sanjō, Genji's wife [Aoi] seemed to be in the grip of a malign spirit (*go-mono no ke*). [...] Genji [...] had prayers (*mi-zuhō* 御修法) read in his Sanjō rooms. Several malign spirits were transferred to the medium (*mono no ke, ikisudama* [or *shōryō*] *nado ifu mono ōku izude kite* もののけ、生霊などいふもの多く出で来て) and identified themselves (*samazama no na nori suru* さまざまの名のりする), but there was one which quite refused to move (*hito ni sara ni utsurazu* 人にさらに移らず). Though it did not cause great pain, it refused to leave her for so much as an instant. There was something very sinister about a spirit that eluded the powers of the most skilled exorcists (*imijiki genja* いみじき験者). The Sanjō people went over the list of Genji's ladies one by one. Among them all, it came to be whispered, only the Rokujō lady

26. Ivan Morris' translation seems to be based on the version published in 1929 which can also be found online under <http://etext.virginia.edu/japanese/sei/makura/SeiMaku.html>. Hagitani's edition, which I have collated with his translation, differs in some details (Sei Shōnagon 1977: vol. 2, 268f); cf. Watanabe's version (Sei Shōnagon 1991: 341f).

and the lady at Nijō seemed to have been singled out for special attentions, and no doubt they were jealous. The exorcists were asked about the possibility, but they gave no very informative answers. Of the spirits (*mono no ke*) that did announce themselves, none seemed to feel any deep enmity toward the lady. Their behavior seemed random and purposeless. There was the spirit of her dead nurse, for instance, and there were spirits that had been with the family for generations and had taken advantage of her weakness. (Japanese: Murasaki 1977 vol. 2: 78–79)

[...]

It was still too early for Aoi to be delivered of her child. Her women were less than fully alert; and then, suddenly, she was seized with labor pains. More priests were put to more strenuous prayers. The malign spirit refused to move (御物の怪ひとつさらに動かさず). The most eminent of exorcists (*yamugotonaki genja* やむごとなき験者) found this stubbornness extraordinary, and could not think what to do. Then, after renewed efforts at exorcism (調), more intense than before, it commenced sobbing as if in pain. (Japanese: Murasaki 1977 vol. 2: 84–95)

Eventually it turns out that Aoi was being possessed by the living spirit of her rival Lady Rokujō who speaks to Genji through the mouth of Aoi.

It was not Aoi's voice, nor was the manner hers. Extraordinary—and then he knew that it was the voice of the Rokujō lady. He was aghast. He had dismissed the talk as vulgar and ignorant fabrication, and here before his eyes he had proof that such things did actually happen. He was horrified and repelled.

“You may say so. But I don't know who you are. Identify yourself.”

[...]

Thinking that these calmer tones meant a respite from pain, her mother came with medicine; and even as she drank it down she gave birth to a baby boy. Everyone was delighted, save the spirits that had been transferred to mediums (*hito ni kariutsushitamaheru go-mono no ke* 人に駆り移したまへる御もののけ). Chagrined at their failure, they were raising a great stir, and all in all it was a noisy and untidy scene. There was still the afterbirth to worry about. Then, perhaps because of all the prayers (*gan* 願), it too was delivered. The grand abbot (*zasu* 座主) of Hiei and all the other eminent clerics (*yamugotonaki sō* やむごとなき僧) departed, looking rather pleased with themselves as they mopped their foreheads. Sure that the worst was past after all the anxious days, the women allowed themselves a rest. (Murasaki 1976: 167-69; Japanese: Murasaki 1977 vol. 2: 87)²⁷

27. For a discussion of this story from the perspective of gender studies, see Bargen (1988: 95-130).

Both Sei Shōnagon and Murasaki Shikibu seem to hold spirit possession responsible for many if not most diseases.²⁸ In the *Genji monogatari* demons (*oni* 鬼), evil spirits (*akuryō* 悪靈), spirits of living persons (*ikiryō*, *ikisudama*, *ikitama* 生靈), fox spirits (*koryō*? 狐靈), “gods” (*kami* 神), goblins (*tengu* 天狗), and wood spirits (*kodama* 木靈) are explicitly mentioned as the usual suspects who frequently cause illness by taking possession of a person (Shinmura 2006: 35), often women who were thought to be more susceptible to possession, especially in the state of pregnancy.

Apparently it was customary in those days to employ Buddhist priests, often called “miracle worker” (*genja* 驗者), and their mediums when it was suspected that someone’s illness was caused by an evil spirit. By chanting appropriate spells and performing esoteric rites, the priest forced the spirit to leave the body of the afflicted person and take possession of the medium instead. This being done, the spirit is forced to identify itself. According to Strickmann most of the healing rituals which included the transference of the malign spirit into a medium were based on the tantric *āveśa* ritual as described in the *Amoghapāśa Sūtra*. (T no. 1097; cf. Strickmann and Faure 2002: 204 ff)

On the basis of the *Tale of Genji* McCullough (1973) differentiates between two forms of spirit possession: (1) etiological possession, and (2) hysterical possession. In the case of “etiological possession” there are no other symptoms visible other than those of an “ordinary” illness. The spirits do not show themselves. In the case cited above, Lady Aoi suffers from “etiological possession.” “Hysterical possession” means that one or more spirits express themselves through the possessed person, usually a medium. The identification of the spirit and the revelation of its reasons to take possession of the sick person are an integral element of the therapy.

“Hysterical possession” is not always involved, however. The *Tale of Genji* provides another story in which the prince himself suffers from malaria.

28. In *āyurveda*, as it was practiced in Buddhist monasteries in India, “the art of deliverance from demons” (*Bhūta-vidyā*) and “the treatment of possession” (*graha cikitsā*) – i.e. cures of diseases caused by demons – was one of eight medicinal fields. Cf. Yijing’s *Nanhai jigui neifa zhuan* (T 54, no. 2125, p. 223b-c). See also Vāgbhāṭa (1999). Towards the end of the sixth century in China an anonymous author differentiated six etiologies with strong Buddhist connotations: 1. diseases caused by disharmony of the four element, 2. diseases caused by unbalanced nutrition, 3. diseases caused by excessive meditation, 4. diseases caused by the impact of demons, 5. diseases inflicted by disease-causing gods, and 6. diseases caused by misconduct in a previous existence. (Unschuld 1980: 109) In classical Chinese medicine, illness caused by gods and demons was only one possible causes of diseases, as can be deduced from the *Ishitsuryō* and Tanba no Yasuyoris *Ishin-pō*. However, among the populace possession by malign spirits was probably regarded as the most common cause.

Genji was suffering from repeated attacks of malaria. All manner of religious services (*majina[h]i*, *kaji nado* まじなひ 加持など) were commissioned, but they did no good. In a certain temple in the northern hills, someone reported, there lived a sage who was a most accomplished worker of cures (*kashikoki okonahibito* かしこき行ひ人; literally: “awe-inspiring Buddhist practitioner”). “During the epidemic last summer all sorts of people went to him. He was able to cure them [by *majina[h]i* まじなひ] immediately when all other treatment had failed. You must not let it have its way. You must summon him at once.”

Genji sent off a messenger, but the sage replied that he was old and bent and unable to leave his cave. There was no help for it, thought Genji: he must quietly visit the man. He set out before dawn, taking four or five trusted attendants with him. The temple was fairly deep in the northern hills. [...] The temple itself was a sad place. The old man’s (*hijiri* 聖; literally: saint; sage) cave was surrounded by rocks, high in the hills behind. Making his way up to it, Genji did not at first reveal his identity. He was in rough disguise, but the holy man immediately saw that he was someone of importance. “This is a very great honor. You will be the gentleman who sent for me? My mind has left the world, and I have so neglected the ritual (*gengata* 験方) that it has quite gone out of my head. I fear that your journey has been in vain.” Yet he got busily to work, and he smiled his pleasure at the visit. He prepared medicines and had Genji drink them, and as he went through his spells and incantations (*kaji* 加持) the sun rose higher. [...] (Murasaki 1952: 84-85; Japanese: Murasaki 1977 vol. 1: 183–184)

After having spent a day in the northern hills Genji’s attendants said: “It is rather late, sir, and seeing as you have not had another attack, suppose we start for home.” But the sage (*daitoku* 大徳; literally: “great virtuous one”) objected. “He has been possessed by a hostile power (*go-mono no ke nado kuwareru* 御物の怪など加はれる). We must continue our services (*kaji* 加持) quietly through the night”. (Murasaki 1952: 87; Japanese: Murasaki 1977 vol. 1: 184)

Thus Genji and his attendants stayed overnight in the northern hills.

Though it was not easy for the sage (*hijiri* 聖) to leave his retreat, he made his way down for final services (*goshin* 護身; literally: “to protect the body”). His husky voice, emerging uncertainly from a toothless mouth, had behind it long years of discipline, and the mystic incantations (*darani* 陀羅尼) suggested deep and awesome powers (*aware ni kuzukite* あはれに功づきて) “. (Murasaki 1952: 93; Japanese: Murasaki 1977 vol. 1: 203)

This story tells us that afflictions that were deemed to have been caused by spirit possession were cured by a tantric ritual named *kaji* 加持 (Skt. *adhiṣṭhāna*). Doctrinal texts of esoteric Buddhism define this practice as “the mutual empowerment between self and Buddha that characterizes tantric deity yoga”. (Winfield 2005: 108) As Pamela Winfield has demonstrated, even in present day Japan this ritual is regularly employed by religious specialists with the aim of bestowing religious benefits or – to use Max Weber’s terminology – „Heilsgüter”

upon the client. Typically these religious benefits are worldly rather than other-worldly, material rather than spiritual (in a more soteriological sense of the term). Thus *kaji* rituals are often used to cure illness. “*Kaji*’s power”, says Winfield (2005: 110), “lies in the enlightened and enlightening transference of power from Dainichi to the individual and vice versa.” “In ritual practice, the power of *kaji* is believed to be converted and channeled into any number of practical applications. When combined with an initiated priest’s prayer (*kitō* 祈禱), the energy of deity yoga accessed in *kaji* is said to have the ability to extend to almost any physical or mental object.” (Winfield 2005: 110) Although the ritual elements of *kaji* are not specified in our stories, it can be safely assumed that “[t]he priest’s prayers and chants are [...] integral to the *kaji* cure.” (Winfield 2005: 112)

Besides the pure fact that *kaji* rituals were regularly performed to cure illnesses, the stories told by Sei Shōnagon and Murasaki Shikibu provide yet further information. *Kaji* rituals do not work automatically. They need to be performed by experts, often called *genja* or “miracle worker,” *hijiri* or “saint”, sometimes simply *sō* or “priest.” Obviously, however, it did not even suffice to be technically skilled or formally ordained or initiated. Some additional gift was needed, and I would like to call this gift – again in accordance with Max Weber – “charisma.” In Shikibu’s account this is most evident. Other priests had failed to cure Genji by means of *kaji* rituals. Thus a charismatic ascetic living in a cave, a “sage” (*hijiri*), an “awe-inspiring Buddhist practitioner” (*kashikoki okonahibito* かしこき行ひ人), a “Great Virtuous One” (*daitoku*) was required.

In the famous *Konjaku monogatari*, healing priests are referred to as “priests endowed with miraculous faculties” (*ken/shirushi aru sō* 験有る僧) or “awe-inspiring priests endowed with miraculous faculties” (*yōgoto naki ken aru sō* 止事無き験有る僧) clearly indicating their extraordinary charisma. Such charisma, however, was not a gift exclusively ascribed to Buddhist priests: experts of divination based on the Chinese concept of *yin* and *yang*, are likewise characterized as “awe-inspiring diviners” (*yōgoto naki onyō-shi* 止事無き陰陽師) capable of healing by means of exorcism. Even medical doctors are said to be endowed with this kind of charisma (*yōgoto naki ken aru ishi/kusu-shi/kusuru-shi* 止事無き醫師), their power as doctors and the efficiency of their medicines being unfathomable (*ishi/kusu-shi/kusuri-shi no chikara* 醫師の力, *kusuri no shirushi* 薬の験, *fukashigi nari* 不思議なり). At any rate, healing power was widely interpreted as a personal, supernatural gift, i.e. charisma, in the Heian and Kamakura periods.

The Charismatic Turn

Max Weber differentiates between charisma and other forms of authority. Genuine personal charisma, he says, is a gift that can neither be acquired by methodic education nor by status, office or descent. Weber does not claim charisma

to be something objectively given; charisma is something ascribed to a person by his or her followers.²⁹ People typically turn to charismatic authorities in times of individual or collective distress. In such times, says Weber,

All extraordinary needs, i.e., those which transcend the sphere of everyday economic routines, have always been satisfied in an entirely heterogeneous manner: on a *charismatic* basis. The further we go back into history, the more strongly does this statement hold. It means the following: that the natural leaders in moments of distress – whether psychic, economic, ethical, religious or political – were neither appointed officeholders nor ‘professionals’ in the present-day sense (i.e., persons performing against compensation a ‘profession’ based on training and special expertise), but rather bearers of specific gifts of body and mind that were considered ‘supernatural’ (in the sense that not everybody could have access to them).³⁰

In the cases described by Sei Shōnagon and Murasaki Shikibu, the distress was evidently individual on the side of the afflicted persons. However, it is well known that the late Heian period was widely perceived as a time of crisis, triggered by social, economic, and political changes and interpreted in Buddhist terms as the beginning of the Final Age of the Dharma (*mappō* 末法). Belief in the Final Age of the Dharma was again boosted by the moral corruption of the priesthood so aptly characterized by the famous sentence in the *Mappō tōmyō ki*: “if someone were to keep the precepts in the Latter Dharma, this would be exceedingly strange indeed. It would be like a tiger in the marketplace. Who could believe it?” (Saichō 1994: 9) It is no coincidence that in these days the number of charismatic ascetics and of itinerant preachers – later rather anachronistically lumped together under the

29. “Wie die betreffende Qualität von irgendeinem ethischen, ästhetischen oder sonstigen Standpunkt aus »objektiv« richtig zu bewerten sein würde, ist natürlich dabei begrifflich völlig gleichgültig: darauf allein, wie sie tatsächlich von den charismatisch Beherrschten, den »Anhängern«, bewertet wird, kommt es an.” (Weber 1980: 140) English: “How the quality in question would be ultimately judged from any ethical, aesthetic, or other such point of view is naturally entirely indifferent for purposes of definition. What is alone important is how the individual is actually regarded by those subject to charismatic authority, by his ‘followers’ or ‘disciples.’” (Weber 1978: 241–242)
30. Weber (1978: 1111–1112); the original German reads: „Die Deckung allen über die Anforderungen des ökonomischen Alltags hinausgehenden Bedarfs dagegen ist, je mehr wir historisch zurücksehen, desto mehr, prinzipiell gänzlich heterogen und zwar: *charismatisch*, fundiert gewesen. Das bedeutet: die »natürlichen« Leiter in psychischer, physischer, ökonomischer, ethischer, religiöser, politischer *Not* waren weder angestellte Amtspersonen, noch Inhaber eines als Fachwissen erlernten und gegen Entgelt geübten »Berufs« im heutigen Sinn dieses Wortes, sondern Träger spezifischer, als übernatürlich (im Sinne von: nicht jedermann zugänglich) *gedachter* Gaben des Körpers und Geistes.“ (Weber 1980: 654)

term “*hijiri 聖*” (Kleine 1997) – increased by leaps and bounds. We may assume that demand determined supply here. Apparently people no longer had sufficient confidence in the healing powers of the ordinary clerics and turned to charismatic individuals instead who often distanced themselves from the large monasteries and practiced on holy mountains to cultivate their miraculous powers – i.e. their charisma, defined as the paranormal or supernatural gift to bestow religious benefits such as health.

What I find most interesting in this regard are the differences between accounts of healing monks in the early chronicles and those in the edifying narratives, and the differences are even more striking in the writings of court ladies.

The *Nihon shoki* and the *Shoku Nihongi* suggest that it only took a great number of ordained persons who recited the appropriate texts and spells to cure the illness of the emperor or his relatives. Their charisma was solely based on their office or status and on their technical skills acquired by methodic training. They were endowed with what Weber calls “charisma of the office” (*Amtscharisma*), defined as “belief in the specific giftedness of a social institution,”³¹ that is the Buddhist order in our case. Early Japanese Buddhism as a state sponsored and a state controlled institution had a strong “institutional character” (*Anstaltscharakter*), believed to be endowed with “institutional grace” (*Anstaltsnade*). Charisma was clearly routinized (*veralltäglicht*), bureaucratized, depersonalized, and rationalized. “From a unique gift of grace”, charisma had been “transformed into a quality that is either (a) transferable or (b) personally acquirable or (c) attached to the incumbent of an office or to an institutional structure regardless of the persons involved.”³² The single priest was not required to be endowed with personal charisma, he “dispenses salvation [i.e. *Heilsgüter*”; CK] by virtue of his office. Even in cases in which personal charisma may be involved, it is the hierarchical office that confers legitimate authority upon the priest as a member of an organized enterprise of salvation.”³³

What we see in the Heian period is, as it were, a deroutinization, a debureaucratization, and, a repersonalization of charisma. What were the reasons for this development? As mentioned before, the heightened consciousness of crisis in the late Heian period generated a demand for charismatic leadership. This development was complemented by an increasing individualization of Japanese society, especially in the religious or ritual sphere, but also in the literary sphere as exemplified by such works as *The Pillow Book* and *The Tale of Genji*. The demand for charismatic leadership reached its peak in the early Kamakura period when

31. For the German original, see Weber (1980: 675).

32. Weber 1978: 1135. For the German original, see Weber (1980: 671).

33. Weber 1978: 440. For the German original, see Weber (1980: 268–69).

charismatic monks such as Hōnen 法然 (1133-1212) or Ippen 一遍 (1239-1289) gathered large numbers of devout followers who founded nonconformist sects based on an extreme cult of the charismatic founder.³⁴

Hōnen – and this applies to the other charismatic leaders in the Kamakura period too – was not simply venerated for his simple, doctrinally exclusive but socially inclusive message of salvation. He was also regarded as a charismatic healer and miracle worker. The conflict between the established priests as holders of office charisma and those ascetics and preachers to whom people ascribed genuine personal charisma is clearly noticeable in a remarkable entry in regent Fujiwara no Kanzeane's 藤原兼実 (1149-1207) diary, the *Gyokuyō* 玉葉.

On the 29th day of the 9th month in the year Kenkyū 2 (1191), Kanzeane had invited Hōnen-bō Shōnin Genkū 法然房上人源空 (i.e. Hōnen) to the palace as several times before, to administer the precepts (*jukai* 授戒) to the regent. Apparently the preceding visits of the controversial low ranking monk Hōnen had aroused some criticism. Kanzeane replied to such criticism by saying:

Receiving the precepts is truly no insignificant thing! It must be done by a master who is capable of transferring them to a recipient. In recent times, however, the famous priests are completely ignorant of matters concerning *śīlas* and *vinayas*. Up to the days of Zennin 禪仁 (1062-1139), Chūjin 忠尋 (1065-1138), and so forth all famous priests were fond of transferring the precepts. Thereafter this has all come to naught. In recent days the saints (*shōnin* 上人; i.e. charismatic monks such as Hōnen) all study this way, and there are miraculous effects (*kōken* 効験). (Ikawa 1978: 966)

The message is quite clear: *Shōnin* such as Hōnen, as well as the Kōya Hijiri Butsugon 高野聖佛巖 (fl. late 12th century) and Honjō, the Shōnin of Ōhara 本成大原上人 (fl. late 12th century) (Yoshida 1992: 82), who were also invited by Kanzeane to bestow the precepts on him, were believed to be ritually much more effective than the famous high ranking priests of the established hierarchy.³⁵ Personal charisma

34. For the “cult of the founder” (*soshi shinkō* 祖師信仰) in Kamakura Buddhism, see Matsuo (1988). The sects of the so-called New Buddhism of the Kamakura period perfectly fit into Weber’s model of routinization of charisma. As charismatic rule is both revolutionary and unstable as soon as the charismatic founder dies the problem of legitimate succession arises. A routine and institutional form has to be found how to transmit the charisma. Depersonalization, routinization, and rationalization of charisma is the inevitable effect.

35. It might be objected, however, that the famous monks’ ignorance “of matters concerning *śīlas* and *vinayas*” does not necessarily imply lack of personal charisma, but it is not very likely that Kanzeane meant to say that the “famous monks” simply did not know how to perform the proper rites technically. In the story about the *hijiri* who cured Prince Genji’s malaria, the saint himself wonders whether, after all these years, he would be able to remember the ritual procedure. Apparently this was not the decisive question. What was essential was his charisma.

was given precedence over office charisma. One may ask what the administration of the precept has to do with “charismatic healing.” Kanezane’s diary gives us the answer in an entry dated the 30th day of the 9th month in the year of Shōji 2 (1200):

On this day my wife had a particularly important concern (obviously, she was sick; CK). As before, we invited Hōnen-bō. This time, the bestowal of the precepts yielded miraculous effects. How outstanding and praiseworthy! And after the malign spirit (*zake* 邪気) was overcome, [Hōnen] stayed a little longer to complete his prayers (*inori* 祈). (Ikawa 1978: 967)

Thus we know that the bestowal of precepts was a ritual believed to have the power to cure a person if performed by a charismatic monk. This is attested by the following story told in the *Hokke genki*:

[...] Finally [a disciple of Jōchō, the head priest of Kōryū-ji] contracted a serious illness and was certain to die. Having observed his bad deeds during his life and his grave illness in his last moments, the head priest felt pity toward this shameful priest and decided to grant him the precepts. As soon as the bad priest received the precepts, he rose from his bed, felt easy in his sickness, and gained the correct faith. (Dykstra 1983: 97; Inoue and Ōsone 1995: 146/545a)

Conclusion

From the days of its introduction to Japan, Buddhism was conceived of as a powerful means against all kinds of misfortunes including illness. The belief in its effectiveness was based on a “magic” world-view – in J. G. Frazer’s sense.³⁶ In early Japanese Buddhism the charisma that was required to effectively perform the appropriate rituals was attached to the institution and the office. Genuine personal charisma on the side of the priests was not needed. During the latter half of the Heian period a heightened consciousness of crisis complemented by a

36. According to Frazer, in contrast to religion proper magic works automatically, its results being not dependent on the free will of any superhuman beings such as god. “The magician does not doubt that the same causes will always produce the same effects, that the performance of the proper ceremony, accompanied by the appropriate spell, will inevitably be attended by the desired result, unless, indeed, his incantations should chance to be thwarted and foiled by the more potent charms of another sorcerer” (Frazer 2002: 49). Frazer has been severely criticized for the evolutionistic implications of his theory. As Bronislaw Malinowski and others have shown, magic, religion, and science do not represent successive stages in the development of mankind. They rather exist side by side in one and the same culture. Or, as Weber puts it: „Die Konzeption der »übersinnlichen« Gewalten als Götter, selbst als eines überweltlichen Gottes, beseitigt daher die alten magischen Vorstellungen keineswegs schon an sich (auch im Christentum nicht), [...]” (Weber 1980: 257).

trend towards individualization generated an increased demand for charismatic leaders, not least as healers, who were believed to be rather found outside or at the fringes of the monastic institutions, among mountain ascetics and itinerant preachers, rather than among the seemingly corrupt clerical hierarchy. Office charisma did not do anymore.³⁷ As demand determines supply, the number of such charismatic healers and miracle workers (*hijiri*, *genja*, etc.) who were believed to be capable of bestowing religious benefits such as good health effectively increased dramatically. The peak of this development was reached in the Kamakura period when charismatic leaders contested the established orthodoxy. The notoriously unstable and revolutionary charismatic leadership was soon routinized and thus “tamed,” however. Most noteworthy in this regard is the routinization of charisma in the Shugen-dō tradition. Until well into the 19th century in this institutionalized tradition of mountain asceticism rituals of exorcism based on the tantric *āveśa* ritual were usually performed by Shugen-ja who had inherited the charisma from their fathers (Staemmler 1999: 83–84), and the required medium was in most cases the Shugen-ja’s wife. (Miyake and Earhart 2001: 105) Charismatic healing was also a major factor in the emergence of the so-called new religions of Japan in the 19th and 20th centuries, and even today it is an important service provided by many religious groups.

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37. This does, of course, not mean that office charisma had become completely irrelevant and state sponsored rituals were altogether abandoned as a result. As “survivals” (in the sense of Edward Burnett Tylor; 1832-1917) they represented roughly what Ernst Bloch (1885–1977) called “die Gleichzeitigkeit des Ungleichzeitigen” (“simultaneity of the nonsimultaneous”).

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