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Rethinking Communication in Healthcare Settings in Japan

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Modern medicine and its “universality”

In an interesting turn of events, just as things were getting all ramped up for the author to begin writing this paper, she caught her son’s cold and became bedridden. Her sore throat and fever became so bad that she decided to go to a nearby clinic. Even though there did not seem to be any other patients there, she was taken to a special room set aside for patients with fevers, where a nurse proceeded to interview her. After that, the doctor came in, gave her a short examination, and diagnosed her as having tonsillitis. He briefly explained her condition and what medicine he would prescribe. The whole examination only took a few minutes and she came away with the feeling that the procedure was a bit cold and remote. This led her to wonder whether she was expecting “too much” in desiring somewhat more from a medical practitioner.

The modern medicine which we depend upon so much and take for granted today, has come to us via Western medicine and has now spread throughout the globe. One major feature of modern medicine is that it regards a patient solely as a patient (or human body), regardless of the social or cultural background, and it has developed universal treatments based on this universal (in some sense, a “one-size-fits-all”) body, an approach which has allowed it to spread as much as it has, and so easily [1].

In this paper, we would like to re-examine this view of the body and the social relationships that modern medicine is based upon, and discuss what kind of communication might be expected of medical professionals. To this end, we will present some examples of treatment procedures using folk (or alternative) medicine, which has often been viewed as being in competition with modern medicine and has been contrasted with it. Regardless of the fact that, although modern (or “conventional”) medicine has become so prevalent, there are still many who continue to practice and depend on folk medicine, and, in this paper, we would like to show places where it has a lot to offer and can contribute to modern medicine.

Healing in folk medicine

In the field of medical anthropology, we find ethnographies describing the modern medical system as a “culture” in terms of cultural relativism. Many researchers had assumed that when modern

medicine was newly introduced to a society where it had not been previously known, this led to a binary choice; either the society would reject it through fear or hostility, or it would push out and replace the “unscientific” traditional (folk) medicine that had been in use [2]. However, we see societies adopting modern medicine while still maintaining other medical systems. In other words, modern medicine is not the only form of medicine being practiced in countries or areas in which it has been introduced.

Folk medicine—unlike modern medicine, which is based on universal concepts of the human body and illness—tends to vary from culture to culture. Because the attitudes toward the body and sickness are closely tied to the value system, symbolism, and worldview of the culture or society in which a particular form of traditional medicine is practiced, these beliefs and attitudes may not always translate readily into other cultures. The way healing practices are conducted in folk medicine can be quite different from those found in modern medicine. Often, not only the sick person and members of their immediate family, but also other relatives, friends, and/or neighbors may assist in, or at least attend, the “healing” or “treatment” performed by the folk healer. (For the purposes of this paper, let us leave aside the question of whether terms such as “healing” or “treatment” are apt here.) With folk medicine, the interaction between “healer” and “patient” is often quite open, with the treatment being performed in front of many attendees, including others who might have similar conditions. In the next section, we will look at two examples of folk healing: one in the Philippines and the other in Japan.

[Example 1: *Gopas* ritual in Kalinga, Philippines]

The Kalinga Province of the Philippines, where the author has been conducting research on and off for quite a number of years, is located in the mountainous region of northern Luzon Island. In the town of Pasil in this province, a ritual called *Gopas* is still practiced to this day. The ritual is conducted by a shaman called a *manggogopas*, with the help of some assistants, and it is chiefly held to heal illness in certain individuals—or their children—who have inherited a guardian spirit called a *Gopas*.

The *Gopas* ritual is a complex process consisting of events and activities with symbolic meaning, and it typically lasts two days. The climactic portion of this rite on the second day is called *battolay*, and it is well known as the most exciting part among the Pasil people. In it, the *manggogopas* (who appeared to be 90 years old at the ritual

that the author attended) chases a participant carrying a gold earring and then faints. After this climax, all attendees share the sacred food prepared for the ritual. The ritual calls for the preparation of many items, such as glutinous rice and sacrificed chickens and pigs to be served during the meal, which means the *Gopas* ritual requires the participation and assistance of many people. Therefore, quite a number of people, including not only the sick person and their immediate family, but also relatives and neighbors, take part in the ritual and support it in various ways, such as preparing and cleaning up the ritual venue, butchering and cooking the sacrificed animals, cooking the glutinous rice, and playing musical instruments during the ritual.

While what the *manggogopas* does for a sick person in the *gopas* ritual can not be directly compared to what healthcare professionals provide their patients in modern healthcare settings, this “public treatment” by the *manggogopas* helps allow the attendees to be aware of the illness the sick person is afflicted by and also of troubles or suffering behind it. In this way, the ritual allows illness to be dealt with in a relatively open manner in Pasil.

[Example 2: *Ito Thermie* remedy in Japan]

“*Ito Thermie Shinyukai*” (roughly translated as “Friends of *Ito Thermie*” Association) is a foundation with approximately 50,000 members from all over Japan. The foundation’s main goal is to educate the public in and promote the use of its original therapy, called *Ito Thermie* [3]. The originator of this science-based therapy, was a medical doctor named Dr. Kin-itsu Ito, who first developed it in 1929 as a family health therapy. The name “*Ito Thermie*” was formed from a combination of Ito (Dr. Ito’s family name) and the Greek word thermie, which means “warmth” [3]. The foundation also provides training programs for those who would like to become qualified practitioners of *Ito Thermie*. There are 186 branches throughout the country, and the branch heads and qualified therapists conduct training workshops and seminars for the members, along with regular meetings and other activities.

Ito Thermie practitioners make use of thermal (and other) stimulation to improve blood circulation, relieve fatigue, and help maintain health in the body. Lit incense sticks called *Thermie-sen*, prepared from a variety of herbal elements with medicinal properties, are inserted into special tubes, or *Thermie-scopes*, and treatment is performed by rubbing and pressing on the body with these tubes.

We can look at activities of one of the branches as a specific example. Branch A in Kyushu, which has about 300 members as of 2024, holds regular meetings/workshops twice a month for the members. During these meetings, instructors/therapists and members perform *Ito Thermie* on each other, and interested non-members who have been invited may also attend. In addition to the twice-a-month regular meetings, the branch also conducts a monthly study group for instructors.

The author was able to attend a regular workshop meeting of this branch once. She observed some members lying down while some of the other members practiced *Ito Thermie* on them. Most of the participants were older women, and some of them were chatting and laughing while exchanging *Thermie* treatments with each other. Other attendees were discussing topics including health problems and *Thermie* techniques.

After this therapy session ended, participants would dress and then have a “potluck party” during which they would chat over tea, snacks, and homemade dishes which they had brought. This kind of small party is a common occurrence at Branch A. They never run out things to talk about, and the topics covered are wide-ranging and not limited to illnesses of the participants themselves or their families and relatives or the effectiveness of *Ito Thermie* therapy. They talk about anything, and conversations include complaints about their spouses, favorite recipes, and the latest news, such as information about brand new stores opening up in the area. According to participants, the *Ito*

Thermie therapy relaxes them and the small potluck party after their workshop is also a pleasant time for them.

The branch head also performs *Thermie* treatments upon request, and is also asked to make house call visits. She has been practicing *Ito Thermie* since she was quite young and is popular with the members and patients not only because of her therapy skills, but also because of her personality. Some of her clients suffer from illnesses causing great pain, such as cancer and rheumatism, and during the therapy sessions, she always takes the time to listen carefully to her patients and to show them empathy. This is her “bedside manner.”

The above two examples of *Gopas* rituals and *Ito Thermie* show us that the act of healing need not be limited to a one-to-one relationship between the healer and the sick person, as is often seen in modern medicine, and that the issues related to the sick person’s illness (regardless of whether they are directly connected with the illness or not) can be open to others who are taking part in, or at least concerned with, that healing process. For the sick person and their family members, illness can entail more than just biochemical or physiological phenomena taking place in the body. For example, the people in Pasil, sometimes understand the cause of sickness as being linked to personal problems of the sick person [4]. Folk medicine treats not only the physical biological disease of the sick person, but also looks at the circumstances leading to and affecting the illness, and this attitude can give healthcare providers some more insight into how to better care for and communicate with their patients.

Some thoughts about better communication in healthcare settings

Sickness is today—and has always been—one of the misfortunes we have to deal with. Although the human body and the physiological and biochemical phenomena associated with it tend to be universal across cultures, the way we perceive the body, causes of sicknesses, and remedies for them can vary greatly from culture to culture.

In recent years, the medical community has been becoming more and more aware of the need to better understand patients and the community they live in, especially in the context of community-based healthcare in Japan. We sometimes run across healthcare providers who value close communication with their patients.

There is a rather unique clinic on one of the islands in the Seto Inland Sea where the author used to live, and the doctor there was her family’s doctor. Whenever they would go to the clinic, the doctor’s mother would be in the waiting room and would greet them before they even got in to see the doctor. For example, when she would take her son in with a cold, the mother would be there in the waiting room, saying things such as: “What seems to be the trouble today, young man?”; “Kids tend to get sick a lot when the weather changes, don’t they?”; or “It must be really tough for you.”

She would treat the other patients (and their families) in the same manner, and she often saw her sitting next to the patients in the waiting room and listening to them attentively. The author has never encountered that with another health provider since then. It is doubtful that she was putting any deep thought into how important her role is in the treatment process.

The medical examination itself by her son, the doctor, was not so different from that seen with other doctors, except that, as the examination was finishing, he would make it a rule to ask his patients, “Is there anything else you are worried about? You can just let me know anytime you have any concerns, okay?” He was always trying to alleviate the patient’s anxieties as much as possible. This clinic provides a good example of positive communication between health providers and their patients.

Miyabara, a social anthropologist, talks about a “mediator” who promotes and facilitates communication between people who come from different cultural, linguistic, and occupational backgrounds. According to his thinking, a mediator is not merely an interpreter

but also a professional who encourages and enables communication between people of diverse backgrounds and from diverse environments—such as medical professionals, patients, people with particular challenges, and the elderly—by translating complex medical explanations into easier-to-understand expressions for the various participants [5].

While some medical facilities in Europe have already begun to employ such mediators, Japan has been rather slow to perceive the need for such professionals, and it is the healthcare providers themselves who have to perform double duty and take on the role of a mediator in addition to their normal duties. In fact, nurses often play a big part in this by explaining to patients what the doctor has just told them or by trying to listen to patients as much as possible to help reduce their anxieties.

As Miyabara points out, at issue is the fact that for modern medicine to achieve its ultimate goal of curing patients, both treatment and communication must work hand in hand with each other. The time constraints found in consultation and treatment are a difficulty that must be overcome.

Although modern medicine has been advancing in leaps and bounds, it still faces limitations. Recently, more and more people in Japan have been expressing interest in traditional Chinese medicine because it tends to tailor treatment to the individual patient's constitution

or lifestyle. People have now come to realize that modern medicine need not be the only medicine to be relied on, and thus, more attention should be paid to the communication between medical practitioners and their patients.

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