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Monasteries and Madhouses: On the Care and Confinement of the Insane in Early Modern and Contemporary East Asian Buddhism

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Abstract: This essay explores the intersections between Buddhism/Buddhist institutions and madness/mental institutions. It begins with a general discussion of the place of madness within the Buddhist tradition by tracking references to madness in a variety of sources. Next, the essay discusses the intriguing history of the institutional connections between Buddhist monasteries and mental institutions in early modern and contemporary Taiwan, China, and Japan. I introduce case studies of sites where modern mental hospitals grew up within the precincts of or adjacent to Buddhist monasteries. What, I ask, is the historical relationship between the older Buddhist monasteries and the new mental hospitals? Have there been institutional connections between the monasteries and the hospitals throughout history? In addressing these questions, we encounter the history of the role played by Buddhist monasteries in the therapy of those beset with mental illnesses. Due to modern changes in the care for the mentally ill—including a move toward mandatory hospitalization—the earlier history of the connections between the Buddhist monasteries and those afflicted with mental illness became hidden.

Keywords: East Asian Buddhism, Monasteries, Mental Hospitals, Community Care, Insanity, Iwakura, Jissōin

In his pathbreaking work on the origins of Islamic hospitals, Michael Dols recounts how charitable institutions that cared for the sick, such as the *xenon* (hospice) or *nosokomeion* (infirmary) in the West and *xenodocheion* (a Syriac word meaning "infirmary" or "hospice") in the East, originated in Byzantine churches in the fourth century.[1] The ninth century Islamic *bīmāristān* or *māristān* (a Persian word meaning "place for the sick")—terms equated with *nosokomeion* and *xenodocheion*—were, Dols suggests, "remarkable in their provisions for the insane" such that "*bīmāristān* gradually came to mean an insane asylum in the later Middle Ages."[2] The earliest such institution was established near a mosque in Cairo in 873 CE. A later traveller described the Nasir'i Hospital in Cairo, which is just one of many possible examples, as having:

> A third [building] that adjoins them [the other two buildings of the hospital] is a large place, having rooms with iron windows; it serves as a place of confinement for the insane. They also have persons who daily examine their condition and give them what is fitting for them. All these matters the sultan oversees, examining and questioning, and demanding the greatest care and attention to them. In [Fustat] there is another hospital of precisely the same model.[3]

In Byzantium, Dols argues, churches and monasteries provided refuge for the mad and were the sites of exorcisms performed for them, but what distinguished the Islamic institutions was how they "replaced Christian supernatural healing with

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1 Dols, "The Origins of the Islamic Hospital: Myth and Reality." On the history of hospitals in Byzantium and their connections to churches, see Miller, *The Birth of the Hospital in the Byzantine Empire*. For a more general treatment of this history, see Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud*. For studies of the insane in ancient times, which do not deal with institutions, see Laes, *Disabilities and the Disabled in the Roman World: A Social and Cultural History*; and Simon, *Mind and Madness in Ancient Greece: The Classical Roots of Modern Psychology*.

2 Dols, "The Origins of the Islamic Hospital," 388. The earliest evidence comes from an institution in Egypt. Following his untimely death in 1989, his scholarship on these topics was brought together posthumously in Dols, *Majnūn: The Madman in Medieval Islamic Society*, with the most relevant information in chapter six.

3 Dols, "Insanity and its Treatment in Islamic Society," 3.

Galen's humoral pathology."[4] In a series of foundational articles, however, Peregrine Horden (who was deeply inspired by the research of Dols) challenges the stark contrast that Dols draws between the Islamic and Byzantine institutions that cared for the insane by amassing evidence about how churches—such as the Church of Saint Anastasia in Constantinople—were akin to "lunatic asylums" that housed and restrained (indeed chained) the insane rather than merely sites for performing exorcisms.[5] Horden's evidence for the ways that churches assisted the insane beyond supernatural therapies is compelling and is one of the catalysts for me to rethink the types of materials I have encountered in reading East Asian Buddhist sources.

Charitable institutions had existed in medieval Islamic and Byzantine cities in Eastern Europe, but one of the first institutions in Western Europe was the Ospedale di Santa Maria Nuova in Florence, Italy. The statutes for the hospital, dating to around 1500, include a description of one significant part of the institution that had been established in 1288 on the site of the religious convent of Sant'Egidio:

> The hospital also has eight rooms with hearths, washbasins, toilets, and other amenities for the sick of higher social class, such as nobles, who have decided to come to us for treatment on account of poverty or a religious vow.... We call another place attached to the hospital the Sapientia, where we care for priests and clerics; a bell hangs there with which they can ring

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4 Dols, "The Origins of the Islamic Hospital," 390; Dols, "Insanity and its Treatment"; and Dols, "Insanity in Byzantine and Islamic Medicine."

5 Horden, "The Late Antique Origins of the Lunatic Asylum"; Horden, "The Christian Hospital in Late Antiquity: Break or Bridge"; Horden, "The Earliest Hospitals in Byzantium, Western Europe, and Islam"; and Horden, "Responses to Possession and Insanity in the Earlier Byzantine World." Horden's work is also a response to the foundational earlier work of Peter Brown on the role of possession (manifesting as a form of insanity) and exorcism by holy figures in Late Antiquity. See Brown, *The Cult of Saints: Its Rise and Function in Latin Christianity*, 106–14; and Brown, *Society and the Holy in Late Antiquity*, 123–26. See also the earlier general survey in Rosen, *Madness in Society: Chapters in the Historical Sociology of Mental Illness*.

> for help. We have set apart another place for those who have lost their minds through illness, where they are kept in chains.[6]

As Katherine Park and John Henderson note, the Santa Maria Nuova was "like its Muslim and Byzantine predecessors… in conception and organization as much a religious as a medical institution, governed by a constitution and regulations that were clearly religious in tone."[7]

The reason I open this essay, which will focus on Buddhism, with an excursion into Late Antiquity and the history of Islamic and Christian hospitals and their connections to churches and monasteries—which merely touches the tip of an enormous iceberg of scholarship—is due to the ways these scholars have shifted the focus away from aetiologies and comparisons with what we know of modern types of mental illness—a fraught task—towards what we can know about institutional histories of sites that housed and cared for the insane.[8] Reading such scholarship, which has revealed some common threads connecting the pre-modern care for the insane to religious institutions—some in pre-colonial, pre-missionary contexts and others connected to the global spread of Christianity under

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6 Park and Henderson, "'The First Hospital Among Christians': The Ospedale di Santa Maria Nuova in Early Sixteenth-Century Florence," 183.

7 Park and Henderson, "'The First Hospital Among Christians'," 169.

8 On institutional histories of asylums, which have tended to focus on much later periods, see, among others, Melling and Forsythe, *Insanity, Institutions and Society*, 1800–1914. A focus on institutions can be understood as part of the field of the social history of insanity, which developed in the 1970s in response to Foucault's *Madness and Civilization: A History of Insanity in the Age of Reason* by scholars like MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England*; Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth Century England*; Porter, "Madness and its Institutions"; and many others who utilized some of Foucault's work while at the same time revised his serious errors and shortcomings in their critical responses. For an interesting recent work on an institution in the New World, see Ramos, *Bedlam in the New World: A Mexican Madhouse in the Age of Enlightenment*, which concerns the Hospital de San Hipólito adjacent to a church in Mexico City. Founded in 1567, it was the first asylum in the New World and was administered by Christian missionary colonialists. An example of work on earlier institutions, though not explicitly on those connected with the insane, is Crislip, *From Monastery to Hospital: Christian Monasticism and the Transformation of Health Care in Late Antiquity*.

colonialism—has inspired my own work as I embarked on this project after encountering some fragmentary evidence in early Buddhist materials as well as some intriguing connections between Buddhist monasteries and modern mental hospitals in East Asia. This essay focuses primarily on institutional history and only discusses traditional therapies (which I will address further in a subsequent publication) insofar as they help to contextualize the practices mentioned at those institutions.

When we turn our gaze to East Asia, we find a particularly noteworthy paucity of scholarship on the institutional history of the care for the insane in the pre-modern period. Recently, however, there has been a marked increase of some excellent publications on the history of Chinese medicine in general, the history of madness, and modern mental institutions, as madness became pathologized as a mental illness which gave rise to new institutional arrangements.[9] Much of the earlier focus on the insane in Chinese history is directed at the shift to criminalization (registration and confinement), especially that which began in the eighteenth to nineteenth centuries in Qing China.[10]

Most of those works dedicate some space to tracing the early history of madness and insanity in the pre-modern period and sometimes include general remarks about how the mad, who could not be cared for by their family or who were prone to violence, may have been housed in religious institutions. Nevertheless, we still

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9 On China, see, Baum, *The Invention of Madness: State, Society, and the Insane in Modern China*, which is an excellent example of such work and has an extended bibliography of other studies; Pearson, "The Development of Psychiatric Services in China: Christianity, Communism, and Community"; Shapiro, "The View from a Chinese Asylum: Defining Madness in 1930s Peking"; and Diamant, "China's 'Great Confinement'? Missionaries, Municipal Elites, and Police in the Establishment of Chinese Mental Hospitals." On Japan, see Kim, *Madness in the Family: Women, Care, and Illness in Japan*; Suzuki, "The State, Family, and the Insane in Japan, 1900–1945"; Omata, "Nihon ni okeru seishibyōin no kigen to sono ruigata (Meiji ishin yizen)"; and Burns, "Reinvented Places: 'Tradition', 'Family Care' and Psychiatric Institutions in Japan." On Korea, see Yoo, *It's Madness: The Politics of Mental Health in Colonial Korea*. On Vietnam, see Eddington, *Beyond the Asylum: Mental Illness in French Colonial Vietnam*. On Cambodia, see Au, *Mixed Medicines: Health and Culture in French Cambodia*.

10 Ng, *Madness in Late Imperial China: From Illness to Deviance*; and Simonis, "Mad Acts, Mad Speech, and Mad People in Late Imperial Chinese Law and Medicine."

lack systematic research exploring the pre-modern history of the connections between religious institutions and the care for the insane. Is that lack of scholarship because Buddhist institutions played no significant role? Is there, in other words, a history of the confluence of religion and care for the insane that remains to be written? Given the state of the field and lack of previous scholarship in this area, my conclusions must remain tentative. The material for the Japan case is more abundant than that for the cases in China and Taiwan, but there is some inconclusive and fragmentary—though suggestive—material from China and Taiwan that should inspire us to engage in a more thorough research project than I can provide in this brief essay.

Buddhism and Bedlam

Contemporary scholars across all the subfields within Buddhist studies have been increasingly paying attention to the relationship between Buddhism and medicine, as an ever-increasing body of literature on the subject attests. The prominent increase in scholarship on Buddhism and medicine in East Asia not only has added greatly to our knowledge of the connections between Buddhism and healing, but has also left us with blind spots concerning its institutional contexts.[11] This recent interest in the confluence between Buddhism and medicine is the most recent iteration of the way that the topic has come into and out of studies of Buddhism over the past approximately one hundred years. Yet, despite the many comprehensive surveys of Buddhist medical literature across Asia and the innumerable modern studies about the positive outcomes of meditation and mindfulness practice, there remains a surprising absence of studies on Buddhism

[11] Following Paul Demiéville's foundational work, *Buddhism and Healing: Demiéville's Article "Byō" from Hōbōgirin*, the most prolific scholarship has been published by Salguero in a number of volumes, including *A Global History of Buddhism and Medicine; Buddhism and Medicine: An Anthology of Premodern Sources*; and Salguero and Macomber, eds., *Buddhist Healing in Medieval China and Japan*. One important work that addresses the institutional history of Buddhism and medicine is Despeux, "Institutions médicales et thérapeutes à Dunhuang et à Turfan."

and its relationship to problematic states of mind and madness in East Asia in particular.[12] The absence of studies regarding Buddhism and mental illness mirrors a general dearth of studies on madness in pre-modern China and Japan.[13] The absence of historical and scientific studies is also disproportionate with the dramatic increase in the number of psychotherapists, counsellors, and mental health workers who have experimented with various forms of what has been called Buddhist psychotherapy.[14] The inspiration for these developments might best be understood as part of a general increase in interest in Buddhism in the West, and public and scientific interest in the relationship between neuroscience and Buddhism (e.g., the Mind and Life Institute, etc.). These developments have continued apace despite what can only be described as a shocking lack of information and scientific research on the relationship of Buddhist doctrinal teachings—including historical concepts of Buddhist psychology and practices—and their possible application to therapies within psychology and/or to psychiatric disorders. The effects have been profound and Buddhist psychology has been applied to many different areas, including psychotherapy and mental disorders, and self-help therapies. Not only is there a woefully inadequate scientific evidence

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12 Demiéville, *Buddhism and Healing*; Zysk, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery*; Birnbaum, *The Healing Buddha*; Unschuld, *Medicine in China: A History of Ideas*; Salguero, "The Buddhist Medicine King in Literary Context: Reconsidering an Early Medieval Example of Indian Influence on Chinese Medicine and Surgery"; Gyatso, "The Authority of Empiricism and the Empiricism of Authority: Tibetan Medicine and Religion on the Eve of Modernity"; Schaeffer, "Textual Scholarship, Medical Tradition, and Mahayana Buddhist Ideals in Tibet"; and Michihata, "Shippei to sono chiryōhō."

13 There are, however, some significant studies of mental illness in contemporary China, Taiwan, and Japan. For China and Taiwan see (among others) Baum, *The Invention of Madness*; Kleinman and Lin, eds., *Normal and Abnormal Behavior in Chinese Culture*; Kleinman, *Patients and Healers in the Context of Culture*; Tseng, "Traditional and Modern Psychiatric Care in Taiwan"; and Wen, "The Hall of Dragon Metamorphoses: A Unique, Indigenous Asylum for Chronic Mental Patients in Taiwan," that have clarified the close connections between psychiatric care and traditional healing therapies that include the role of shamans, divination, and herbal treatments. For historical studies of the status of madness in Late Imperial China, see Simonis, "Mad Acts, Mad Speech, and Mad People."

14 A representative study of this type is Kelly, "Buddhist Psychology, Psychotherapy and the Brain: A Critical Introduction."

base for the positive claims made about these practices, but the claims forwarded about Buddhist psychology or psychotherapies and their place within the tradition are also based on an equally thin body of research.

Despite the lack of studies on the place of madness within Buddhism, there is some intriguing material that suggests that there is much more to this story that awaits to be told. In discussions of representations of the Buddha as a physician, one often sees the following passage from the *Aṅguttara Nikāya*:

> Bhikkhus, there are these two kinds of illness. Which two? Bodily illness and mental illness. People are found who can claim to enjoy bodily health for one, two, three, four, and five years; for ten, twenty, thirty, forty, and fifty years; and even for a hundred years and more. But apart from those whose taints have been destroyed, it is hard to find people in the world who can claim to enjoy mental health even for a moment.[15]

From this perspective, then, we are told that all of us suffer from varying degrees of mental illness, and that the Buddhist tradition focuses on curing us by ridding us of defilements. This is not just a pre-modern perspective. Note, for instance, the following description by a modern psychotherapist explaining Zen practice as a therapy: "I shall expand the notion of the neurotic to include everyone, and the notion of therapy to include an enlightenment experience."[16] Throughout the history of the Buddhist tradition in East Asia, one finds many records of monks who specialized in therapeutic practices aimed at dealing with people beset with demonic afflictions or possession.

I will begin with a discussion of the place of madness within Buddhism by tracking references to madness in a variety of sources, from doctrinal texts to law codes. The essay then shifts to detail the history of the institutional connections between Buddhist monasteries and mental institutions in East Asia. As part of the second part of this discussion, I will introduce a few examples of sites where modern mental hospitals grew up within the precincts of or adjacent to Buddhist

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15 Bikkhu Bodhi, trans., *The Numerical Discourses of the Buddha: A Translation of the Aṅguttara Nikāya*, 522.

16 Reynolds, *The Quiet Therapies: Japanese Pathways to Personal Growth*, 100.

monasteries. Due to modern changes in the care for the insane—such as mandatory hospitalization as a means to address violent acts—the earlier connections between Buddhist monasteries and the insane were occluded. What has been the relationship between Buddhist monasteries and mental hospitals? The primary goal of this essay is to recover some of that history and show the role of Buddhist temples in providing therapies, magical cures, and day-to-day care for the insane in China, Taiwan, and Japan.

Near the beginning of his *Madness and Civilization*, Michel Foucault explicitly addresses the possible connections between religion and madness. In the process of laying out his ambitious thesis about the gradual separation of reason from unreason—the sane from the insane—and the increasing confinement of the latter, he also speculates that the so-called ships of fools may have been pilgrimage boats en route to the shrines of Saint-Mathurin de Larchant, Saint-Hildevert de Gournay, Besançon, and Geel, which were filled with madmen in search of a cure and reason. Foucault goes on to wonder if these places, which he refers to as places of "counterpilgrimage," have

> become confused with the places where, on the contrary, the insane were taken as pilgrims. Interest in cure and in exclusion coincide: madmen were confined in the holy locus of a miracle. It is possible that the village of Gheel developed in this manner—a shrine that became a ward, a holy land where madness hoped for deliverance, but where man enacted, according to old themes, a sort of ritual division.[17]

Some historians of European madness and mental institutions have expressed significant misgivings with Foucault's method—particularly the lack of attention to different time periods and cultural contexts—the larger project of which it was a part, and his historical claims—such as his theory of actual ships of fools, which has been debunked by others. But one need not buy into his totalizing project to appreciate his insight into the possible connection between religious sites and

[17] Foucault, *Madness and Civilization*, 9–10.

madness.[18] Were Foucault alive today, he would no doubt have found it rather intriguing—particularly given his enduring interest in Japanese Buddhist monasticism—that during the nineteenth century, the Iwakura 岩倉 section of Kyoto—with its numerous mental hospitals—was explicitly identified as the "Gheel of Japan."[19] His interest might have deepened even further where he to learn that, throughout Japanese history, the area of the mental hospitals had included two significant Buddhist temples with long histories of association with those considered to be plagued by mental illness. Was this Japanese place of "counterpilgrimage" precisely the kind of place where people went with hopes for deliverance? Were the violent ritual divisions between reason and unreason enacted here as in Europe? We will have to defer an answer to these precise questions until later in this essay and, before arriving at that rich and well-documented site, I need to set the stage by beginning with a more general discussion that interrogates the place of madness within Buddhism generally and provides an account, drawn in very broad strokes, of discernible developments from India to Japan.

Trouble in Mind: Buddhism and Madness

Paul Demiéville—echoing claims within some Buddhist sources—once noted that "all of Buddhism is therapeutic" and that "the Buddha was a great healer" (Skt. *mahāvaidya*).[20] In relation to the more narrowly delineated topic under discussion here, it is the cultivation of wisdom within the Buddhist tradition that is perceived to be able to overcome mental suffering. We see, for instance, in *Prajñāpāramitā* literature and in the *Gaṇḍavyūhasūtra* that the cultivation of wisdom is able to surmount the mental illnesses that are understood as being caused by an excess of

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18 For an effective summary of the main critiques, see Porter, *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency*.

19 See, for instance, Kumasaka, "Iwakura: Early Community Care of the Mentally Ill in Japan"; and Nakamura, "Seishin iryō no nagare to rakuhoku iwakura: Dainiji sekai taisen go."

20 Demiéville, *Buddhism and Healing*, 21.

emotions like greed, ill will, wrong views, and pride. Despite these general claims, and the fact that Buddhist texts are filled with precise theories regarding the aetiology and treatment of physical illnesses, mental ailments tend to be a subject that remains under theorized and less clearly articulated.[21] A comprehensive study of the status of mental illness within Buddhism is beyond the scope of this essay, but we can arrive at some preliminary observations based on a rather brief survey of the evidence.[22] While it may be true that we are all suffering from varying degrees of madness, with each of us located on a sliding scale of severity, other evidence suggests that a difference of kind came to be eventually posited in Buddhist discussions of madness. In this essay I am less interested in the former general issue, which would necessarily lead us into the totality of the Buddhist philosophical and epistemological teachings (a topic worthy of further research), and more interested in locating at what point a separate category formed for the mad/insane. That is to say, when did the mentally ill become separated off as a distinct category that was not due to there being a difference of degree, and when did it get established as the product of a perceived difference of kind?

Medical knowledge has clearly been an integral part of both Buddhist doctrine and monastic discipline since the early days of its foundation. Some Buddhist monasteries provided an institutional setting for medicating the ill and they also seemed to have maintained connections with other sites outside of monasteries.[23] Treatment of the afflicted was based on both empirical analysis and an assessment of possible karmic factors.[24] Although not rising to the level of a fully articulated discourse, there are some tantalising glimpses of the ways that Buddhism addresses particular ailments that could be classified as related to madness or insanity.

At this point in the study, we might want to embark on a mad search to find specific references to madness in Buddhist texts, but that is not possible here. We can note, however, that there are explicit statements regarding the insane or mad

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21 Zysk, *Asceticism and Healing*, 6.

22 For one attempt, see Collins, "Madness and Possession in Pāli Texts."

23 Zysk, *Asceticism and Healing*, 44–46.

24 See Zysk, *Asceticism and Healing*, 30ff; Birnbaum, *The Healing Buddha*, 9ff; Demiéville, *Buddhism and Healing*; and Sen, "Two Medical Texts in Chinese Translation."

(referred to by the Sanskrit term *unmāda*) in pre-Buddhist and Buddhist texts in India.[25] The term *unmāda* appears to acknowledge a psychotic state that is qualitatively different from the sliding scale of normal weaknesses of mind, which are instead referred to by the term *pramāda*.[26]

With the rise of the Mahāyāna tradition, the pantheon of Buddhas and bodhisattvas that could be appealed to for cures grew. Among that new pantheon, it was naturally Bhaiṣajyaguru who became the main figure associated with healing. Yet, as Leonard Zwilling reminds us, Bhaiṣajyaguru's curative powers "are not limited to physical illness, since the Buddhist conception of illness embraces spiritual and emotional afflictions as well as corporeal."[27] A Chinese text referred to as the *Foshuo guan yaowang yaoshang er pusa jing* 佛說觀藥王藥上二菩薩經 [The Sūtra Spoken by the Buddha of the Two Bodhisattvas Bhaiṣajyarāja and Bhaiṣajyasamudgata], which is dedicated to the healing powers of Bhaiṣajyarāja and Bhaiṣajyasamudgata, seems particularly geared to addressing afflictions of the mind (Skt. *kleśa*).[28]

Madness is usually thought to get in the way of liberation from suffering. In the *Lotus Sūtra* for example, there is the well-known parable regarding a father's insane sons and their refusal to take the medicine which can cure them from suffering. In this passage, those who are sane see the Buddha's medicine as efficacious and take it, while the insane do not. That passage reads:

> The others, who had lost their sanity, though when they saw their father coming they, too, inquired after him joyfully and sought a cure for their sickness, yet, when given the medicine, still would not take it. What is the reason? It is that through the deep entry of the poisonous vapor they had lost their sanity.[29]

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25 This material has been well studied by Weiss, "An Account of Unmāda According to Non-Medical Sanskrit Sources." On *unmāda* in Ayurveda, see Wujastyk, *Well-Mannered Medicine: Medical Ethics and Etiquette in Classical Ayurveda*, especially 137ff.

26 Weiss, "An Account of Unmāda," 305.

27 Zwilling, "On Bhaiṣajyaguru and His Cult."

28 *Foshuo guan yaowang*, T 1161.

29 Hurvitz, *Scripture of the Lotus Blossom of the Fine Dharma (The Lotus Sutra)*, 222–23.

So here we see that mental illness is due to the penetration of some form of poisonous vapour and that it is the malady itself that impedes the person from finding release. This notion of a poisonous vapour penetrating the body will return as a theme in the Chinese materials.

It is pertinent to also mention the story of the Buddhist nun Paṭācārā who, after suffering the loss of her husband, the tragic death of her two young children, and the death of her parents, goes mad. As John Strong notes in his brief discussion of this story, when she met the Buddha, he offered her insight into the nature of suffering, but also recommended an alternative life in the saṅgha.[30] Here we see the image of the Buddhist monastery and its community serving as a refuge to the nun who had gone mad in the face of tragedy and how the Buddha tended to the root cause of her problems by addressing the mental side (which was based on misunderstanding) and also offered the monastic life as a kind of therapy for her. Later we will also encounter the case of a young Japanese woman who becomes a nun as a response to the onset of madness.

The primary area where we find an elaborate discourse on insanity/madness is in Indian legal codes. In the *Dharmasūtra*s, which are difficult to date with any certainty, we find a legal category for the insane or mad.[31] The main issues discussed in the passages dealing with the insane tend to be about their maintenance and the bequest of property and other inheritances.

There are also references to mad or insane monks in the Vinaya and *Vibhaṅga* (commentaries on the rules). There is, for instance, an explication of a verdict of "past insanity" given to the monk Gagga that survives in the *Cullavagga*.

> Now at that time the monk Gagga was mad, out of his mind, and while he was mad, out of his mind, he perpetrated much and spoke in a way that was not worthy of a recluse. Monks reproved the monk Gagga because of offenses done (by him) while he was mad, out of his mind, saying: "Does the venerable one remember having fallen into an offence like this?" He spoke thus: "I, your reverences, was mad, out of my mind; while I was out of my

[30] Strong, *The Buddha: A Short Biography*, 99.

[31] Olivelle, *Dharmasūtras: The Law Codes of Ancient India*, 57, 126, 159, 175, 273 (on feigned madness), 295, 301.

> mind, much was perpetrated and spoken by me that was not worthy of a recluse. I do not remember that. That was done by me while I was insane."[32]

After relating this account to the Buddha, the Buddha rebuked the monks and gave Gagga a verdict of "past insanity," based on the fact that at the time of the offence the monk was insane, and he did not remember his actions. In the Vinaya *Vibhaṅgas*, it is repeatedly stated that if a person is insane (or possessed by spirits), there is no infraction if he breaks a *pratimokṣa* rule. The commentaries on these texts define the insane as anyone "who goes about in an unseemly way, with deranged perceptions, having cast away all sense of shame and compunction, not knowing whether he has transgressed major or minor training rules."[33]

Our sources constrain us from saying much more here about the details of the presence and ways that the insane were dealt with within Buddhist monasteries in South and Southeast Asia. I hope, however, that this essay will serve as a prompt for further consideration of this topic by specialists in the history (and ethnography) of South and Southeast Asian Buddhism.

The literature opens dramatically, both in terms of primary sources and secondary scholarship, when we turn to the possible connections between insanity and spirit possession, spirit mediumship, and the topic of holy fools. Thanks to a rich body of studies (which continues to grow at a rapid pace) on the relationship between insanity and spirit possession, exorcism, holy fools, and the feigned madness of religious saints, we can probably get by here with a mere summary of that extensive body of scholarship. The connections between madness and spirit possession and holy fools were made long ago and have continued up to the present day. The history of the scholarly treatment of these topics reveals two opposite trajectories that we might refer to as the "negative" and "positive" valuations of madness within religious history.

Negative valuations of madness, which are found across cultures from South to East Asia, are often due to the presence of an aetiology that focuses on the role of

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[32] Horner, trans., *The Book of Discipline*, Volume V (Cullavagga), 105–6.

[33] Ṭhānissaro Bikkhu, trans., *The Buddhist Monastic Code I: The Pāṭimokkha Rules*, 47, see also 548, 584–85.

demonic attacks by malevolent spirits and spirit possession. In addition to a rich and contentious body of anthropological literature on debates about these connections, there is a voluminous body of scholarship on these topics in the cultures of South Asia, Southeast Asia, and East Asia by Bruce Kapferer, Richard Gombrich and Gananath Obeyesekere, Stanley J. Tambiah, and Melford E. Spiro (among others).[34] Since those topics have received so much attention, suffice it here to merely cite a single representative example. In Stanley J. Tambiah's study of the spirit cults of northern Thailand, he notes how malevolent spirit attacks are usually directed at women, that the symptoms of the affliction include loud crying or loud laughter, and "the villagers describe the affliction as a mental disturbance."[35]

We encounter an equally voluminous body of scholarship on the intersection between the diagnosis of insanity and demonic spirit possession in East Asian sources. To go somewhat deeper into an explanation of the history of insanity in China, it is necessary to situate that discussion in the context of a larger body of texts and scholarship on Chinese medicine more generally. There is now a rather large body of scholarship on both the pre-modern and modern status of insanity in China and Taiwan. Much of that ground-breaking work was pioneered in seminal essays and books by anthropologists.[36] I will not presume to add anything to the medical or clinical aspects of that work but hope to contribute to this research by discussing the ways that religious aspects might be integrated into the overall developing picture.

Without going too deeply into the different aetiologies of insanity within Chinese medicine generally, it appears from the earliest available sources that insanity was situated within supernatural and naturalistic medical theories. I do

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[34] See, for instance, Lewis, "Possession and Psychiatry"; Kapferer, *The Feast of the Sorcerer: Practices of Consciousness and Power*; Gombrich and Obeyesekere, *Buddhism Transformed: Religious Change in Sri Lanka*; Tambiah, *Buddhism and the Spirit Cults in North-East Thailand*; and Spiro, *Burmese Supernaturalism: A Study in the Explanation and Reduction of Suffering*.

[35] Tambiah, *Buddhism and the Spirit Cults*, 321. There is also a growing body, too expansive to review here, of scholarship and ethnographic accounts of contemporary forms of spirit possession in different regions in South Asia.

[36] Kleinman and Lin, eds., *Normal and Abnormal Behavior*; and Kleinman, *Patients and Healers*. See also Ng, *Madness in Late Imperial China*.

not have the space here to track the history all the way back to its initial formulations, but that history is already well known and often repeated. Biological and psychological illnesses were not considered to constitute two separate domains but were a single complex unity. Chen Hsiu-fen has discussed a Dunhuang manuscript concerning wind maladies and the connection to madness, which reveals the entwining natures of psychic and somatic disturbances.[37] The *Zhibing yaoming wenshu* 治病藥名文書 [Text Containing Pharmaceutical Nomenclature, S. 1467], dated to 649 at the latest, includes eighteen recipes for curing wind maladies. Most of the recipes are directed at physical ailments in the head due to wind (think back to the noxious vapours discussed in the *Lotus Sūtra*). In ancient China, as Chen has noted, *feng* 風 (wind) is associated with "change," "movement," and "alteration." Eventually, as Shigehisa Kuriyama has also pointed out, the different characteristics of wind served to determine the kind of illness that it could cause and "because they arose unexpectedly, spontaneously, irregularly, and because they made harsh, abrupt shifts, winds became associated especially with the most dramatic, sudden afflictions—with strokes, epilepsy, madness."[38] An official medical nosology compiled in the seventh century by Chao Yuanfang 巢元方 (550–630) entitled *Zhubing yuanhou lun* 諸病源候論 [Treatise on the Origins and Symptoms of Medical Disorders] establishes a clear connection between wind and madness with the use of terms like *fengdian* 風癲 and *fengkuang* 風狂 (wind madness).[39] In this genre of medical literature, however, madness is considered to be something that can be treated with particular drugs or other therapies.[40] Although certain wind maladies seem to be confined to the head, the *Zhibing yaoming wenshu* also makes it clear that wind is associated with emotional disturbances and imbalances of *qi* 氣 (energy or life force). Chen has concluded from a close analysis of the Dunhuang manuscript that "wind attack to the body

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37 Chen, "Wind Malady as Madness in Medieval China: Some Threads from the Dunhuang Medical Manuscripts."

38 Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*, 258. For further discussion of "wind," see his discussion in chapter 6.

39 Chao, *Zhubing yuanhou lun*.

40 These drug recipes are discussed in Chen, "Wind Malady," 349–52.

could result in the state of madness including both emotional disturbance and somatic affliction. This explains why *feng* 瘋, a word etymologically derived from *feng* 風 (Wind) and originally referred to 'Wind in the head,' became used to refer to insanity in the broad sense in the late imperial period."[41] The connection between wind and insanity is already apparent in *Huangdi neijing* 黃帝內徑 [The Classic Inner Canon of the Yellow Emperor], which may date to the Former Han 前漢 (206 BCE–9 CE), where we read "it is the winds and the weather (the eight winds) that cause chills and fevers.... Oppressive airs cause madness (*dian* 癲)."[42] *Kuang* 狂, which is a more excited state, is described as being due to an excess of yang, and *dian*, which is a more depressed state, as being due to an excess of yin. During the twelfth–thirteenth centuries, the wind aetiology of madness was replaced by an excess of phlegm-fire as the cause of madness.[43] Be that as it may, all the terms mentioned above, along with cognate terms like *fengkuang, kuangwang* 狂妄 (wildly deranged), and *fengbing* 瘋病 (madness), are precisely the ones that also turn up frequently in Buddhist materials.[44]

While it may be true, as Keh-Ming Lin has argued, that in traditional forms of Chinese medicine "no separate attention was paid to mental illness, especially to minor ones; instead they were fully integrated with other physiological problems, and treated in the same way," mental illness is also treated as an affliction caused by demons that requires a different form of treatment.[45] It is important to clarify here, however, that demonological treatments—of insanity or other maladies—were an integral part of traditional Chinese medical therapeutics and, up until the Qing dynasty, the art of spells—used to fight demonic attacks—"constituted one of the official medical specialties at the imperial court and in the academies."[46]

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41 Chen, "Wind Malady," 357.

42 Veith, *The Yellow Emperor's Classic on Internal Medicine*, 165.

43 Chen, "Premodern Madness."

44 The association between "wind" and mental illness is also found in Tibetan Buddhism where some crazy monks are described as "having wind."

45 Lin, "Traditional Chinese Medical Beliefs and Their Relevance for Mental Illness and Psychiatry," 103.

46 Unschuld, *Medicine in China*, 217. See also Fang, "La tradition sacrée de la médecine chinoise ancienne: Étude sur le *Livres des exorcismes* du Sun Simiao (581–682)."

Supernatural theories related to demonic possession were clearly in place by the time of Ge Hong 葛洪 (284+–363+) and have remained an important aspect of Chinese religious culture to the present day. As the writings of Edward L. Davis, Michel Strickmann, Richard von Glahn, Paul R. Katz, and others have demonstrated, madness (characterized by a variety of abnormal behaviours) could be caused by demonic possession and a variety of therapeutics—including exorcistic rituals, usually carried out in temples or shrines—developed to respond to those attacks.[47]

In Buddhist sources, however, it is usually a buddha or bodhisattva who comes to the aid of the afflicted. As Paul Demiéville has already noted: "the bodhisattva is not a physician in a merely spiritual or metaphorical sense. Certainly, he has a vow to heal sentient beings from mental illnesses as well."[48] Bhaiṣajyaguru, as noted earlier, was also effective at aiding those beset with madness. The *Da zhidu lun* 大智度論 [Commentary on the Great Perfection of Wisdom], for instance, contains the following passage:

> Bhaiṣajyaguru heals all illnesses. If a patient with a demonic madness takes a knife and curses, not knowing what is good or shameful, the physician knows it is a demonic ailment, but heals the patient without any anger or hate. If the bodhisattva is angrily insulted by a sentient being, he knows that their rage and hate was caused by afflictions of madness and he uses *upāya* to cure them without disapproval.
>
> 藥師療治眾病, 若鬼狂病，拔刀罵詈，不識好醜，醫知鬼病，但為治之而不瞋恚; 菩薩若為眾生瞋惱罵詈，知其為瞋恚者煩惱所病，狂心所使，方便治之，無所嫌責.[49]

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47 Davis, *Society and the Supernatural in Song China*; Strickmann, *Chinese Magical Medicine*; von Glahn, *The Sinister Way: The Divine and the Demonic in Chinese Religious Culture*; and Katz, *Divine Justice: Religion and the Development of Chinese Legal Culture.*

48 Demiéville, *Buddhism and Healing*, 44.

49 *Da zhidu lun,* T 1509.25.167c–8a. This and subsequent translations are by the author, unless otherwise noted.

The Tang-dynasty *Yaoshi liuliguang qifo benyuan gongde jing* 藥師琉璃光七佛本願功德經 [Sūtra on the Original Merit of the Medicine Master of Lapis Lazuli Radiance and Seven Buddhas] also includes a section that pertains to curing those with delirium.

> Second Great Vow: I vow that when I attain awakening in a future age, if there are sentient beings who are blind, deaf, mute, leprous, mad, or who are distressed by any disease—and if [such beings] are able to sincerely call out my name, due to my spiritual force they will be fully endowed with perfect sense faculties, they will be rid of all diseases, and they will attain awakening.
>
> 第二大願. 願我來世得菩提時. 若有眾生. 盲聾瘖啞白癩瘨狂眾病所困.若能至心稱我名者. 由是力故. 諸根具足眾病消滅. 乃至菩提.[50]

In addition to canonical accounts describing the healing potential of Bhaiṣajyaguru, there is also evidence of a more diffused level of battle with the demons that afflict one with madness. The *Xukong zang pusa wen qifo tuoluoni zhou jing* 虛空藏菩薩問七佛陀羅尼咒經 [Dharani Sūtra of the Bodhisattva Ākāśagarbha's Questions to the Seven Buddhas], contains a passage where the Buddha deplores a case of demonic possession of two monks: "Lost in the heart of the forest, the two bhikṣus (*biqiu* 比丘) manifest all the signs of delirium: one screams obscenities, while the other, half naked and with arms held up to the heavens, mutters strange noises."[51] Later Dunhuang manuscripts also contain examples of texts that provide ways—through the use of talismans, amulets, and other spells—to ward off attacks by evil spirits.[52] There is also one surviving Tibetan Dunhuang manuscript, for example, that includes a section on a ritual pūjā that is specifically aimed at curing mental

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50 *Yaoshi liuliguang qifo*, T 451.14.409b.27–9. See the alternative translation in Birnbaum, *The Healing Buddha*, 176.

51 T 1333. See Mollier, *Buddhism and Taoism Face to Face: Scripture, Ritual, and Iconographic Exchange in Medieval China*, 62.

52 Demiéville, *Buddhism and Healing*, 81–82; Mollier, *Buddhism and Taoism*.

illness.[53] A seventh-century inscription from the Longmen 龍門 caves, which include around one hundred and fifty recipes for various diseases, includes one recipe that "treats rapid crazy speech in the language of ghosts" and says that one should "pierce with a needle two fen below the large toenail, then it will stop" (療卒狂言鬼語方: 針刺足大拇趾甲下二分, 即止).[54]

While we have limited examples of the ways that insanity is dealt with in Buddhist canonical sources, it is far more common to find references to mad monks in Buddhist texts. Indeed, it appears from reading historical sources that Buddhist monasteries in East Asia were veritably filled with mad monks that are referred to with various terms such as *kuangseng* 狂僧 (mad monk), *fengseng* 風僧 or 瘋僧 (mad monk), and *dianseng* 癲僧 (insane monk). Although I will be unable to fully address this rich topic on the relationship between tricksters, holy fools, and madness or feigned madness (*yangkuang* 佯狂)—which is usually undergirded by the claim of insanity as the only sane response to an insane world—this is less urgent since there is an extensive body of research to which the reader can be referred.[55] If we were to throw our net as widely as possible in the discussion of the intersection of

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[53] On the Tibetan ritual for curing mental illness, see Dalton and van Schaik's notes on Dunhuang manuscript IOL Tib J 401: "The cure is a fire puja that is supposed to be able to cure insanity. This text is written upside-down and runs backwards from folios 4v to 2v. The text contains three rituals (cho ga); which seem to be parts of a single practice. The first ritual is a treatment for insanity based around a fire offering which begins with the throwing of various kinds of metal filings on the fire." For the text and the notes, see Dalton and van Schaik, *Catalogue of the Tibetan Tantric Manuscripts from Dunhuang in the Stein Collec*tion.

[54] Translation from Zhang, Wang, and Stanley-Baker, "Clinical Medicine Texts: The Earliest Stone Medical Inscription," 374.

[55] See Faure, *The Rhetoric of Immediacy: A Cultural Critique of Chan/Zen Buddhism*, which reviews much of the literature on the subject. See also, Strickmann, "Saintly Fools and Chinese Masters (Holy Fools)"; Shahar, *Crazy Ji: Chinese Religion and Popular Literature*; and Schipper, "The Divine Jester." On Tibetan cases, see Dowman and Paljor, trans., *The Divine Madman: The Sublime Life and Songs of Drukpa Kunley*; for Korea, see, "Wonhyo, the Unbridled Monk," in Ha, trans., *Samguk yusa: Legends and History of the Three Kingdoms of Ancient Korea*, 305–8. All of this information on mad monks or monks feigning madness should be brought into dialogue with the work of de Certeau, especially "The Monastery and the Public Square," 32, on a nun who simulated madness and also with Foucault's chapter entitled "Stultifera Navis" in his *Madness and Civilization*, 3–37.

religion and mental illness in China, then we would also have to consider the role of "madness" in art and literature—especially the thirteenth-century redemption plays that include plots of madness and feigned madness on stage (which has interesting connections with Japanese *Nō* plays where Buddhism and madness also come together).[56] I would now like to shift from these more general historical concerns to the consideration of Buddhist institutional histories to assess what role they may have played in housing the insane, and if and how they may have tended to them by providing care.

From Monasteries to Mental Institutions in China: An Institutional History

The historical evidence for Buddhist monks' role in housing and caring for the insane is fragmentary and difficult to describe with much certainty at this point. That being said, we have already cited some cases of Buddhist texts that describe certain therapies for monastics and laity who went insane, even if the exact institutions are not mentioned. Based on the available evidence, it seems that Buddhist monastic institutions were used for both therapeutic and custodial care, even if the main location of care remained within the family.

Michihata Ryōshū 道端良秀 (1903–?) has gathered the most comprehensive evidence for the existence of Buddhist charitable institutions in pre-modern China.[57] In 717, for example, a government official named Song Jing 宋璟 (663–737) counselled the Tang emperor Xuanzong 玄宗 (r. 712–756) that Buddhist monasteries should not set up quarters for *beitian yangbing fang* 悲田養病坊 (hereafter, Fields of Compassion for Nursing the Sick).[58] Such institutions, as opposed to *jingtian* 敬田 (Fields of Reverence) that were directed only to the saṅgha, were first established in the sixth century (or perhaps earlier). But they were only found in the private temples and monasteries of kings, since up to that point the

[56] Idema, "Madness on the Yuan Stage."

[57] Michihata, *Tōdai Bukkyōshi no kenkyū*, 381–440; Michihata, "Shippei to sono chiryōhō."

[58] Michihata, *Tōdai Bukkyōshi no kenkyū*, 391.

Chinese saṅgha was regulated by pre-Mahāyāna Vinaya regulations which did not allow monks to care for the infirm. As we have noted above, however, with the development of the Mahāyāna tradition, the care for the poor and the sick became authorized, encouraged, and widely practiced in Buddhist charitable activities. Such Buddhist institutions became particularly widespread under the reign of Empress Wu Zetian 武則天 (r. 690–705) in the early eighth century. It is unclear why Buddhist monasteries began to establish such institutions in their monasteries, but it is likely related to doctrinal notions of compassion and may also be related to monasteries showing that they were putting their excessive wealth to good use by wanting to support public institutions for the destitute, infirm, and insane.[59] A "Field of Compassion" was also said to be established early on in Japan by Prince Shōtoku 聖徳太子 (574–622) at the Shitennōji Temple 四天王寺, where it also served as a hospital. The histories of the "Fields of Compassion" are no doubt of interest to the history of charitable institutions (perhaps even hospitals), but it is difficult for us to say much more here since Buddhist texts use the terms "sick" (*bing* 病) and "healing" (*zhibing* 治病, *zhiliao* 治療) in overly general ways, such that it is not entirely clear if they extend to the insane. In Michihata's broad survey, however, he suggests that the term applies to both mental (*seishin teki* 精神的) and physical (*nikutai teki* 肉体的) aspects of the person.[60] It is also the "Fields of Compassion for Nursing the Sick" that are celebrated by some Chinese scholars as the first officially documented sites for the "management of the mentally ill in China," dating back to the Tang dynasty 唐朝 (618–907).[61] Scattered historical sources provide precise references to some specific monasteries that had such institutions, so it is hoped that further study will clarify this question.

Given what is to come in the next section on the historical connections between Japanese Buddhist monastic institutions and contemporary mental institutions, what particularly interests me are the references to Buddhist monasteries that are

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59 On this type of motivation in Christianity, see Brown, *Poverty and Leadership in the Later Roman Empire*, 32–33.

60 Michihata, *Tōdai Bukkyōshi no kenkyū*, 403.

61 Liu, Hong, et al., "Mental Health System in China: History, Recent Service Reform and Future Challenges."

connected to modern mental hospitals in China. I can only discuss a few here. The first case is the Hong wanzi hui 紅卍字會 (Red Swastika Society) that was founded in 1922, which became a leading charity organization that "ran disaster relief operations as well as schools and war hospitals, in which Chinese medicine as well as talismans and spirit-writing cures were provided."[62] In 1939, they donated their hospital in Shanghai, which then became the mental hospital known as the Shenjingxibing zhiliao yuan 神經系病治療院 (Therapeutic Institute for Nervous Diseases).[63]

The second case is the Cilong si 慈隆寺 (also known as the Gaogong an 高公庵) in Beijing, which was lavishly patronized by Xianghuangqi 鑲黃旗 (Manchu Bordered Yellow Bannermen).[64] After the temple's fortunes declined, it was converted into an institution called the Fengren shouyang suo 瘋人收養所 (Insane Asylum) at the end of the Republican Period 中華民國 (1912–1949). Then in the 1950s, it became the Beijing Anding yuan 安定醫院 (Beijing Anding Hospital), a mental hospital, where some of the former monastic buildings served as residential dormitories for the patients.

The third case is the Youqi si 幽栖寺, a Chan Buddhist monastery that was founded in 459. Its name was changed to the Zutang si 祖堂寺 in the seventh century (the name was derived from Mount Zutang where it was located) and it was destroyed in the late ninth century. When it was rebuilt in the tenth century, its name was again changed, this time to the Yanshou yuan 延寿院. In the eleventh century, its name was returned to the original name, Youqi si, and it became known as the Zutang Youqi si 祖堂幽栖寺. Finally, in 1955, records show that the monastery was converted into a mental institution called the Zutang shan jiaoyang yuan 祖堂山教养院 (Mt. Zutang Rehabilitation Centre). It seems that the main reason for establishing the hospital at this site, however, was that the temple was

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62 On the Hong wanzi hui, see Goossaert and Palmer, *The Religious Question in Modern China*, 79, 101.

63 Wong, "A Short History of Psychiatry"; Shapiro, "The View from a Chinese Asylum," 55.

64 On the Cilong si, see Peng, *Beijing fosi yiji kao*, 121. I appreciate Darui Long informing me of this record.

large and had been abandoned, providing the space necessary for the modern hospital.[65]

It is difficult to gather more information on the history of these sites, but it seems that in most cases, like that of the Zutang shan jiaoyang yuan, the modern hospitals were established on the sites of the old monasteries since they provided spaces that could be used effectively, and might best be understood as being akin to the "build schools with temple property" (*miaochan xingxue* 廟產興學) campaign that began in the waning days of the Qing dynasty 清朝 (1644–1912) and continued into the Republican era (1912–1949).

The most notorious and controversial case of the imbrication of a Buddhist institution and a mental asylum—though due to what is discussed below one hesitates to call it a monastery or a hospital—is that of the Longfa tang 龍發堂 (sometimes referred to erroneously in English publications as the Longhua tang), located in Kaohsiung county in southern Taiwan, which was officially founded in 1980.[66] The founder of the temple was a man who became known as Master Kai Feng 釋開豐 (1931–2004) after ordaining as a Buddhist monk in 1971. However, he was never considered orthodox since he raised hens and pigs to sell in the market and therefore violated the first Buddhist precept of "not killing." He set up a small hermitage anyway and one day a woman brought her son to the master after she could no longer control him and his pyrotechnic tendencies. The master took him in and tied a rope around him to keep him close by and under control. Over time his condition improved. Others witnessed the transformation and began to bring other patients to him, since they had had no success availing themselves of Taiwan's substandard and expensive mental health system and considered this hermitage as a last stop. After briefly halting his work in 1976 due to legal issues, he resumed his practice. By 1980, he had about twelve disciples and hundreds of

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65 On this history, see Zutang shan jiaoyang yuan, "Zutang shan jiaoyang yuan dui jingsheng bing ren shi zenyang jingxing guanli gongzuo de?" It is perhaps interesting to note that, on the contrary, the City of Ten Thousand Buddhas Buddhist community in Ukiah, California, was established on the site of an old psychiatric hospital (the Mendocino State Mental Hospital).

66 This history of the Longfa tang is largely based on Wen, "The Hall of Dragon Metamorphoses."

followers. By 1984, he had two hundred and ten patients living at the Longfa tang.[67] The master's fame spread, and more patients arrived. At one point he had over seven hundred patients in residence. The patients, who were chained together, had their heads shaved and donned the robes of monks or nuns and spent most of their tightly scheduled days tending to the chickens and pigs and participating in Buddhist ritual services in a hall with a Buddha image. When Jung-Kwang Wen—who is himself a mental health professional—and a team of assistants came to study the site in 1984, they found the sanitary conditions abhorrent. In that same year, the master was arrested and spent six months in prison for selling religious statues at inflated prices.[68] If it had been the government's goal to diminish his stature, they achieved the opposite result, as his popularity only grew. The psychiatric establishment was extremely critical of the Longfa tang and its unorthodox therapies, but they also realized that it was the product of the high demand for mental health care that was not readily available in Taiwan at the time, and that traditional forms of familial care were rapidly declining in the face of industrialization and large-scale migrations to urban centres. As much as they disliked the methods at the Longfa tang, Jung-Kwang Wen's study—which compared this institution to two official mental hospitals—revealed that the outcomes of the therapies at all three were roughly the same, though in some metrics the Longfa tang performed better than at least one of the other institutions and a bit worse than the leading hospital, which was well resourced and expensive. Wen concluded that despite its scandalous issues, the Longfa tang "would be preferred to a large number of other poorly staffed Western-style custodial care facilities."[69] Hence, he notes:

> it is reasonable that they entrust the LHT [their acronym for Long Hua Tang, which should read Longfa tang] with the wish that 'the hopeless' be transformed through religious salvation or 'the incurable' be cured with miracles. Indeed, there have been a few patients with milder

[67] Wen, "The Hall of Dragon Metamorphoses," 4–5.

[68] Wen, "The Hall of Dragon Metamorphoses," 7.

[69] Wen, "The Hall of Dragon Metamorphoses," 15.

> psychopathology who were given the honor of becoming nuns or monks serving the temple.[70]

In 2002, Chien-Chi Chang, a photographer, and Cheryl Lai, a writer, published *The Chain*—an accordion type book of black and white images of the patients chained together that had been part of a travelling exhibition.[71] The photographic images in the exhibition and book brought new attention to the Longfa tang and—coupled with other controversies and the death of Master Kai Feng in 2004—led to the decline of the institution which was ultimately forced to close in 2018. The Longfa tang is not an example of a traditional site becoming the site of a modern mental hospital, but rather it is an intriguing case of a temple being used as an asylum for the internment and care of those with psychiatric disorders who had no other recourse. It is possible that the widely circulated scandalous information about the situation at the Longfa tang also served as a catalyst for reforming and improving the care for the insane in Taiwan's official mental health hospitals.

At the other end of the spectrum from the Longfa tang is the Tzu Chi 慈濟 (Compassion Relief) Buddhist institution in Taiwan, which has established modern hospitals, including those specializing in care for those with mental illnesses. In opposition to the unorthodox Longfa tang, Tzu Chi is an orthodox and well-respected Buddhist organization that is now known worldwide.[72] Tzu Chi, as is well known, was founded by the charismatic nun Cheng Yen 證嚴法師 (1937–) and grew from its humble beginnings into a major charitable non-profit organization. The official account says that Tzu Chi became involved in establishing hospitals in Taiwan after Cheng Yen had a conversation with three Catholic nuns who claimed that Catholicism was superior to Buddhism since it had established hospitals, schools, and religious institutions to help the poor and needy. Clearly, these

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70 Wen, "The Hall of Dragon Metamorphoses," 15–17.

71 Chang and Lai, *The Chain*. This book could be compared to the fascinating books by Gilman, *The Faces of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*; and Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpetière*.

72 On the history of Tzu Chi, see, among others, Madsen, *Democracy's Dharma: Religious Renaissance and Political Development in Taiwan*, 16–50; and Huang, *Charisma and Compassion: Cheng Yen and the Buddhist Tzu Chi Movement*.

Catholic nuns—and perhaps Cheng Yen herself—were unaware of the history of Buddhist institutions that I have related above. The conversation inspired Cheng Yen to embark on her mission to establish charitable institutions and hospitals. Julia Huang, in her work on Tzu Chi, interprets the hospital commitment more in terms of Taiwanese domestic politics than through lens of the histories of Buddhism and its long provision of charitable care.[73] The first hospital that Tzu Chi founded in Hualien 花蓮 in 1986 seems to have been aimed at absorbing some of the social responsibilities that the government would not make widely available and that families no longer provided. The Taibei ciji yiyuan 台北慈濟醫院 (Taipei Tzu Chi Hospital) has had initiatives in tackling urban mental health issues through stress reduction training and suicide prevention. What is distinctive about the Tzu Chi hospitals is that while they combine scientific medicine with Buddhism, the science is primary. The Tzu Chi hospitals are modern, Tzu Chi doctors of psychiatry regularly publish peer-reviewed scientific articles on a variety of topics, and only some minor adjustment to scientific protocols have been made to satisfy certain Buddhist doctrinal tenets.

Let us now turn to Japan, where the story is rather different and the connections between pre-modern Buddhist (and Shinto) sites that housed and provided therapies for those with psychiatric disorders is prevalent and better captured in the historical record.

Monasteries and Madness in Japan

Today if one travels by bus or train from downtown Kyoto to the northern area of Iwakura, the end of the line is at the Jissōin 実相院, a Buddhist temple that is adjacent to the old site of another temple known as the Daiunji 大雲寺. In front of the temple is a small park area with grass, trees, and some benches. In recent years, the Jissōin has refashioned itself from being a little visited site that was in a poor state of repair to being a popular Buddhist site for domestic tourists. Although the Jissōin is now the centre of attention, in the past it was the Daiunji which was the

[73] Huang, *Charisma and Compassion*.

more significant of the two (but only survives as a very small shrine connected with a graveyard after the main temple was sold off to Yakuza). When I lived in Iwakura from 1990 to 1995, what struck me the most about the Jissōin was not the importance of its unacknowledged history, but the fact that it is dwarfed by no less than five mental hospitals—including the large Kitayama Byōin 北山病院, Iwakura Byōin 岩倉病院, and the Rakuyō Byōin 洛陽病院—that surround it. It was the co-presence of the Buddhist temples with the mental institutions that caught my attention and led me to ask if there was any historical connection between these seemingly separate institutions. Indeed, as I detail below, there had been a close connection between the Buddhist temples, the residents of the community, and the care for the insane. But that connection began to unwind in 1900 with the passage of the Seishin byōsha kango hō 精神病者監護法 *(*Mental Patient's Custody Act), the first national law regarding the confinement of mental patients at home and in mental hospitals, which led to internment in hospitals or home cages. It was compounded by the 1919 Seishin byōin hō 精神病院法 (Mental Hospitals Act), which aimed to expand hospital-based provision for mental patients and led to the building of numerous asylums. The relationship was finally severed in the post-war period with the passage of the Seishin eisei hō 精神衛生法 (Mental Hygiene Act) of 1950, which proscribed the housing of mental patients anywhere other than in mental hospitals.[74] These laws were aimed at addressing wrongful or improper confinement characterized by the chaining or caging of the afflicted by either families or the police. Those practices had developed due to the need to address issues of domestic and public violence, a situation that will be quite familiar to those who have studied the history of psychiatry in other parts of the world.[75]

Interestingly, the boom in the spread of mental hospitals and the large-scale internment of the insane in hospitals during the 1960s and 1970s was accelerated

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[74] Nakamura, "Seishin iryō no nagare"; Greenland, "Historical Notes: Family Care of Mental Patients." The history of this period is intimately connected with the work of the well-known Japanese psychiatrist Kure Shūzō 呉秀三 (1865–1932) and his policy recommendations. On Kure Shūzō, see Burns, "Constructing the National Body: Public Health and the Nation in Nineteenth Century Japan."

[75] See, among others, Scull, *The Most Solitary of Afflictions: Madness and Society in Britain*, 1700–1900.

in part by the news of a knife assault on Edwin O. Reischauer (then American ambassador to Japan) in 1964 by a youth described as mentally deranged, which played on the fears of the potential violence of those with psychiatric disorders. Reischauer had to undergo emergency surgery and the blood he received in the operation gave him hepatitis, from which he never recovered. This event was widely reported and shone an excessively bright light on the violent crimes of the mentally ill and led to even more incarcerations.[76]

The laws concerning mental illness—all enforcing hospitalization as the only option—were ostensibly issued in an attempt to modernize Japan's mental health care system along Western lines. In practice, however, they have served to occlude the important connection that existed between Iwakura's two Buddhist temples, residents of the community, and the insane. What, we might ask, has been the relation between Buddhism and mental illness throughout Japanese history?

Buddhism and Insanity in Japan

To fully understand the history of the relationship between Buddhist temples and the mental hospitals in Japan, we must first take a brief detour through the history of the treatment of insanity in Japan.[77] As was also the case in China, insanity in Japan was understood from both supernatural and biological perspectives. Insanity was traditionally considered a spiritual problem that was the product of demonic possession (often by a fox or badger).[78] Various means were employed to rid

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[76] Japan Times, "American Envoy Knifed at Entrance to U.S. Embassy."

[77] The following works have been very helpful in writing the following section. Oda, *Nihon no kyōkishi*; Totsuka, "The History of Japanese Psychiatry and the Rights of Mental Patients"; and Russell, "The Descendants of Susanō: Marginalization and Psychiatric Institutionalization in Japan."

[78] There is a very large body of research on spirit possession in Japan that cannot be cited in full here. See, for instance, Komatsu, *Tsukimono*; Blacker, *The Catalpa Bow: A Study of Japanese Shamanistic Practices*; Bargen, *A Woman's Weapon: Spirit Possession in The Tale of Genji*; Foster, *Pandemonium and Parade: Japanese Monsters and the Culture of Yōkai*; Figal, *Civilization and*

individuals of the possession, including turning to shamans and exorcistic purification.[79] We also now know that over time some Shinto shrines and Buddhist monasteries came to function as places of refuge for the insane, and that particular shrines and monasteries attained a reputation for their ability to affect cures. During the Tokugawa period 徳川 (1603–1867), however, increasing pressure was put on community leaders to maintain order and control the insane. During that period, the *ie* 家 (household/family) became a prominent focus and we see families as the main entities providing custodial care of the insane.[80] Yet, the increasing pressure on control and concern for the possible social impact of the violence of the insane led to confinement at home in cells (*zashikirō* 座敷牢). This entailed the construction of a cell at or adjacent to the home—a common practice throughout Asia until very recently and similar to practices in the West during pre and early industrial periods—which was supervised by the police.[81] Other forms of confinement included internment in public prisons (*tame azuke* 溜め預け), which were staffed by "untouchables" (*hinin* 非人). In cases where the family could not care for the insane, they might also be turned over to Buddhist temples for confinement (*tera azuke* 寺預け). As inhabitants of the monastery, they served as temple menials and underwent religious healing rituals, including the chanting of sūtras and other incantations, immersion in hot springs, and what some scholars have described as a kind of early "shock treatment" in which the insane were made to chant Buddhist incantations under a waterfall (*misogi* 禊).[82] Different temples focused on different therapeutic techniques, such as the use of water and waterfalls (like the oldest case of the Daiunji in Iwakura) or the use of Chinese herbal remedies, which one finds in Jōdo shinshu 浄土真宗 temples (such as at the Juninji 順因寺 near Okazaki 岡崎, which began to do this from the fourteenth century on),

Monsters: Spirits of Modernity in Meiji Japan; Davis, *Dojo: Magic and Exorcism in Modern Japan*; and Casal, "The Goblin Fox and Badger and Other Witch Animals of Japan."

79 Hashimoto, "Psychiatry and Religion in Modern Japan"; McVeigh, *The History of Japanese Psychology: Global Perspectives*, 1875–1950, 150–52.

80 See Suzuki, "The State, Family, and the Insane"; and Kim, *Madness in the Family*.

81 Mandiberg, "The Japanese Mental Health System and Law: Social and Structural Impediments to Reform."

82 Many examples are discussed in Hashimoto, "Psychiatry and Religion."

and finally collective conjuration using the recitation of texts and musical instruments (especially drums), which seems to have been particular to Nichiren 日蓮宗 temples.[83] In many cases, families would take up residence in the nearby community to be a part of the healing program.

Madness and the Northern Mountains of Kyoto: Iwakura

One of the best-known examples of a community that grew up around a Buddhist temple known for its healing potential for the insane was the village of Iwakura. Indeed, the name Iwakura eventually became synonymous with associations with insanity. The northern mountain region of Kyoto has been imagined and represented as a place for the mad and their potential recuperation from as early as the tenth century (if not even earlier) and the image has carried on up to the present day. One might think, for example, of Haruki Murakami's novel *Norwegian Wood* that includes a story of how a young girl ends up in mental hospital (vaguely described as being in the northern hills of Kyoto). It is impractical here to review the entire narrative, but it is interesting to note both the location of the institution and the way that institution is depicted like a Buddhist monastery, though it is still unclear if Murakami was referring to the area of Iwakura and its Buddhist temples or not.[84]

Some thirty years ago, upon hearing that I was living in Iwakura, Allan Grapard, a scholar of Japanese religions, suggested I take a look at an obscure small book authored by Roger Pulvers, entitled *On the Edge of Kyoto*.[85] The first chapter of that

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83 Omata, "Nihon ni okeru."

84 Murakami, *Norwegian Wood*, 96–97.

85 Pulvers, *On the Edge of Kyoto*. Roger Pulvers is an author, playwright, and theatre director, who was born in New York City in 1944. He was educated at UCLA and Harvard Graduate School, where he received an M.A. in Russian Studies. He went to Japan in 1967, where he settled in Kyoto, and taught Russian and Polish. Later he relocated to Australia to teach Japanese language and literature at Australian National University in Canberra. In 1976, he became an Australian citizen. In 1982, after acting as assistant director on the film *Merry Christmas, Mr. Lawrence*, he returned to Japan to write and direct. He has published eighteen books in Japanese and English,

book includes a rather bizarre story about a man who receives a knock at his door one day and is invited by a beautiful young girl to attend a party at a local inn (referred to as the Kitaoka Inn). Following the introductions by all those in attendance—a renowned sword maker, a beautiful woman, a university president, and a monk from a certain Dentoku Temple—and a rather twisted scene involving the disrobing of the woman, the scene is interrupted by a large man wearing a white gown who disbands the party. As he escorts the visitor out, he says: "Don't you know you're in a mental institution? This is Kitaoka Hospital and we are allowing the patients their once-a-year get-together."[86] It appears that this fictional account was based on the area around the Jissōin—the temple name is actually mentioned in one of the notes to the text that were done by Hirosi Takahasi [sic].[87] I was later able to get in touch with Roger Pulvers who confirmed that indeed the setting for the story was the mental hospitals of Iwakura, as well as the area of Midorogaike 深泥池, which is just to the south of Iwakura, known for a pond that is considered to be haunted and for the mental hospital that was located on its edge.

The earliest, and perhaps most famous and contentious, reference to the area of the Daiunji in Iwakura and healing is a line in Chapter 5 of *The Tale of Genji*. That chapter includes the following circumlocution:

> Genji, who was suffering from a recurrent fever, had all sorts of spells cast and healing rites done, but to no avail; the fever kept returning. Someone then said 'My lord, there is a remarkable ascetic at a temple in the northern hills (北山のなにがし寺). Last summer, when the fever was widespread and spells failed to help, he healed many people immediately.'[88]

This passage has received an inordinate amount of attention and been the focus of heated debates among Japanese scholars (including Tsunoda Bun'ei 角田文衛 (1913–2008), Araki Hiroshi 荒木浩, Imanishi Yuichiro 今西裕一郎, and Hara

and is currently a professor at the Kyoto University of Art and Design (based on his biography on his website).

86 Pulvers, *On the Edge of Kyoto*, 8.

87 Pulvers, *On the Edge of Kyoto*, 100.

88 Shikibu, *The Tale of Genji*, 83.

Makiko 原槇子). Some scholars have averred that Genji's fever was perhaps connected to mental illness and the location of the "temple in the northern hills" was the Daiunji in Iwakura, while others have argued that it was a temple in Kurama 鞍馬.[89] Yet, even if we cannot narrow down the precise referent of the spot associated with that circumlocution, it sets up a narrative image of the northern part of Kyoto as a place for miraculous cures of troublesome maladies connected with a Buddhist temple there.

What do we know about the Daiunji in Iwakura and when did it become tethered to treatments for the insane? The history of the founding and the important early Buddhist history of the Daiunji has been treated in detail by Tsunoda Bun'ei and has been mentioned briefly by Paul Groner in his study of Tendai Buddhism in the tenth century.[90] According to one theory, the Daiunji was founded in 972 with the help of the prominent official, Fujiwara no Fuminori 藤原文範 (909–996), as an important Tendai Esoteric Buddhist centre connected with Enchin's 円珍 (814–891) lineage (in opposition to Ryōgen's 良源 [912–985] line). As Groner has noted, the Daiunji was "presided over by Shinkaku (lay name Fujiwara no Sukemasa, d. 998), who had been married to Fuminori's daughter."[91] However, according to other records, such as the late Heian period *Fusō ryakki* 扶桑略記 [A Brief History of Japan], compiled by the monk Kōen 皇円 (d. 1169), the Daiunji—or at least a structure called the Kannon'dō 観音堂 (or Kannon'in 観音院) inside of the Daiunji that became known for its miraculous Kannon image, said to have been carved by Gōyoki 行基 (668–749) out of the same wood used for the famous Kannon image at Hasedera 長谷寺—was established by Emperor Reizei 冷泉天皇 (950–1011, r. 967–969) in connection with the treatment of his second daughter Sonshi's 尊子 (966–985) madness.[92] Indeed, Sonshi may have become a nun in order to combat or

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89 Tsunoda Bun'ei 角田文衛 (1913–2008) has argued for the connection between the Daiunji and the Genji story in a number of articles, see, for instance, "Daiunji to Kannon'in." Tsunoda's theory has been countered by Araki in "'Kitayama no nanigashi-dera'." See also Imanishi, "Wakamurasaki maki"; Plutschow, *Historical Kyoto*, 36–37.

90 The best overall historical study of the Daiunji has been contributed by Tsunoda, "Daiunji to Kannon'in," 260–97. See also Groner, *Ryōgen and Mount Hiei*, 105, 267, 227.

91 Groner, *Ryōgen and Mount Hiei*, 104. Fujiwara no Sukemasa's 藤原佐理 dates were 944–998.

92 Omata, "Nihon ni okeru," 200.

treat her madness.[93] This is an intriguing piece of information since we know that Emperor Reizei himself had battled insanity, with Ryōgen performing ceremonies to combat his malady.[94] Further research is needed to sort out the precise history of these two early references to the founding of the Daiunji. Nonetheless, Sonshi's grave, which is still maintained by the Kunaichō 宮内庁 (Imperial Household Agency), is located next to the present-day Iwakura Mental Hospital.

The second famous case that connects the Daiunji with mental illness and the imperial family is the account of the third daughter of Emperor Gosanjō 後三条天皇 (r. 1068–1072) becoming insane. Gosanjō's

> twenty-nine-year-old daughter began to exhibit strange behaviour; she became careless in her personal appearance, avoided people, and talked incoherently. The worried emperor prayed devoutly to the souls of his ancestors and to the Buddha. According to legend, one night the Buddha appeared in his dream and advised him to send his deranged daughter to the Daiun Temple in Iwakura village and have her drink the sacred water from the well. On awakening from his dream, the emperor at once arranged to have her convalesce in the meditation room of the temple.[95]

The young woman eventually recovered after spending some time at the Daiunji.

As a result of the accruing history of the Daiunji's connection to the treatment and cure of insanity, many more people with such maladies were brought to Iwakura. To accommodate them, villagers began to open their own houses to provide lodging, particularly during the Muromachi 室町 period (1336–1573) when there were some forty different places established. Iwakura was also well known for its tradition, which also began during the Muromachi period, of providing "foster care" for children of noble families living in Kyoto.[96] Thus, we continue to see a curious connection between Iwakura (both the Daiunji as well as the

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93 Groner, *Ryōgen and Mount Hiei*, 266.

94 Groner, *Ryōgen and Mount Hiei*, 266.

95 Kumasaka, "Iwakura." Much of the following discussion is based on Kumasaka's foundational article, which was based on fieldwork done in Iwakura in 1966. See also Omata, "Nihon ni okeru," 200.

96 Kumasaka, "Iwakura."

surrounding community) and the housing of the children from imperial families as well as those suffering from insanity (with these two sometimes being intertwined). Perhaps one of the reasons for this was the way that the flexible category of the "insane" could be used as a convenient diagnosis to label certain undesirable elements of society or potentially disruptive individuals and then relocate them to a remote place like Iwakura. We know, for example, that some imperial sons who were not next in line for the throne would be sent to Iwakura to mitigate disputes over land rights.

The Daiunji was burned down by Oda Nobunaga 織田信長 (1534–1582) in 1573, only to be rebuilt in the Edo 江戸 period (1603–1868) in 1633. On the site of the old temple, one can still see vestiges of the sacred well—now dry—and the waterfall, both of which figure in the next stories of the connection of the Buddhist temple to the treatment of madness. Up until the end of the eighteenth century, Iwakura received a regular stream of people who came to venerate the Kannon image housed in the Daiunji, undertake short periods of meditation, and drink the sacred waters from the temple in the hope of curing sick family members. Patients were initially housed in basic structures around the perimeter of the Daiunji, known as *komoriya* こもりや / 籠りや and residents began to open tea houses (*chaya* 茶屋) to provide services to the patients. Susan Burns has noted that it was during the eighteenth century that the connections between the Daiunji and treatment of the mentally ill began to become widely known.[97] In the nineteenth century, that stream turned into a raging river. Families living near the temple increasingly took in mad boarders, and over time they developed sophisticated ways of assisting them. This tradition of converting large estates into asylums continued over the centuries, but a major change occurred in the late nineteenth century. At that time, an increasing number of violent people with mental illnesses could no longer be accommodated in the village homes, so a more formal institution was established. That initial convalescent inn was built on the Daiunji temple grounds during the Bunsei 文政 period (1818–1829) and it had the capacity to house upwards of thirty people.[98]

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97 Burns, "Reinvented Places."

98 Kumasaka, "Iwakura," 668.

During the early 1900s, the practice of providing community care for the insane was, however, still common, and at its height in the 1930s there were about three hundred and twenty mental patients residing in the village of about five hundred households, with a further four hundred and seventy patients in the hospital.[99] The main figure who was responsible for cultivating the practice of using the convalescent inns (*hoyōjo* 保養所) as places for those with less acute forms of mental illness was Dr. Eikichi Tsuchiya 土屋栄古 (1877–1957), who assumed the directorship of the Iwakura Hospital in 1901. Under his directorship, the Iwakura community became well known for its "kind and hospitable" treatment of the mentally ill, as opposed to the much darker picture of the confinement and violent mistreatment of the mentally ill in other parts of Japan. Indeed, it was during the late nineteenth and early twentieth century that Iwakura began to be explicitly compared to Gheel, Belgium, which had a tradition of community care—centered on the Church of Saint Dymphna—for the insane that was celebrated for its compassionate care.[100] Following a trip to Gheel by Dr. Kure Shuzo 吳秀三 (1865–1932)—a famous professor of psychiatry from Tokyo University—Dr. Eikichi Tsuchiya began to promote Iwakura as the "Gheel of Japan."[101] From that time forward, the Daiunji and Jissōin Buddhist temples have been celebrated in Japan and abroad for their compassionate and peaceful care for the insane. Indeed, the type of community care provided there, drawing on the Buddhist temples and the convalescent inns working together, led some Western historians of psychiatry to acknowledge that this arrangement might be the best for dealing with certain types of patients suffering from insanity. In 1912, for example, Dr. Frederick Peterson (1859–1938), one of the pioneers and foremost advocates for the community care of the insane, travelled to Iwakura and celebrated what he saw as the humane care of the insane there in a special issue of *The Survey* (see figure 1).[102]

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99 Kumasaka, "Iwakura," 672, 675.

100 See Hashimoto, "The Invention of a 'Japanese Gheel'"; and for a recent critical look at this history, see Burns, "Reinvented Places." On Gheel, see Roosens, *Mental Patients in Town Life: Geel – Europe's First Therapeutic Community*; and Parry-Jones, "The Model of the Geel Lunatic Colony and Its Influence on the Nineteenth-Century Asylum System in Britain."

101 Nakamura, "Seishin iryō no nagare."

102 Peterson, "From Vanves to Iwakura."

As a caption to one of the images of the Jissōin temple he wrote:

> Lying at the foot of great hills in a wide valley, Iwakura is surrounded by giant forests through which run beautiful old paths. Several imposing old temples stand out among the spruces and cedars. In 1889 the Japanese government, misled by a false estimate of the value of our western methods of caring for the insane, concluded that their colony system that had grown up so naturally was too unlike the colossal caravansaries in Europe and America. An edict forbidding that insane be any longer taken to Iwakura has reduced temporarily the number in the colony. The West may someday be glad to copy this Japanese model.[103]

[103] Peterson, "From Vanves to Iwakura," 27.


FROM VANVES TO IWAKURA

FREDERICK PETERSON, M. D.

VANVES

IWAKURA

A WATER VIEW IN ONE OF THE PARKS AT VANVES

In our treatment of the insane there have been distinct eras—that of demoniacal exorcism, of fire and scourge; then that of chain and dungeon; the monasteries and the asylums patterned after them; today the psychopathic hospital and the agricultural colony.

In the tiny villas which embody the century-old dream of two French doctors and in the cottages and spring houses in which the Japanese for a thousand years have worked out a system of care, Dr. Peterson finds suggestion for America.

Figure 1: Cover of Frederick Peterson's, "From Vanves to Iwakura," in The Survey 5 (1912), 25.

The Iwakura tradition of care and treatment of the mentally ill that began with the traditional treatments offered by the two Buddhist temples came to an end, however, with the Second World War and then the Mental Hygiene Act of 1950.[104]

[104] Kumasaka, "Iwakura," 672–74.

The history of the transformations in the care of the insane in Iwakura follows the general trajectory towards the incarceration and hospitalization of those with mental illness that I charted above. We can observe a general trend whereby the earlier convalescent inns located adjacent to the Daiunji and Jissōin Buddhist temples became the foundations for the modern mental hospitals that followed. Yet, in the context of a general trend towards Westernization and hospitalization, particularly in the aftermath of the Second World War, the tradition of community care for the insane in Iwakura disappeared. With the passage of the Mental Hygiene Act in 1950, all those with mental illness had to be housed in hospitals, and the previous connections between the care for the insane, the Daiunji, and families in the community became occluded and were close to falling out of historical memory. Interestingly, however, as Western forms of treatment for the mentally ill began to evolve away from hospitalization to housing of the mentally ill in communities, Iwakura's earlier history of community care was rediscovered and celebrated as a pre-modern form of humane care for the mentally ill. Unfortunately, by the time that the history of Iwakura was rediscovered, the previous community care system was no longer in practice.

Much of what we know about the possible connections between the Buddhist temples and mental institutions of Iwakura is based on older historical sources and more recent ethnographic accounts, with few primary sources that would allow us to take the analysis further. Fortunately, local historians have begun to gain access to some materials concerning the relationship between the Jissōin, the Daiunji, and the care for the insane. For example, an Edo period document kept at the Jissōin details how the Daiunji temple became a centre to which the insane were brought and how, during those visits, people would take up lodging in tea houses, farmhouses, etc. This document also reveals that over time the Jissōin began to oversee the visits to the Daiunji, where the insane would be brought to recite the Buddha's name, drink water from the well, and perform *misogi*. The document suggests that the Jissōin issued permits to people wishing to visit the Daiunji, received payment for the rendered services, and also paid *myōgakin* 冥加金 (divine assistance money) to the tea houses to take care of those patients. Interestingly, based on this document, there seems to have been some abuse taking place at the

lodgings. That document details, for example, how the Jissōin lobbied for better treatment of the residents, requiring those who cared for the patients to feed them properly, provide exercise, and halt all physical abuse.[105]

One of the clear frustrations with undertaking this research is the closed nature of many temple archives. Indeed, it appears that many more temples throughout Japan have archives to study the intersection between mental illness and Buddhist monasteries, but they are not easily accessible. If the example of the Jissōin is at all representative, however, then it would appear that further persistence to open those archives would be worthwhile for discovering an unstudied aspect of the connection between Japanese Buddhism and madness. Many more sites in Japan show clear institutional connections between traditional temples and modern hospitals. For example, the first public psychiatric hospital in Japan, the Tenkyo-in 癲狂院 (which could be loosely translated as the "Mad House"), was opened in 1875 on the premises of Kyoto's most famous Zen Buddhist monastery, Nanzenji 南禅寺, which seems to have already housed patients for some years. This asylum lasted for about seven years, with some three hundred and thirty patients in residence, and was eventually sold to a doctor who renamed it the Shiritsu Kyoto Tenkyo-in 私立京都癒狂院 (Kyoto Private Mental Hospital) and later the Kawagoe Byōin 川越病院 (Kawagoe Hospital).[106] It was sites like this—"inns built around religious places of healing, such as Shintoist shrines, Buddhist temples, and waterfalls"—that Akihito Suzuki says served as the prototypes for the development of Japan's private mental institutions.[107]

While further research is necessary, we also know, for instance, that the Shugendō 修験道 practitioners at Homanzan 宝満山 (Mount Homan) in Fukuoka Prefecture near Dazaifu Tenmangu 太宰府天満宮 (Dazaifu Tenmangu Shrine) performed exorcisms and other forms of magical healing for the insane. The relationship between Shugendō and the treatment of the insane is also found at

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105 These documents are reproduced and discussed in Kāto, *Chiiki seishi iryō no akebono: Kyōto Iwakura mura ni okeru jissen*, 52–59.

106 See Suzuki, "The State, Family, and the Insane," 212–13; Burns, "Reinvented Places," 8.

107 Suzuki, "The State, Family, and the Insane," 213.

Hikosan 英彦山 (Mount Hiko) and Kubotezan 求[救]菩提山 (Mount Kubote).[108] It is therefore no surprise to learn that the area around Homanzan came to be the location of two modern mental hospitals, namely the Chikushi Hoyōin 筑紫保養院 (Chikushi Mental Hospital)—now the Daizaifu Seishin Iryō Senta 太宰府精神医療センター (Daizaifu Hospital Psychiatric Center)—and the Kawanokasuya Byōin 河野粕屋病院 (Kawanokasuya Mental Hospital).

Further important evidence on the widespread role played by Buddhist temples in dealing with mental illness includes at least three Buddhist temples in Chiba prefecture. At least one of those, the famous Nichiren affiliated Shōchūzan Hokkekyō ji 正中山法華経寺, became the site where the modern Nakayama Byōin 中山病院 (Nakayama Mental Hospital) was established. To the west of modern-day Tokyo is a famous mountain site known as Takaozan 高尾山 (Mount Takao) where several waterfalls, including the Biwa taki 琵琶滝 (Biwa Waterfall), had become sites for treating the insane through immersion in water. Two modern mental hospitals, the Takao Hoyōin 高尾保養院 (Takao Mental Hospital) and the Komagino Byōin 駒木野病院 (Komagino Mental Hospital), which are still active today, were eventually established adjacent to the Biwa Waterfall.

There are also examples of modern mental hospitals being established adjacent to Shintō shrines that had provided traditional therapies for the insane. In 1927, for example, the Awajishima Byōin 淡路島病院 (Awajishima Mental Hospital) was established on the site of the Awai Jinja 阿波井神社 (Awai Shrine) in Naruto in Tokushima Prefecture, where patients were primarily treated with regular bathing in the waters in front of the shrine (*suigyō* 水行) and by participating in Shintō purification rituals at the shrine. In 1948, following the visit of an American military officer who had some psychiatric training, the Awaijima Mental Hospital was closed down due to its inhumane practices. Later, a modern mental hospital, known as the Naruto Shīgaru Byōin 鳴門シーガル病院 (Naruto Seagull Mental Hospital), was constructed adjacent to the Awai Shrine and is still active today.

I am presently undertaking research on these different Buddhist and Shintō sites and their particular approaches to the care of the insane in the pre-modern period,

[108] See Ito, "Nihon seishin igaku fudoki: Fukuoka-ken."

but the emerging evidence from that research raises questions about some of the general claims that have been forwarded about the nature of the treatment of the insane at those institutions.

What has become apparent as a common theme across the many different examples of the confluence of Buddhist monasteries and mental institutions is the difficulty of how to read the historical evidence for those sites and the type of care provided. The general discourse that has emerged in recent years among historians of psychiatry is that the traditional care provided by the Buddhist temples was a compassionate form of care, free from the types of violence and mistreatment of patients that characterize brutish modern institutional care. However, the historical archives are filled with evidence that Buddhist monasteries were also using some rather extreme measures in dealing with the insane for whom they cared or who they managed through the convalescent inns. Researchers have, for example, discovered and preserved a variety of restraints used in monasteries and convalescent inns, and archival photos by early historians of psychiatry show images of patients tied up to pillars in temples or inside cages. Early maps of the Daiunji reveal that it had a number of cage-like structures, known as *komoriya*, for housing the insane.

Some of the more intriguing, even haunting, images that I have seen concerning the treatment of the insane at Buddhist monasteries in Japan are those that show a patient being handled by those referred to as a *goriki* 強力 (strong-men or enforcers), a type of monastic assistant. Occasionally the mistreatment of patients at Buddhist temples leaked out into popular media, such as in an article published in the *Chiba-shinbun* 千葉新聞 (Chiba Newspaper) on July 31, 1950 concerning the *misogi* practices employed at the Iwai Falls at the Ryufuku ji 龍福寺. That newspaper article, which lambasted the state of care at the Iwai Falls, seems to have been based on an earlier report published by a certain Sato Ichizo, a psychiatrist at Chiba University. A member of the Kindai Nihon Seishi Iryōshi Kenkyūkai 近代日本精神医療史研究会 (Society for Research on the History of Psychiatry in Modern Japan), Professor Akira Hashimoto, has written a report on a recent trip the society made to the Ryufuku ji and noted that Dr. Sato:

> visited the waterfall and wrote a report on traditional remedies there in the *Chiba ken-seishin'eisei* (No.5, 1962). While the Iwai Falls was well known to local people, Dr. Sato came to learn of it for the first time through his experience working with patients whose hands and feet were badly scarred by chains. They all had visited Iwai. He claimed to have traveled to Iwai on May 22nd, 1949, and found that a dozen patients were accommodated in some of the temple buildings, chained at the ankle and connected to pillars. They could move only within a range of one meter. They were chained even when eating, relieving themselves, or bathing under the waterfall.[109]

The deeper one digs into the sources on different sites, the less exceptional these types of stories appear to be. Therefore, we should remain cautious in providing premature conclusions about the nature of the care for the insane at Buddhist temples in Japanese history. Initially, Buddhist temples seem to have filled a social gap in providing essential care for those in need, but due to a paucity of sources about the precise care provided by the temples, it is not possible to draw any general conclusions. Despite the glorification of the history of compassionate care at places like the Daiunji in Iwakura—a topic that Susan Burnes has detailed—there appear to be other stories that need to be told about the evolution of care for the insane at Buddhist temples, as well as about the changes that came with modernity that forced those patients into hospitals.[110] Despite the conflicting images of how Iwakura (the Daiunji in particular) has been represented, what is of interest for my purposes is the way this traditional Buddhist site became the location for many modern private mental hospitals that evolved out of the private estates adjacent to the Daiunji and Jissōin.

[109] Hashimoto, "Sentakisan-Ryufuku-ji Temple and the Iwai Falls (Iwai-no-Taki)."

[110] Burns, "Reinvented Places."

Concluding Comments

The history of the relationship between Buddhist temples, care for the insane, and the foundation of modern mental hospitals is marked by a few general themes as the nature of that relationship changed over time. The evidence that survives for China is inconclusive, but it appears that the sites that were connected with new mental hospitals did not have the kinds of long histories of care that we find in Japan. While we do find some evidence for pre-modern institutions of care for the sick established in Buddhist monasteries, it was the physical space to house the insane that was the main reason these were used when modern institutions were established. The cases in Taiwan are different. While they have some connection to Buddhism, they seem to primarily be examples of how their founders were addressing the lack of accessible care for those with psychiatric disorders and have no connection to pre-modern Buddhist institutions that housed and provided therapy to the insane. The evidence for connections between monasteries and modern mental hospitals in Japan is more conclusive. Buddhist monasteries were places where the afflicted could be healed by traditional therapies such as magical water and efficacious images. In some cases, the local communities around those temples began to provide long-term housing for families seeking cures at the temples. Over time, Buddhist monasteries became institutions that, operating outside of natal family homes, took up the slack to assist those who increasingly became treated as outcasts and trouble to the family and society, especially those with particularly violent behaviour. In the nineteenth and twentieth centuries, mental hospitals began to be established at or next to Buddhist temples that had previously worked with the insane and, as medical and political policies changed, patients were forcibly incarcerated inside of those hospitals. As these troubled people were put behind closed doors, out of view, and out of the way of society, so too was the history of the confluence of Buddhist monasteries and madness locked up and hidden away in the archives.

Abbreviation

T *Taishō shinshū daizōkyō* 大正新脩大藏經 [Buddhist Canon Compiled during the Taishō Era (1912–1926)]. 100 vols. Edited by Takakusu Junjirō 高楠順次郎 and Watanabe Kaigyoku 渡邊海旭. Tokyo: Taishō issaikyō kankōkai 大正一切經刊行會, 1924–1932. Digitized in CBETA (v. 5.2, https://www.cbeta.org) and SAT Daizōkyō Text Database (http://21dzk.l.u-Tōkyō.ac.jp/SAT/satdb2015.php).

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