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# The Emergence of the Legitimacy of Religious Healing Knowledge in Taiwan

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# **THE EMERGENCE OF THE LEGITIMACY OF RELIGIOUS HEALING KNOWLEDGE IN TAIWAN**

A Dissertation

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
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in

The Department of Sociology

by

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# TABLE OF CONTENTS

ILLUSTRATIONS.....	iv
ABSTRACT.....	v
CHAPTER 1. INTRODUCTION.....	1
1.1. Background.....	1
1.2. Research Questions.....	2
1.3. Motivation.....	7
1.4. Organization of this Dissertation.....	10
CHAPTER 2. LITERATURE REVIEW.....	13
2.1. Religion and Health.....	13
2.2. The Emergence of the Hierarchy of Knowledge in the Field of Healthcare.....	21
2.3. Actor-Network Theory.....	27
2.4. Connecting the Differentiated Knowledges in the Context of Taiwan.....	37
CHAPTER 3. HISTORICAL CONTEXT OF RELIGIOUS HEALING IN TAIWAN.....	47
3.1. How Western Medicine Became the Mainstream in History.....	47
3.2. The Particularity of Religion and Religious Changes in Taiwan.....	52
3.3. Taiwan's Folk Medical Systems.....	61
CHAPTER 4. METHODOLOGY.....	64
4.1. Research Conceptual Framework.....	64
4.2. Quantitative Data.....	67
4.3. Measures.....	68
4.4. Methods for Quantitative Analysis.....	72
4.5. Qualitative Data.....	73
4.6. Analytical Methods for Qualitative Data.....	77
CHAPTER 5. RELIGIOUS HEALING KNOWLEDGE WITHIN THE ENTANGLEMENT BETWEEN RELIGION AND SPIRITUALITY.....	80
5.1. Basic Descriptive Statistics.....	82
5.2. The Role of Religious Healing Knowledge and Practices on Inclination to Spirituality .....	84
5.3. The Particularity of Spirituality in Taiwan.....	92
CHAPTER 6. THE NETWORK OF RELIGIOUS HEALING KNOWLEDGE.....	97
6.1. Scholars.....	98
6.2. Physicians.....	118
6.3. New Agers.....	131

CHAPTER 7. DISCUSSION AND CONCLUSION.....	144
7.1. Research Summary.....	144
7.2. Discussion and Conclusion.....	153
7.3. Limitations and Suggestions for Future Research.....	156
 BIBLIOGRAPHY.....	 158
VITA.....	172

## ILLUSTRATIONS

### Tables

1. Basic Descriptive Statistics of All Variables.....	83
2. Logistic Regression Determinants of Inclination to Spirituality.....	86

### Figures

1. Initial Research Framework.....	65
2. Final Research Framework.....	66
3. The Three Conceptual Distinctions.....	143
4. The Conceptual Framework Summarized the Results.....	152

## ABSTRACT

This dissertation investigates how religious healing knowledge has been defined and used by scholars, physicians, and New Agers and how religious healing knowledge emerged as a legitimate area of knowledge in Taiwan. The key position of religious healing knowledge within the entanglement between religion and spirituality is also examined. After the martial law was lifted in 1987, Taiwan's society had rapidly diversified, and its religions were at the transition point between the old and the new. Meanwhile, the new spirituality culture was introduced into Taiwan in the 1980s and got popular in the 1990s, and it inherited the trend of religious individuality and the orientation of syncretism. Results in this dissertation showed that the concept of "spirituality" had its particularity in the context of Taiwan. Although there was a continuity between religion and spirituality, the concept of "spirituality" was not stabilized in Taiwan, giving actors like scholars, physicians, and New Agers an operating space to do knowledge production and connect differentiated knowledges. They regarded religious healing knowledge as a resource for knowledge translation, which made its legitimacy had gradually emerged. The scholars' interest was to indigenize academic knowledge, and they mobilized religious healing knowledge to connect foreign and local knowledge; the conceptual distinction between disease and illness was important to them. The physicians' interest was to find other healing methods to supplement the deficiencies of Western medicine, and they mobilized religious healing knowledge to connect CAM and Western medicine; the conceptual distinction between cure and healing was important to them. New Agers' interest was to seek spirituality that is different from traditional religions, and they mobilized religious healing knowledge to construct a flexible, hybrid cosmology in order to connect foreign and local healing knowledge; the conceptual distinction between religion and spirituality was important to them. The three

concepts of illness, healing, and spirituality were more flexible than concepts of disease, cure, and religion. They provided these actors a space for operation in their knowledge production. The legitimacy of religious healing knowledge was brought out through their knowledge production.

# CHAPTER 1. INTRODUCTION

## 1.1. Background

This dissertation investigates how religious healing knowledge<sup>1</sup> has been defined and used by scholars, physicians, and New Agers and how religious healing knowledge emerged as a legitimate area of knowledge in Taiwan. Investigating the emergence of the legitimacy of religious healing knowledge is worthwhile for several reasons. First, religion has a substantial impact on patients' understanding of illness, of medical systems, and of daily healthcare behavior in Taiwan, (Wen-Yuan Lin 2014, 1998; Wu and Huang 2002; Ling-Fang Cheng 2002). Patients' religion-oriented cosmology and worldview can exert a powerful explanatory framework that can affect their cognition and behavior along multiple dimensions (Hsun Chang 1989; Foster 1992). Second, patients often use religious healing knowledge as a resource when discussing medical practices with their healthcare providers to counter the professional power of doctors (Wen-Yuan Lin 2014, 1998; Ling-Fang Cheng 2002). As religious healing knowledge encourages patients to value their subjective bodily experience, it can influence medical behaviors and impact the medical system broadly (Wu and Huang 2002). Finally, and perhaps most importantly, while it has roots in the folk medical systems of Taiwan, religious healing knowledge has also

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<sup>1</sup> I use "religious healing knowledge" to collectively refer to the healing knowledge both in religious folk medicine of Taiwanese tradition and the new spirituality culture. Since Taiwanese people's healing practices in daily life are often the hybrid of several different traditions and cultures, it is reasonable and convenient to refer to them by a collective term. In addition, they are all in a weak position relative to Western medicine, and their legitimacy is often questioned. Using such a collective term can appropriately present the difficult situations shared by these healing knowledges, rather than ignoring their differences. Its scope is quite broad, roughly including knowledge about using natural remedies, alternative therapies, hypnotherapy, shaman service, reiki, massage therapies, meridian therapies, and other folk remedies; and knowledge about practicing Qi, meditation, yoga, and activities to boost your energy or improve the harmony of your magnetic field; and even knowledge about using body-mind-spirit products such as essential oil, flower essence, crystal, ore, so forth and so on.



been hybridized with psychology and biomedicine knowledge systems. Taiwan's indigenized psychologists and doctors all translate religious healing knowledge and integrate it into their knowledge making processes (Der-Huey Yee 2006; Tien-Sheng Hsu 2016a).

Government policies over many periods in the longer history of Taiwan's colonization helped to create separate spheres between religion and medical care (Yong-Wen Ye 2013, 2006). Nevertheless, religion and medical care have never been completely separated in Taiwan's folk culture (Wei-Hsian Chi 2019; Yong-Wen Ye 2009; Hsun Chang 2008; Kleiman 1981). Consistent with the findings of medical anthropology in various places, Taiwanese health care behaviors and medical behaviors can be described as hybridized, drawing on multiple medical systems simultaneously. In an effort to seek the widest possible range of advice, patients do not limit themselves to a single medical system (Hsun Chang 2008, 1989; Foster 1992). With official government support, Western medicine attained the highest position in the hierarchy of medical knowledge from the Japanese colonial era until today (Yong-Wen Ye 2006). Religious healing knowledge had been dismissed as superstition by some intellectuals and ordinary people and relegated to the lowest position in the medical knowledge hierarchy (Wei-Hsian Chi 2019). After the mid-1980s, however, religious healing knowledge gradually re-emerged as a valued form of knowledge in Taiwan, and its re-emergence must be understood within the historical background of Taiwan. The actions of all actors discussed in this dissertation are deeply embedded in the special social and cultural contexts of this historical period.

## **1.2. Research Questions**

My dissertation addresses the following, interrelated research questions:

- First, how did Taiwanese people's religious healing and religious behaviors and attitudes affect their inclination to spirituality in the religious context where religion and the new

spirituality culture<sup>2</sup> were intertwined?

- Second, how did the legitimacy of religious healing knowledge emerge through the translation of scholars, physicians, and New Agers?
- Third, how did scholars translate religious healing knowledge to connect foreign academic knowledge and local academic knowledge to achieve the indigenization of knowledge?
- Fourth, how did physicians translate religious healing knowledge to connect complementary and alternative medicine (CAM)<sup>3</sup> and Western medicine?
- Fifth, how did New Agers translate religious healing knowledge to connect local knowledge of healing and foreign knowledge of healing?

To address my first research question, I used quantitative data drawn from Taiwan Social Change Survey (TSCS) to examine the effects of both religious healing and religion on Taiwanese people's inclination to spirituality. From these statistical models, we can see the entanglement of religion and spirituality in Taiwan, as well as the important position of religious healing knowledge and practices in the new spirituality culture. After the martial law was lifted in 1987, the trend of religious individuality and the common orientation of syncretism in Taiwan's religions seemed to have been inherited by people in the new spirituality cultural circle (Jen-Chieh Ting 2004: 328; Chia-Luen Chen 2001), and the knowledge and practice of religious

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<sup>2</sup> The new spirituality culture includes what Taiwanese call New Age or body-mind-spirit in daily life. In general, it refers to the spiritual thoughts or techniques of spiritual practice introduced into Taiwan in and after the 1980s. The term "new spirituality movements and culture" is suggested by Susumu Shimazono (2000). What I call "spirituality" in this dissertation may be much more of a culture than movements, so I use the term of "the new spirituality culture." More details are in Chapter 5.

<sup>3</sup> "Complementary and alternative medicine (CAM) covers a heterogeneous spectrum of ancient to new-age approaches that purport to prevent or treat disease. By definition, CAM practices are not part of conventional medicine because there is insufficient proof that they are safe and effective (Barnes, Bloom & Nahin 2008: 1)."

healing as one of their core interests can best present these characteristics (Chia-Luen Chen 2007). People who were passionate about religious healing knowledge and practices usually valued folk knowledge or alternative knowledge. Not only did they not regard religion and science as opposites, but in their syncretism tendencies they even tried to integrate religious knowledge and scientific knowledge with a cosmology of holism. Their effort in this could best be seen in their use of religious healing knowledge. The scholars, physicians, and New Agers mentioned later were acting in this religious context.

To address my second research question, I draw on Actor–Network Theory (ANT) perspectives to discuss how the legitimacy of religious healing knowledge emerged through translations by influential actors. According to ANT perspectives, the emergence of a phenomenon depends on the connection and alliance of multiple actors' actions within a network, where each actor makes a contribution to the occurrence of the phenomenon (Latour 2016). In ANT, the agency of each actor mainly occurs through “translation,” or causing a displacement of things, ideas, or other actors to a new state where network components negotiate new meanings and interpretations with each other (Latour 2016; Wen-Yuan Lin 2014). “Translation” refers to the transformation of knowledge or recorded data from one form to another by actors, and the process of translation must involve the interests of different actors in order to make the knowledge or recorded data have an effect on, or can be used by, these different actors (Sismondo 2007)<sup>4</sup>. In other words, translation can draw connections between

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<sup>4</sup> Scholars of ANT believe that scientific representation is the result of manipulating instruments and recorded data, and the key to credibility of science lies in the rigidity of translation. In translation, forms of data are constantly being replaced. They are summarized and restated in new ways again and again, increasing their distance from the original observation with higher and higher degree of abstraction. It is the operation of instruments, manipulation of data, organization of information, and systematic comparison between concepts and raw data that make certain universality of scientific knowledge possible (Sismondo 2007: 118-120).

seemingly different and unconnected individuals and systems (i.e., between Western medicine and complementary and alternative medicine, or between foreign knowledge and local knowledge). When the actors in the network are connected and the power of their translation is guided in the same direction, a phenomenon may be “enacted to emerge.” Latour (2016) suggested that in order to understand the emergence of a phenomenon, we should track how the actors’ translations are carried out, and how their translations create alignment. Based on Latour’s suggestion, I conducted a series of explorations within the knowledge fields of (a) medical anthropologists and indigenized psychologists, (b) physicians operating within the CAM area of Seth Material<sup>5</sup> and Western medicine, and (c) Taiwanese New Agers, which led to my second, third, and fourth research questions, respectively.

To address my third research question, I examine the published works of medical anthropologists and psychologists who specialized in knowledge indigenization to study why and how they formed a cross-disciplinary group to translate religious healing knowledge and achieved the indigenization of academic knowledge. In addition, I will explain why and how the conceptual distinction between “disease” and “illness” is particularly important for these scholars’ translation. Following this distinction, scholars tended to emphasize the ethical function of religious healing. I will also explain how scholars used this distinction to extend their networks to physicians and New Agers.

To address my fourth research question, I examine the published works of physicians who advocate the Seth Material to understand why and how they translated religious healing knowledge to connect complementary and alternative medicine (CAM) and Western medicine. In

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<sup>5</sup> The Seth Material is considered to be the philosophical cornerstone of the New Age Movement and is considered to be one of the most influential psychic works after the World War II (Albanese 2007). See Chapter 6 for more details.

addition, I explain why and how the conceptual distinction between “cure” and “heal” has been particularly important for these physicians’ translations. Following this distinction, and in a way that was similar to the aforementioned scholars, physicians guided medical discussions more toward the direction of ethics. I explain how physicians use this distinction to translate, and how their translations have a similar effect to scholars’ in the network.

To address my fifth research question, first, I examine the book *The Aquarian Conspiracy*, which is regarded as a classic of the New Age Movement by Taiwanese New Agers, to study how New Agers translated a wide range of things to displace them and incorporate them into the network of the New Age Movement. Second, I discuss how New Agers used the distinction between “religion” and “spirituality” in the translation of religious healing knowledge to connect foreign healing knowledge with local healing knowledge. Third, I investigate how New Agers used the concept of “holism” in the translation of religious healing knowledge to connect the three above-mentioned distinctions, “disease and illness,” “cure and healing,” and “religion and spirituality.”

The purpose of my dissertation, first, is to check and clarify the key position of religious healing knowledge, which includes the religious folk medicine in Taiwanese culture, the alternative therapies in the new spirituality and the body-mind-spirit healing in a broad sense., within the entanglement between religion and spirituality in the context of Taiwan. To investigate this, logistic regression models and quantitative data drawn from Taiwan Social Change Survey are used. Second, this dissertation further explore how religious healing knowledge was applied to social sectors other than religion. I am interested in why and how certain scholars, physicians, and New Agers in Taiwan re-valued religious healing knowledge after 1980. In this part, I use

qualitative materials such as related historical documents and texts to investigate, consistent with ANT perspectives.

### **1.3. Motivation**

In the 1980s, especially after martial law was lifted in 1987, Taiwan's social and cultural changes became more rapid and more complex. Many ideas and forms of knowledge that had previously been dismissed, censored, or blocked began to re-emerge and spread into and across Taiwan. In addition to overall modernization and diversification, sociocultural fault lines between "foreign and local" and "modern and traditional" were also being re-examined (Li-Chun Hsiao 2016; Chi-Jeng Yeh 2001). Taiwanese experts in many fields began to reflect on Taiwan's indigenized modernity. Many scholars in the fields of humanities and social science began the projects of knowledge indigenization (Chih-Chieh Tang 2016; Chi-Jeng Yeh 2001), and academic knowledge started to have a close interaction with folk culture (Li-Chun Hsiao 2016). Unlike the previous opposition to religious healing, the academic community began to rethink the connection between religion and medical care, and religious healing knowledge was re-examined (Der-Huey Yee 2006; Chin Min Cheng 2005). In addition, ordinary people's culture has also begun to accept that foreign religious healing knowledge can be integrated with local knowledge (Chia-Luen Chen 2015, 2001). Taiwanese often refer to this as "body-mind-spirit healing" (Yi-Ren Wang 2010; Fei-Yi Liang 2005), and many doctors have also begun to pay attention to religious healing knowledge (Chih-Chieh Tang 2016). Overall, since the 1980s, many scholars and doctors have become actors in the middle ground between religion and medicine.

How should I understand the legitimacy of religious healing knowledge promoted by these actors? After exploring the relevant literature, I found that Actor-Network Theory (ANT)

provided the most appropriate approach. ANT is also called the “sociology of translation” by Bruno Latour, one of its main theorists (Latour 2016). Latour (2007) cautioned that the use of the term “theory” for ANT might be misunderstood that this is a theoretical model that can be directly applied. To the contrary, ANT attaches importance to empirical data and case studies. In fact, ANT is an approach to investigate in and understanding how a social phenomenon is generated. This approach tracks changes in the relationship between actors, observes how actors and actants form a network and act within the network, and tries to understand how actors and their actions promote a certain social phenomenon with the network (Latour 2016). The term “translation” in ANT focuses on the agency of actors, indicating a series of actions in which the actor changes the essence and function of systems through dynamic connections with other actors in a specific network in order to achieve their own interests (Latour 2016, 2012; Wen-Yuan Lin 2007). This perspective helps researchers follow the steps of the actors, trace the changes in the reality constructed by their actions, and avoid simplifying the diversity and heterogeneity of their actions (Wen-Yuan Lin 2014).

The advantage of ANT is that it can describe the dynamic situation where reality and concept are intertwined, and this dynamic situation is developed in the heterogeneous and intermediary implementation of the actors. It provides researchers with a perspective to understand how knowledge, situation, and agency are relatedly constituted, and how actions contribute to a particular social reality (Wen-Yuan Lin 2014). In the process of forming an ongoing network, all actors, things, symbols, or concepts are unstable and are always in transition, thus presenting as a state of hybrid and heterogeneity (Latour 2012). With ANT, I am able to describe how scholars, doctors, and New Agers translate religious healing knowledge for their own interests and how they form a network that connects religion and medicine and further

promote the legitimacy of religious healing knowledge. Furthermore, the concept of “translation” helps us understand how these actors use religious healing knowledge to connect differentiated knowledges between foreign and local, modern and traditional, or expert and ordinary people.

In addition, ANT regards non-humans as actors in the network, and they also have the agency to “translate.” The associations formed by the combination of non-human and human actors can be stabilized by their actions of translation, so that the network can continue to exist, even extend (Latour 2012). In the previous research of ANT, non-human actors included animals, natural phenomena, tools and artifacts, material structure (such as the internet), vehicles, texts, and economic commodities (Sayes 2013). These non-human actors are constantly changing in the ongoing process of forming the network, and their essences and effects can be identified only through interaction and association with other actors (Wen-Yuan Lin 2007). Non-human actors, like human actors, must form alliances with others in the network to continue to exert influence, and they must pay a price to maintain the alliances. “Academic concept” as a non-human actor must also be the same (Latour 2016). This view helps explain why the distinctions of “disease and illness,” “cure and heal,” and “religion and spirituality” are so important for scholars, doctors, and New Agers when translating religious healing knowledge, and how these distinctions of concept can make an impact on the emergence of the legitimacy of religious healing knowledge.

In short, through the lens of ANT, this study attempts to understand and explain how actors can connect differentiated knowledges through their agency of translation in the intermediary network of religion and medicine.



#### **1.4. Organization of this Dissertation**

As I have mentioned in this chapter, first, for both professionals and ordinary people, medical and healthcare behaviors are inseparable from the issue of knowledge. Second, the policies of various governments had historically relegated religious healing knowledge to the lowest position in the hierarchy of medical knowledge. However, since the mid-1980s, many scholars, physicians, and New Agers started to re-value religious healing knowledge. Third, scholars, physicians, and New Agers continue to use religious healing knowledge for knowledge translation to connect differentiated knowledges (such as foreign and local knowledge, or professional and ordinary people's knowledge.) Fourth, the modernization of religious healing knowledge provides an important perspective to observe Taiwan's modernity. Fifth, the approach of actor-network theory (ANT) is appropriate for investigating my research questions.

I review the relevant literature in the next chapter. First, this chapter explains why this study cannot investigate religious healing knowledge by following the research line of religious coping studies. Second, this chapter explains why "knowledge" plays a critical role in the connection between religion and medicine, and why competition and negotiation between different knowledge systems must be incorporated into any holistic understanding of knowledge. Third, this chapter explains why I choose to employ an ANT approach and what changes must be made to ANT. I focus on the concept of "translation" and explain why religious healing knowledge is helpful for Taiwanese scholars, doctors, and New Agers to translate knowledge between different systems.

In Chapter 3, I trace the historical context of religious healing in Taiwan, and explain why the dominant position that Western medicine achieved during the colonial era challenged the legitimacy of religious healing knowledge in multiple ways. I focus on some of the most relevant

historical contexts of religious healing in Taiwan in this chapter. In addition, the particularity of Taiwan's religions and religious changes after the martial law was lifted is discussed, in order to prepare for the investigation of the interplay between religion and spirituality in later chapters. Furthermore, I introduce Taiwan's folk medical systems and describe their core components.

Chapter 4 is about the materials and methods used in this dissertation. This study uses both qualitative and quantitative data to try to investigate the different aspects of religious healing in Taiwan.

In Chapter 5, I examined the data drawn from Taiwan Social Change Survey, attempting to clarify the key position of religious healing knowledge in the interplay between religion and spirituality. I use a national sample of Taiwan to test the effects of religious healing and religiosity variables<sup>6</sup> on people's inclination to spirituality. By doing so, we can understand not only the continuity between religion and spirituality but also the important role of religious healing knowledge as a hybrid of religion and spirituality plays in the contemporary religious context of Taiwan. Besides, this chapter provides background knowledge for the next chapter, showing that it is the trend of religious individuality and the common orientation of syncretism that help the application of religious healing knowledge to social sectors other than religion become possible.

In Chapter 6, by using the perspective of ANT, I pay attention to four groups of people—medical anthropologists, indigenized psychologists, physicians who advocate the Seth material, and the New Age community—to explore how they translate religious healing knowledge for

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<sup>6</sup> In this study, I regard religious healing as being independent of religious variables because it set foot in many fields other than religion. It is precisely for this reason that this study must clarify the particularity of religious healing. To avoid confusion, I use “religiosity variables” to refer to other religion-related variables.

their own interests and further promote the legitimacy of religious healing knowledge. First, I inquire why the distinctions of “disease and illness,” “cure and heal,” and “religion and spirituality” are important for these actors to translate religious healing knowledge, and what this has to do with the legitimacy of religious healing knowledge. Second, I find out why the concept of “holism” is so important for these communities, and how they use this concept for translation of knowledge. Third, I investigate how scholars, physicians, and New Agers use religious healing knowledge to connect differentiated knowledge between foreign and local, modern and traditional, and expert and ordinary people, respectively. Meanwhile, I investigate how religious healing knowledge provides a foothold for their knowledge production.

Chapter 7 is the discussion and conclusion. I collate the research results of Chapters 5 and 6, and further understand the characteristics of Taiwan’s indigenous modernity from the perspective of the emergence of the legitimacy of religious healing knowledge. I propose what Taiwan, as a “modernity laboratory,” can contribute to the understanding of multiple modernities.

## **CHAPTER 2. LITERATURE REVIEW**

Employing Actor-Network Theory (ANT) perspectives, this dissertation investigates how scholars, physicians, and New Agers brought about the re-emergence of the legitimacy of religious healing knowledge through their action of translation. Why and how these actors use religious healing knowledge to translate differentiated knowledge are this dissertation's core concern. This chapter first describes the limitations of a line of research known as "religious coping", and why I elected to pursue an alternative research strategy. Second, I explain why "knowledge" plays a central role in the connection between religion and healthcare. Third, I review the relevant history of why, in Taiwan, religious healing knowledge fell into the bottom of the hierarchy of knowledge. Fourth, I will explain why and how this dissertation employs the ANT approach. Fifth, I will explain why Taiwanese scholars, physicians, and New Agers needed to connect the differentiated knowledges to achieve the indigenization of knowledge, and why religious healing knowledge is beneficial to their action of translation.

### **2.1. Religion and Health**

In the sociology of health and illness, scholars relate health and illness to social factors and the social environment. Quantitative analyses in sociology have examined various social conditions, such as stress, negative life events, tension between social roles and social support, and how these affect levels of health and illness (Rogers and Pilgrim 2011). Among them, the effect of religion on health was valued. In Western societies with Christianity as the mainstream, the relationship between religion and health had been broadly examined from different aspects, and in general the results had shown that religion was beneficial to health (Koenig, McCullough, & Larson, 2001).

The impact of religion on health was also tested in the context of Taiwan, but relevant studies found that there was a different pattern. In the test on Taiwanese people, the effect of religion on health was often negative, sometimes no significant effect (Lin, Liang, & Chen 2017; Fan & Hsiao 2013; Liu, Schieman, & Jang, 2011; Chou & Su 2009). Especially, the relationship between religion and mental health was mostly negative (Fang, Wang, & Fang 2019; Lee 2013; Chen-Yuan Wu 2003). Scholars have tried to explain the different pattern in Taiwan, and many of them pointed the reasons to Taiwanese people's tendency of religious coping and the related self-selection effect.

### **2.1.1. The Self-Selection Effect of Taiwanese People's Religious Coping**

Scholars often believed that there was a self-selection process in Taiwanese people's religious attitude and behavior that led to the negative or nonsignificant relationship between religion and health (Fang, Wang, & Fang 2019; Lin, Liang, & Chen 2017; Chen-Yuan Wu 2003). That is, they believed that people with health problems were more likely to resort to religion. Lin, Liang, and Chen (2017) used the data from National Health Interview Survey (N= 15,978) to investigate gender differences in the relationship between religion and Health-Related Quality of Life. They divided their samples into male and female groups and found that religious affiliation and religious attendance were beneficial to men's health. However, women with religious affiliation were worse in physical, mental, and general health than women without religious affiliation, and women with higher religious attendance had worse physical and mental health. Their explanation was that Taiwanese women with poor health tended to look for comfort and relief through religion, while Taiwanese men did not have such a tendency of religious coping for health issues. Similar pattern has been found in another study. Chen-Yuan Wu (2003) used a sample of Taiwanese middle-aged and elderly people and found that spiritual help-seeking

behavior had a positive effect on negative mood, but it had no significant effect on positive mood. Therefore, in Taiwan, the negative or nonsignificant relationship between religion and health was very likely caused by the self-selection effect of unhealthy people's religious coping behavior. It seemed that people with health issues were more likely to turn to religion to cope with their problems. Even if religion was functioning some beneficial influence on health, the positive effect of religion could possibly be offset by the opposite self-selection effect.

Fang, Wang, & Fang (2019) have tried to verify the effect of self-selection in Taiwanese religious behavior. They believed that there were three structural conditions that might encourage people to appeal to religion when in problem. First, religious inheritance happened on only 50% of Taiwanese people, so Taiwanese people were more likely to choose religions they preferred when they had discovered their religious needs (Fang, Wang, & Fang 2019). Second, the tendency of syncretism made the main religions in Taiwan shared similar worldviews, so it cost relatively less to do religious conversion in Taiwan (Wen-Ban Kuo 2009). Third, research had shown that Taiwanese people pay more attention to efficacy of solving personal problems than doctrine in their religious behaviors (Hsin-Chih Chen 1999; Pen-Hsuan Lin 1998).

In order to verify the effect of self-selection, Fang, Wang, & Fang (2019) divided the reasons for religious affiliations and religious behaviors of Taiwanese into three categories: (1) Instrumental reasons and behaviors: those who regarded religion as a means of coping when in difficult situations, feel uncertain or insecure about life, or cannot live a life free of disabilities. (2) Self-actualized reason and behaviors: those who regarded religion as an approach of self-actualization. They did not turn to religion for dealing with difficulties but for enhancing human potential, positive emotions, or seeking meaning in life. (3) Conventional reasons and behaviors: this type of people followed their families or communities to believe in or practices a religion

(Fang, Wang, & Fang 2019: 67-69). They supposed that among the three types above, only the instrumental type had self-selection effect on distress. The results confirmed their hypothesis that the instrumental reason and behaviors did have a significant positive effect on distress, while the other two types did not.

Based on the findings in previous research, in terms of the relationship between religion and health, it seems that the research line of religious coping can make more sense in the context of Taiwan. Nevertheless, the particularity of Taiwan's religious background and the spread of new spirituality culture make the religious attitudes and behaviors of Taiwanese people much more complicated than this research line can grasp. In the following paragraphs, I first explain the religious coping approach and its limitations, and then I explain why this dissertation cannot follow this approach.

### **2.1.2. Research on Religious Coping and Its Limitations**

Religion can provide individuals with the material or psychological resources needed to cope with stress, and this becomes one of the most important approaches to investigate the connection between religion and health (Pargament 1997). "Religion" here is not limited to institutional religions. Various alternative therapies in New Age are often applied by people as religious coping methods (Chia-Luen Chen 2001; McGuire 1988).

Stress is often what people cope with. Cockerham (2013) defined stress as a highly nervous reaction of the body and mind to external stimuli, which causes personal fear or anxiety (p214). The cause for stress that scholars pay attention to at first is extreme life changes, such as experiences of flood disaster or war (Antonovsky 1979); later scholars turned their attention to the pressure of unpleasant events in life, such as divorce, poor quality working environment, or financial difficulties. Pressure caused by different events could be cumulative (Mirowsky & Ross

2003). Cockerham (2013) also mentioned that some pressure in modern society may be intangible or symbolic. Because there is no clear stressor, it is hard to be coped with in specific ways, which puts one's body and mind under long-term tension and harms their health.

Lazarus and Folkman (1984) defined "coping" as that one accesses that their internal and external needs exceed their own resources in the current situation and make efforts on their cognition and behavior to improve the situation. Pargament (1997) argued that when people are in trouble and suffering, they are especially easy to turn to religion. At this time, they clearly see that there are parts of life beyond their control, and religion can help them face their own limitations and provide various resources for adjustment. In addition, people's religious coping behaviors are embedded in the culture contexts. When religious factors are integrated into a person's life course, it may bring both help and harm. Religion can be either a significant stress buffer or something exacerbating this person's response to stress (Pargament, Feuille & Burdzy 2011).

The studies of religious coping are mostly quantitative and apply the Religious Coping Scale (RCOPE) developed out of Pargament's (1997) program. Ching-Wei Chien (2014) applied the RCOPE scale in their study, whose samples were 163 Taiwanese college students. The results showed that when the students were under pressure, their religious devotion and the subjective importance of religion were positively correlated with religious coping behaviors. Regardless of general or specific pressure, the students did positive religious coping (expressed trust and sense of security to religious resources) more frequently than negative religious coping behavior (expressed distrust and sense of uncertainty to religious resources), indicating that those who used religion to cope with stress tended to believe that religion is benevolent, credible, and reliable. This result was in line with previous research in the United States (Bjorck & Thurman



2007; Pargament, Koenig, & Perez 2000). However, the RCOPE scale is not a research instrument developed from the indigenous context of Taiwan, and Chien's research gives an overall impression that it is very far from Taiwan's real religious context. The RCOPE scale used words or phrases like "sin," "spiritual," "devil," "prayer," "meditation," and "clergy" which could be full of divergence to Taiwanese people, but Chien's study took them for granted without making any revision, ignoring the fact that there were essential differences between religions in Han Chinese Culture and those in the West.

In Taiwan, people rarely identify themselves by a religious affiliation. Since Confucianism, Buddhism, Taoism, and folk religions are historically integrated into daily life and culture (Pas 1979), most of the time they are difficult to tell the difference. Yang (1961: 294-300) called Chinese major religions "diffused religion," in which theological concepts, religious organizations, and rituals are highly integrated into the secular social system, intertwined with kinship networks and local communities. In contrast to the Judeo-Christian contexts, religious affiliation is rarely a main concern to Taiwanese. Sometimes they simply do without recognizing they are doing something religious.<sup>7</sup>

In modern times, it is very common for people to assemble a set of religious healing practices for themselves, which may be mixed with different kinds of religious elements. McGuire (2008) provided an elaborate portrait of religion in daily life from her qualitative data. She argued that many scholars of religion have assumed that individuals practice a single religion, exclusive of other religious options. However, according to her qualitative data, it was often the case that people blend their traditional religious practices with new patterns of

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<sup>7</sup> The particularity of religion and its changes in Taiwan will be explained in more detail in Chapter 3.

spirituality. She also criticized the concepts of individual commitment and belonging because she argued that these concepts were based on narrow Judeo-Christian norms. Realizing the complexities of individual religious practices, she emphasized that not only do religious practices change over time, but what is considered to constitute religion also changes. Thus, she used the term “lived religion” to describe the actual experience of religious persons from the prescribed religion of institutionally defined beliefs and practices. In this sense, lived religion depicts a subjectively grounded and potentially creative place for religious experience and expression, and it is similar to Hill and colleagues’ (2000) criteria for spirituality and Heelas’ (1988) definition of New Age spirituality. Paul Heelas (1988) proposed New Age spirituality as a form of “self-religion.” In addition, both McGuire and Heelas found that various forms of embodied healing practices played a very important role in spirituality (Heelas 1996; McGuire 2008). McGuire (2008) found that the vast majority of those she interviewed considered physical and emotional health, spiritual growth, and sense of well-being to be intertwined into a holistic linkage of mind, body, and spirit.

In brief, religious coping involves in a wide range of cultural hybrids, and its complexity is far beyond what is discussed in existing quantitative research. This is also true in Taiwan (Chia-Luen Chen 2015), which makes it difficult to investigate Taiwanese religious healing behaviors by using existing approach of religious coping studies.

### **2.1.3. Contextualizing Health and Illness**

The concepts of “health” and “illness” are not established facts, and their meanings vary in different sociocultural contexts. Medical anthropologists found that different societies have quite different concepts and behaviors related to health or illness. The experience, cognition, and behavior of illness are the same as other human behaviors, which are learned in a specific

sociocultural environment, and they are by no means universal (Kleinman 1980). Even different medical systems in the same society have different criteria for identifying illness, and therefore their treatment methods are also different (Hsun Chang 1989; Kleinman 1980). Taiwan has always had multiple medical systems. Scholars agree that Taiwan's medical system can be roughly divided into three categories: Western medicine, Chinese Medicine, and folk medicine (Hsun Chang 2008, 1989; Kleinman 1980). Each medical system has its own etiology, disease name, classification, diagnosis, treatment, and prevention methods. According to Chang's (1989) fieldwork, most Taiwanese have experience in seeking medical advice from all of the three medical systems, and all behaviors related to health and illness are based on the practical nature of a particular situation. There may be complicated ideas of etiology behind their behaviors. A person's ideas or behaviors about health and illness can often be hybrid and constantly updated (Hsun Chang 2008, 1989).

In addition, the ideas and behaviors related to health and illness may change as the medical knowledge, discourse and technology update. On the one hand, the idea of health that "prevention is better than cure" has become a common sense, and many medical discourses have been appropriated by people to manage their own bodies. On the other hand, with the continuous emergence of health discourses, more and more aspects of life are connected to the issue of health and illness, so that a person's everyday life is mostly under the management and intervention of the medical profession (Conrad 2015; Zola 1972). But people do not always passively accept the management of medical authorities. Due to the transformation of knowledge production, dissemination, and consumption methods, it is difficult to maintain clear boundary between experts and ordinary laymen. People no longer have to stay passive but may actively participate in medical technology to build ideal bodies and acquire new self-identities (Clarke et

al., 2003). Giddens (1991) also had the same observation. He noted that in late modernity, the body became a place for interaction between expert knowledge and one's self-reflexibility, and individuals often have to plan their body's development. The body is a thing continuously in process.

Based on the above reasons, we cannot fully understand the relationship between religion and health by examining the effects of religious variables on health variables alone. Whether in terms of religion or health, one's ideas and behaviors now tend to be hybrid, dynamic, and individualized. It is difficult for us to capture them with a few concepts or variables, especially in the context of Taiwan, which had rich experience of being colonized in history. On the contrary, we can investigate how the actions of the mediators make the connection between religion and health. To do so, this dissertation follows the approach of Actor-Network Theory, and the details will be explained in the last section of this chapter.

## **2.2. The Emergence of the Hierarchy of Knowledge in the Field of Healthcare**

This section mainly explains why the researchers of religion and healthcare must pay attention to the issue of "knowledge" when they connect these two fields. In fact, "knowledge" is the key factor which can shape various social relationships and practices in medical systems (Jewson 2004). I will start the discussion from the interaction between expert knowledge and ordinary people's knowledge in the field of healthcare in the next paragraph, and later I will discuss why ordinary people's knowledge and complementary and alternative medicines (CAM) can survive and thrive, even under the dominance of mainstream medical knowledge.

### **2.2.1. Expert Knowledge and Folk Knowledge in Healthcare**

Medical expertise cannot be separated from the operation of power in the process of acquiring, possessing, and distributing knowledge (Foucault 1980). On the one hand, when a

professional knowledge achieves a higher position in the hierarchy of knowledge, those who apply this knowledge will also exhibit less resistant power when acting. On the other hand, the result of the cooperation of knowledge and power can shape people's perception of "reality" and further produce a series of mechanisms for judging "normal or not" and "true or false" (Foucault 1980). One of the major research lines of medical sociology focused on analyzing how patients were subject to the medical system and how they were affected by medical professions, medical organizations, and medical policies (Ling-Fang Cheng 2002). Once entering the field of the medical profession, laymen's knowledge of health and illness was usually not regarded as effective. At this time, people became the service target of the medical profession, and the medical profession had quite successfully controlled their medical activities (Freidson 1970).

The knowledge hierarchy is the major cause of inequality in medical relationships (Wu and Huang 2002; Freidson 1970). Medical historians pointed out that the pattern of doctor-patient relationship changes with the change in the pattern of production of medical knowledge (Jewson 2004). The inequality in the doctor-patient relationship is actually the inequality between expert knowledge and ordinary people's folk knowledge. In modern time, the knowledge of Western medicine is considered to be at a higher position than folk knowledge in the hierarchy of knowledge. In other words, the knowledge of Western medicine is the "authoritative knowledge" in the field of healthcare (Jordan 1993). An authoritative knowledge wins its credibility through the process of knowledge competition, in which its advocates and supporters strategically mobilize social resources to achieve their purposes (Epstein 1996). That is to say, the credibility of authoritative knowledge is not only derived from itself but also involves many social and historical factors.

The authoritative knowledge of Western medicine, nevertheless, is not the one always the most appropriate or the most effective, especially when medical users value the knowledge, they learned from their subjective bodily experience and everyday life (Wu and Huang 2002; Giddens 1991). Only when a medical user finds an alternative knowledge system that is credible and reliable to her can she break away from authoritative knowledge (Jordan 1993), and the subjective bodily experience after using complementary and alternative medicines in folk knowledge or doing spiritual practices such as meditation and yoga is often the one (Giddens 1991). A person's healthcare choice is often the result of competitions and negotiations between different knowledges, which included the tacit knowledge from their bodily experience, the expert knowledge of Western medicine and the knowledge of other medical systems (Wu and Huang 2002; Ling-Fang Cheng 2002). In many cases, people choose the most appropriate method of healthcare based on their subjective bodily experience (Wu and Huang 2002; Ling-Fang Cheng 2002; Giddens 1991).

The authoritative knowledge of Western medicine may still be in an unfavorable position in the following situations. First, in modern medical expertise, patients' subjective feelings are often ignored (Jewson 2004). The etiology held by biomedicine believes that the cause of illness can be traced back to specific biological factors, such as local tissue inflammation or bacterial infection, and treatment must be directed to these biological and physiological factors (Freund & McGuire 1991). Medical training often focuses on the judgment of symptoms and the diagnosis of specific diseases and prioritizes symptoms and indexes over the subjective feelings of patients (Mishler 1984). Second, in modern medical expertise, the actual life context of patients is often overlooked. Physicians often believe that biomedical knowledge is universal, and according to this set of universal knowledge, they can judge the disease of the patient based on the symptoms

and indexes from examinations (Jewson 2004; Ling-Fang Cheng 2002). However, in practice, physicians must face various clinical uncertainties. They must judge a large number of contextual problems which cannot simply be handled by a set of universal knowledge (Fox 1989), and it is necessary to consider the sociocultural context that the patient is in to make an accurate diagnosis (Mishler 1984; Freidson 1970). These characteristics of Western medicine make it unable to satisfy many medical users and make them resort to alternative knowledges of healthcare.

Overall, although the authoritative knowledge of Western medicine is in the highest position in the hierarchy of knowledge, it does not completely dominate the healthcare field. It tends to underestimate the subjective feelings of patients and their actual life situations so that complementary and alternative medicine (CAM) and body-mind-spirit healings in folk knowledge can still thrive where common people view them as essential for understanding and assisting through their health-related experiences.

### **2.2.2. Folk Knowledge and Complementary and Alternative Medicines**

Although knowledge of Western medicine is authoritative, it is neither fully dominant nor irrefutable. In fact, Western medicine, like all knowledges that rely on expertise, often face multiple areas of dispute (Latour 2016; Epstein 1996, 2000; Giddens 1991), while folk knowledges often play a considerable role in everyday practices. Not only do ordinary people use complementary and alternative medicines (CAM) and body-mind-spirit healings in folk knowledge, many doctors of Western medicine also advocate some non-Western medical practices for their own reasons and sometimes integrate their medical practices with non-Western medicine (Tien-Sheng Hsu 2016a; Yi-Ren Wang 2010).

In addition, expert knowledge and folk knowledge often maintain constant interplay with each other, blurring the boundary between the two (Wynne 1996; Giddens 1991). On the one hand, while individuals may attain expertises within a defined area, they may not have the same level of expertise outside the scope of their field, and they may act in accordance with common sense in those areas (Giddens 1991). On the other hand, with the convenience of obtaining information nowadays, people can access many different knowledges and assemble a set of their own personal knowledge for their own use in life (McGuire 2008; Chia-Luen Chen 2001). Giddens took the solution of back pain for example and listed the treatment options included pathologies, osteopathy, physiotherapy, “massage, acupuncture, exercise therapy, reflexology, systems of postural adjustment like the Alexander Method, drug therapies, diet therapies, hands-on healing (Giddens 1991: 135).” After learning the general knowledge about these, people will soon be able to provide a basic explanation for their back pain and schedule a basic plan of treatment. Among these, there is no absolute authoritative knowledge, and many people may explore and select among several available healthcare methods by themselves, or with the assistance of trusted relatives and Internet sources. In a broader sense, these patterns also describe how individuals may choose their lifestyles (Giddens 1991).

Although complementary and alternative medicines (CAM) in folk knowledge is in a disadvantageous position compared with Western medicine in the hierarchy of knowledge, it can challenge the views of mainstream medicine under certain social conditions. First, disputes between different expert communities can create a space for CAM advocates and supporters to participate in the debate (Epstein 1996, 2000; Wynne 1996). At such times, folk knowledge can interact with expert knowledge more frequently and become more engaged in the overall knowledge production process (Wynne 1996). Second, nonexperts with considerable cultural



capital may get involved in a dispute, increasing the chances that CAM-inspired opinions will become part of the debate and the odds that they will be considered credible (Wu and Huang 2002; Ling-Fang Cheng 2002)<sup>8</sup>. Medical users with plentiful cultural capital were more likely to have hybrid healthcare knowledge from various sources, which makes them more likely to question a doctor's diagnosis instead of just submitting to the authority of experts (Ling-Fang Cheng 2002). Third, CAM cares the subjective experience and feelings of patients more than Western medicine (Tien-Sheng Hsu 2016b; Yi-Ren Wang 2010; Jewson 2004). The agency and tacit knowledge generated from the patient's subjective bodily experience is very powerful and often the basis for the patient to judge whether to follow the healthcare advice (Wen-Yuan Lin 2014, 1998; Wu and Huang 2002; Ling-Fang Cheng 2002). Patients commonly twist, edit and reassemble healthcare advice according to their subjective bodily experiences, which is one way that they incorporate doctors' advice into their personal knowledge system (Wen-Yuan Lin 1998). CAM's advantage lies in its attention to patients' subjective feelings.

Complementary and alternative medicine (CAM) therapies involving religion are the most difficult for many people to accept. Religious healing knowledge is in a weaker position than many alternative therapies in the knowledge hierarchy (Wei-Hsian Chi 2019). Still, many field studies in Taiwan found that religious healing knowledge was commonly used by patients and it

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<sup>8</sup> Cultural capital plays an important role in medical relationships or patients' rights movements. Institutional cultural capital may provide knowledge users certain credibility in appearance. Embodied cultural capital is involved in the degree of personal ability. Epstein (1996) observed AIDS Rights Campaign in the United States and found that most of the non-medical background participants had the ability to absorb scientific knowledge. Wu and Huang (2002) found that to compete with authoritative knowledge, the effect of ordinary people's voice was often affected by their cultural capital. Ling-Fang Cheng (2002) found that the extent of the gap between doctors and patients' abilities could affect their interactions. In the face of those who had the potential ability to raise reasonable questions, doctors tended to provide more detailed explanations instead of just giving medical advice.

gave patients unique agency in confronting illness (Wen-Yuan Lin 2017, 2014, 1998; Wu & Huang 2002; Ling-Fang Cheng 2002). Patients do not always follow standard medical procedures. In order to make themselves as comfortable as possible, they often fully demonstrate their agency and use their personal experiences and knowledge systems to reassemble a hybrid practice of healthcare (Wen-Yuan Lin 2014; McGuire 2008) where religious healing knowledge lies within the broader scope of healthcare options available to many patients.

The above literature review points out that, first, the issue of “knowledge” is particularly important in the connection between the two fields of “religion” and “healthcare”, because religious healing inevitably will be put into the hierarchy of knowledge and compared with mainstream medicine. Second, even though religious healing knowledge is in a lower position in the hierarchy of knowledge, it is still very popular and inseparable from folk culture and indigenous life contexts, and so it is inevitable that most people will use it in daily life. Third, contrary to mainstream medicine, religious healing knowledge pays close attention to a person’s subjective bodily experience, and many people need it for this reason. Because of these characteristics, scholars, physicians, and New Agers mentioned in this dissertation also believe that religious healing knowledge can be a cultural resource for translating differentiated knowledge. More detailed explanations on this will be in the later section in this chapter.

### **2.3. Actor-Network Theory**

To investigate how the mediators’ practices of knowledge production connect religion and healthcare, Actor-Network Theory (ANT) is the most appropriate approach. First, ANT does not presuppose the dichotomy of “theoretical concepts” and “empirical data” but holds that the work of theorizing, the production and dissemination of concepts, and the theory-led actions are all social practices, which are distinctly empirical and implemented within a specific network

(Latour 2016). ANT is not a theoretical model that can be directly applied, but a way to analyze how actors translate other actors and objects to enact a social reality (Latour 2007). From this point of view, ANT is uniquely suitable for analyzing how certain actors' practices of knowledge making can shape and be shaped by certain social context. Second, ANT does not presuppose the dichotomy of academic and non-academic knowledge or expert and folk knowledge (Latour 2016). ANT inherits the tradition of Sociology of Scientific Knowledge and asserts that the practice of knowledge production of experts such as scholars and scientists is also a kind of social practice, and there is no essential difference between knowledge practices of experts and ordinary people. The ANT perspective is directly relevant for my dissertation's core research questions about how the conceptualizations and discourses of the scholars, doctors, and New Agers encouraged the re-emergence of religious healing knowledge as a legitimate form of knowledge in Taiwan. This section explains the several traditions that ANT inherits and how ANT is uniquely placed to analyze networks formed by the connection of actors through their actions of translation.

### **2.3.1. The Several Traditions of Sociology That ANT Inherits**

As mentioned earlier in this chapter, the link between religion and healthcare is actually an issue of "knowledge," in which the practical process of knowledge making, the historical and social context that shape knowledge making, and the interplay between differentiated knowledges should all be considered.

This section starts by reviewing some traditions of sociology that concern knowledge making. Scientific knowledge was once regarded as value-neutral and self-explanatory, with verification processes unrelated to specific situations or social contexts (Dong-Yuan Tai 2012). Karl Mannheim, who developed the sociology of knowledge, and Robert K. Merton, who

developed the sociology of science, both argued against the value-neutrality of science. Karl Mannheim (1936) advocated that we can find connections with social factors in all knowledge, but that the inherent laws of science can negate the influence of social and cultural factors on scientific knowledge production under ideal conditions. Robert K. Merton (1973) also analyzed the social factors in the activities and value systems of science; the scope of his research includes the social effects of receiving sponsorship, scientific judgment practices, methods of citing literature, recruitment of scientific personnel, scientific personnel's career track, and the general atmosphere of the scientific profession. However, neither of them analyzed scientific knowledge itself sociologically (Bloor 1991). Since making knowledge is social activities, Bloor (1991) argued that scientific knowledge is inevitably social.

In the 1960s, the view that scientific knowledge was value-neutral and self-explanatory began to be challenged, and scientific knowledge was widely regarded as having an indelible conventional characteristic (Wen-Xuan Liu 2012). The internal history of how scientific knowledge itself is produced gradually entered the scope of analysis of sociology. In the 1970s, sociology of scientific knowledge emerged in Britain, which brought all scientific knowledge, including mathematics and natural sciences, into the scope of analysis of sociology. Scholars of sociology of scientific knowledge tried to understand how scientific knowledge is contained and generated from activities of science, and they regarded scientific knowledge as a kind of social production (Barnes, Bloor and Henry 1996). They agree with Kuhn's belief that scientific knowledge has certain social presuppositions. Any observation of science is not only accompanied by certain theoretical expectations but also embedded in certain social and cultural contexts. When conducting observations, observers tend to look at what they expect to see (Kuhn 1970). Thus, scientific knowledge is inevitably imprinting the characteristics of its producers and

users and Kuhn (1970) suggests that we must recognize the groups that create and use scientific knowledge.

In addition, sociology of scientific knowledge carefully examined the detailed processes of scientific knowledge making to discover the social factors in it. Sociologists began to examine the process of social construction and legitimation of scientific knowledge by conducting detailed empirical investigations on both events in the history of science and practical working process of scientists (Wen-Xuan Liu 2012). Sociology of scientific knowledge regards the legitimization of knowledge as a social process in which different social groups compete for the credibility of knowledge, and the knowledge that finally wins the competition of credibility is recognized with legitimacy (Bloor 2004). From this point of view, we need to probe into what the actors actually do to legitimize knowledge and what are the social conditions for their actions.

Scholars of sociology of scientific knowledge emphasized that the classification carried out in any description of observation inevitably have the characteristics that are conventional. They believed that people's classification in the practical process of knowledge making is prompted by past experience and partially determined by existed classification (Barnes, Bloor and Henry 1996). In scientific practice, no meanings of concepts can be perfectly standardized in advance; rather, they are the result of continuous running-in through social conventions during their use, and they can all be subsequently modified through social negotiation (Dong-Yuan Tai 2012). In other words, observations and descriptions of observations are inevitably social since classification and naming are collective accomplishment (Barnes, Bloor and Henry 1996).

Furthermore, to connect an empirical example with a conceptual framework relies on a researcher's perception of similarity, which can only be learned through comparison of concrete

exemplifications (Kuhn 1970). When a researcher faces a problem, he needs to find examples of similar problems he has faced before dealing with the problem at hand. Before he makes any logical inference, the researcher at first must learn the relationship of similarity through comparing examples (Dong-Yuan Tai 2012; Kuhn 1970). Researchers connect empirical data and existing conceptual framework largely based on their perception of similarity, and then use this conceptual framework to re-describe the problem at hand in a particular form which relates to an exemplification (Barnes, Bloor and Henry 1996). In short, the operation of a researcher to connect empirical data with a conceptual framework is inevitably a social learning process.

The discussion above is intended to point out that the practical process of knowledge making is a social activity that occurs in concrete situations. The use of concepts, classifications, and exemplifications cannot be separated from sociocultural contexts because a researcher's perception of similarity is shaped by specific traditions. This point of view is critical for this dissertation's investigation of the distinction of concepts of scholars, physicians and New Agers in Taiwan.

### **2.3.2. Sociology of Translation: Actor-Network Theory**

Actor-Network Theory (ANT) scholars broke with dualistic distinctions of factors including external and internal, human and non-human, and natural and social in the practical process of knowledge making. ANT perspectives asserted that most of the social sciences were human-centered and inappropriately kept the abovementioned dualisms, especially the clear distinction between human and non-human (Murdoch 1997). ANT argued that the stability and durability of the patterns of social relationships, such as class, organizations, and communities, would be difficult to explain without the proper understanding of non-humans (Latour 2012).

The concept of “translation” lies at the core of ANT, and it is also the main theoretical model of agency of actor in ANT (Wen-Yuan Lin 2014). Latour (2016) argued that ANT can be called as the “Sociology of Translation.” The concept of “translation” provides a useful tool to help understand how relationships are generated and how actors form a network. Actors translate when they communicate, build bridges, and create connections between two different fields. The work of translation is to connect two concepts and to make an attempt at equivalency, but since it is impossible for two ideas to always be perfectly equal, translation always implies that multiple actors work toward maintaining a connection of equity between the two (Latour 2016). Actors are working toward their own interests when they maintain and stabilize a connection between two ideas and, thus, an actor’s work of translation cannot be separated from the interests of the actor (Callon 1986). Moreover, an actor will modify, change, and guide the interests of other actors when making connections and forming networks. That is, actors translate other actors (Latour 2016; Callon 1986).

Another core point of ANT is that it treats humans and non-humans symmetrically and regards non-humans as actors in the network. ANT scholars further assert that non-human actors also have the agency to translate (Latour 2016, 2012; Callon 1986; Wen-Yuan Lin 2014). Science and technological innovations change human understanding of the world and, therefore, a symmetrical perspective of humans and non-humans enables ANT to integrate the continuing high-degree of innovation of materials and knowledge, as well as the challenges and impacts of these new materials and knowledge, on the established social structure (Latour 2012, 2004). When new substances and knowledge enter human society, they not only perform their expected functions, but also modify the original goals, roles, and interests of actors. In other words, new materials and knowledge can translate other actors, and facilitate displacement (Latour 2016,

2004). Moreover, objects (i.e., the Internet, vaccines, and viruses) can also translate social relationships, including the relationship between people and the relationship between people and objects. When new material and knowledge are introduced into society, it can create new connections among the people and modify or cancel some existing connections (Latour 2004). In short, ANT asserts that non-humans agency of translation lies in the ability of objects or concepts to alter existing social relationships and re-weave the way people connect.

In addition, in ANT, the ontological status of a thing (that is, what the essence of the thing is) has a dynamic trajectory of its developing process from instability to stability, in which the essence of the thing is enacted and realized through the concrete implementation and coordination of multiple actors in the network (Latour 2012; Wen-Yuan Lin 2014). Actors cannot know in advance the ultimate roles that emerging non-human actors will play in the network and how they will translate existing social connections. The ontological status of new or emerging objects is gradually determined and ultimately stabilizes to some degree through iterative empirical practices. In other words, new materials and knowledge not only have the agency to translate, they will inevitably be translated by other actors. In this process of translating and being translated, humans and non-humans enact the existence of each other in the network (Latour 2012).

Only in the concrete context of each case can we capture the dynamic process of how actors perform translation and how their translation produces effects. ANT Scholars assert, therefore, that theorization should occur within the empirical context of each case (Law 2008). Michel Callon, in a case illustrating the development of electric vehicles, proposed a three-part translation process: (1) the translator-spokesperson, (2) the geography of obligatory points of passage (OPP), and (3) the displacement (1986). When the French electric company *Électricité*



de France (EDF) intended to produce electric vehicles, which were named Renault and powered by batteries, to change people's lifestyles, EDF was not only the spokesperson of the desires and expectations of a new lifestyle but also the spokesperson of many nonhumans, including Renault and the batteries in it. When EDF successfully convinced people that making electric vehicles could solve pollution and traffic problems, it successfully "translated" electric vehicles. In the process of forming the network, EDF had made itself the center of translation, leading to many forms of displacement, including people's views on electric vehicles and the direction of many organizations' policies. After displacement, communication between different actors became more focused within a specific field and, in turn, generated subsequent displacements. Finally, EDF had made itself the only and most powerful spokesperson for electric vehicles, that is, it had become an obligatory point of passage (OPP) in the network. By further writing the results of each translation into documents and survey reports, the results of translation were constantly discussed in conferences, forums, and seminars. Eventually, the network stabilized.

ANT values the uniqueness of each case, but it has led to generalized directions for researchers to employ in them observe the translation of humans and non-humans in the formation and changes of networks. First, observe how the actors arouse and redirect the interest of other actors, displace them, and connect with them. Second, observe how the actors enroll other actors to form a network that is conducive to their interests, and how they continuously recruit actors into the network. Third, if an actor wants to be the one who benefits most from the network, he must become the spokesperson of the network. Before becoming a spokesperson, actors must pass many trials that threaten the stability of their position of the network. After becoming a spokesperson, this actor will become an irreplaceable obligatory point of passage (OPP), and anyone enrolled in the network must connect with this actor. Fourth, when the

network stabilizes, the traces of practices of multiple actors tend to become invisible or be intentionally removed, and finally a certain actor's being a spokesperson and their certain discourse become undisputed facts. That is, the trajectory of many actors' actions in the network become "black-boxed" (Latour 2016; Wen-Yuan Lin 2014; Callon 1986).

Finally, ANT broke the distinction between whether a thing is natural or social and thought that everything is a hybrid of nature and society (Latour 2012). Only when the ontological status of a thing has been stabilized by countless practices and negotiations of actors can it be regarded as purely natural or social, and if we track the trace of its ontological status in the practices of the actors, we will find it is both natural and social (Latour 2012). Scholars of ANT believed that scientific knowledge cannot transform society as we have seen unless the actors connect the internal (such as the laboratory) and the external (such as other sections of society) of knowledge to persuade other actors that the knowledge is useful to them and arouse their interests in the application of the knowledge (Latour 2016). Once the internal and external of science cannot be clearly distinguished, the formation of scientific knowledge must be entwined with social factors, and it becomes difficult to distinguish clearly whether a human or nonhuman described by scientific knowledge is natural or social. In other words, the ontological status of the human or non-human object in scientific knowledge is not always fixed. It is constantly changing with the status of the network that produces scientific knowledge in which humans and non-humans translate are also translated by each other (Latour 2016, 2012; Wen-Yuan Lin 2014). Here, ANT treats the external/internal history, the human/non-human, and the natural/social factors of knowledge making symmetrically.

Latour's (2016) research on the laboratory of Pasteur best exemplifies ANT's perspective on symmetry. In the process of using bacteriology in Pasteur's laboratory to transform the entire

society, Pasteur aroused other actors' interest in microbes and bacteriology, and the ontological status of microbes changed from vague and ambiguous to gradually clear and stabilized. In the beginning, for hygienists, microbes were not even as important as miasma (dirty air). After several stages of translation on microbes in Pasteur's laboratory, actors such as hygienists, agriculture ministers, farmers, and physicians became interested in microbes and entered the network of knowledge of bacteriology. The ontological status of microbes was gradually constructed and stabilized through the application and negotiation of multiple actors in the network (Latour 2016). In this way, the microbes in the actors' knowledge were not purely natural or social, but a hybrid of nature and society (Latour 2012). In short, ANT emphasizes that the ontological status of the research object of knowledge is born out of the co-construction of many actors' translations within the network. Pasteur and the microbes together had gone through experimental processes, laboratories, Pasteur's Institute, farms, experimental cattle, journal articles, and documents submitted to the Ministry of Agriculture. Finally, Pasteur became the spokesperson of the network of microbes after passing many trials, and their laboratory became an obligatory point of passage (OPP) for the conduct of microbiological related affairs. Microbes and Pasteur were mutually formed in the network (Latour 2016).

For scholars, physicians, and ordinary people in Taiwan, academic knowledge imported from abroad, Western medicine, and things in the New Age Movement constituted new materials and knowledge. When they were introduced to Taiwan, they needed to be translated by many actors before they could be integrated with the local experience. When these foreign knowledge and materials came to Taiwan, they had already attained a stage of stabilized in other regions, and the historical trajectory through which they originated and developed had long been black-boxed. In other words, the new things Taiwanese were facing were in a state of being black-

boxed, and they were like objects of “Second Nature”<sup>9</sup> to the society of Taiwan (Hung-Jen Yang 2012). Facing these disembedding things, actors in Taiwan must first disassemble and translate them, so that they could be recontextualized. In this process of connecting the foreign and indigenous knowledge, a network of religious healing knowledge was formed by scholars, physicians, and New Agers, and this network is the focus of this dissertation.

## **2.4. Connecting the Differentiated Knowledges in the Context of Taiwan**

In the 1980s, especially after the martial law was lifted in 1987, many thoughts and knowledge that were once censored and blocked began to spread into Taiwan. While this was a new stage for Taiwan to demonstrate its indigenous modernity, the sociocultural fault of “foreign/local” or “modern/traditional” was a problem that caused follow-up effects (Li-Chun Hsiao 2016; Chi-Jeng Yeh 2001). Many Taiwanese scholars and experts began the projects of knowledge indigenization (Chih-Chieh Tang 2016; Chi-Jeng Yeh 2001), and academic knowledge started to have a close interaction with folk culture (Li-Chun Hsiao 2016).

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<sup>9</sup> Objects of “Second Nature” is a term Hung-Jen Yang (2012) uses in his study to describe a situation that when artifacts passed from technologically advanced countries to technologically backward countries, they are like objects of Nature to the letter. These artifacts have had a long history of development in their native place, but when they enter into the technologically backward countries, they are well-packaged and the track of the changing in its know-hows become invisible. Artifacts are inevitably value-loaded and culture-oriented, and their know-hows are inevitably social. However, the cultural and social characters within these artifacts are hard to be figured out by people in the technologically backward countries since they are in a pretty different social setting. Hung-Jen Yang argues that this black-boxed state makes these artifacts more like objects of Nature to them. They need to disassemble and research these artifacts before applying them in their social context. In a spectrum ranging from “social” to “natural,” these artifacts are more social and less black-boxed in their native place than in other countries with less developed technology. Thus, Hung-Jen Yang refers them as objects of “Second Nature” in this situation. I am arguing in this dissertation that concepts in foreign knowledge also tend to be objects of “Second Nature” to Taiwanese citizens since they are well-packaged and black-boxed.

This dissertation focuses on how scholars, physicians, and New Agers used religious healing knowledge to connect differentiated knowledges. This section elaborates on how and why the actors in the network of religious healing knowledge were able to be the mediators between foreign and local knowledge, as well as the mediators between expert and folk knowledge.

#### **2.4.1. Religious Healing Knowledge as a Mediator Between Expert Knowledge and Folk Knowledge**

As mentioned above, the formation of scientific knowledge cannot avoid social and cultural factors, because scientific practice itself is a special form of culture. The formation of concepts, words, meanings, and methods in scientific practice cannot avoid processes of social negotiation (Barnes, Bloor and Henry 1996). Following the sociology of scientific knowledge's concern for the relationship between scientific knowledge and culture, scholars began to question the dichotomy between scientific knowledge and folk knowledge. "Folk knowledge" refers to a set of informal and vernacular knowledge that ordinary people generate in their lives based on daily practices (Wynne 1996). Expert knowledge and folk knowledge are often described by a series of opposing characteristics: expert knowledge is broad, universal, standardized, objective, and rational, while folk knowledge is narrow, localized, situated, subjective, and sentimental. This description implies that expert knowledge is in a higher position than folk knowledge in the hierarchy of knowledge (Felt and Wynne 2007).

Expert knowledge and folk knowledge, nevertheless, are constantly interacting in practice, and there is no rigid boundary between them (Wynne 1996). ANT happens to be an approach that is considered to be able to capture the ongoing interactions of many actors in a heterogeneous network, which contains a variety of different knowledge (Wynne 1996). The differences between expert knowledge and folk knowledge in power relationships, presuppositions, and their

production modes are the result of actors' practices in a heterogeneous network, not the cause (Yang & Chou 2015). From the perspective of ANT, expert knowledge and folk knowledge both can be regarded as a set of hybrids produced by a heterogeneous network and stabilized through actors' negotiation. Since there is no unmodifiable boundary between the two, how actors can coordinate between the two to connect and let them penetrate each other is an important issue.

One of the main concerns of this dissertation is how mediating actors in Taiwan used religious healing knowledge to connect expert knowledge (such as psychology or Western medicine) and folk knowledge (such as folk medicine and other CAMs). With the opening of Taiwan's politics in the 1980s, foreign religious healing knowledge was translated, introduced and spread into Taiwan, and it gradually merged and hybridized with local religious healing knowledge (Chia-Luen Chen 2015). In this process of hybridization, the most significant case is the development of the New Age Movement in Taiwan (Chia-Luen Chen 2015, 2001). The New Age Movement emerged in the United States in the 1960s. It was a comprehensive movement that spans religion, spirituality, health, environmental protection and social participation and spread to Taiwan in the 1980s through book translation. and it has developed to this day (Chia-Luen Chen 2007). To this day, the religious healing knowledge contained in the New Age, such as flower essence, essential oil, yoga, and Reiki, has been integrated into Taiwanese folk culture, and it is widely used by Taiwanese in combination with local religious healing. This hybridized religious healing is often collectively referred to by Taiwanese as "body-mind-spirit healing" (Yi-Ren Wang 2010; Fei-Yi Liang 2005), and the high popularity of this term makes it a social phenomenon worthy of study. In short, the body-mind-spirit healing that hybridizes foreign and local religious healing knowledge has become a kind of folk knowledge for daily life of many people in Taiwan.

Scholars and physicians have also paid attention to the religious healing knowledge in the folk (Tien-Sheng Hsu 2016b; Der-Huey Yee 2013; Yi-Ren Wang 2010). They did not simply regard the religious healing knowledge as research objects or research materials but noticed its lively vitality, which is full of cultural resources for agency of translation. As Emile Durkheim had noticed, religion could link people lively into collectives, whose social effects was far more vigorous than any scientific conceptual system, because such religious aggregation could create social life, while a scientific conceptual system could only provide explanations of social life (Durkheim 1992). Durkheim (1992) believed that ideas and concepts in science are generated from the collective created by religion. However, by the end of the 20th century, science was of course no longer less powerful than religion. As Latour (2004) mentioned, the knowledge and material created by science now can create, modify, and even cancel existing social relationships. Science has been able to create social life and even form the second nature (Hung-Jen Yang 2012). When Taiwanese scholars and physicians face the foreign knowledge and materials, which have been black-boxed and almost like things from the second nature, they chose to use religious healing knowledge to connect differentiated knowledges. It is very likely that they found that religious healing knowledge could provide them with rich cultural resources to do translation.

Why can religious healing knowledge play such an important role in the knowledge making, whether in academia or folk culture? First, people's healthcare behaviors are very adaptable to social and cultural changes, since it is directly related to the survival of individuals and groups (Foster 1992). By observing people's production and use of religious healing knowledge, we can understand the unique creativity and agency of an individual or a group during the rapid social and cultural changes. In the changes of religious healing knowledge, we can see how people

adapt to the social culture at the level of concept and practice. This adaptation may even be adjusted at the level of worldview and cosmology (Chia-Luen Chen 2015; Foster 1992; Hsun Chang 1989). Second, according to cultural anthropology, in a culture system, the sub-systems are related to each other and each of them performs its own specific function. In terms of maintaining the normal functioning of culture, every system is indispensable and requires interdependence to exist (Foster 1992; Hsun Chang 1989). The medical system, academia, and folk culture are all components of the overall culture, and they may present different aspects of people adapting to social and cultural changes. In addition, as many scholars have mentioned, people are particularly prone to turn to religion when faced with highly uncertain situations (Pargament 1997; Foster 1992), and this makes religious healing knowledge a more sensitive cultural indicator in the context of rapid social changes. By observing the connection between religious healing knowledge and other knowledge production, we can better understand how different Taiwanese communities coped with the social changes in the 1980s. Finally, in the face of the dominant Western medical system, members attending in the religious healing system need to translate many elements from Western medicine to make the religious healing system continue to exist (Chin Min Cheng 2005; Foster 1992). In other words, religious healing knowledge itself is constantly updated with the modernization process. This process relies on actors to translate Western medicine and scientific knowledge so that it can be hybridized with religious healing knowledge.

#### **2.4.2. Religious Healing Knowledge as a Mediator Between Foreign Knowledge and Local Knowledge**

This dissertation studies how the legitimacy of religious healing knowledge emerged in Taiwan. When a social phenomenon emerges, there is always a network behind it in which actor contributes their forces to this phenomenon. The network often contains and interweaves many



things, covering different fields that have been separated by division of labor of modern professions (Latour 2016). I examine three groups of people: scholars, physicians, and New Agers. They had different interests and emphases, but the processes and effects of their actions overlapped, and all contributed to the legitimacy of religious healing knowledge.

In Taiwan, a large part of expert knowledge and its style of division of labor are learned from the West; however, many networks of local knowledge in folk culture are complicatedly entangled and not separated in the way that professions are divided. ANT is particularly suitable for analyzing such a situation where knowledge is hybridized and entangled. Latour once mentioned that when anthropologists studied primitive tribes, they understood that to investigate a phenomenon they could not separate the aspects of law, economy, religion, technology, and so on; nevertheless, when scholars study “modern societies,” they disassemble the problems too easily and classify them into different professional fields (Latour 2016, 2012). The division of labor of the professional knowledge is the result of an academic network that has developed into a stable stage, and many historical traces of its development have been erased and black-boxed. It is a product of a specific network, and the academic concepts produced based on this division of labor of the professional knowledge may not be suitable for use in other networks. In fact, Latour (2016) believed that the use of many terms in sociology (such as industrialization, secularization, deterritorialization) concealed the many practical forces and micro-history behind them. In other words, the concept that has been used repeatedly is actually a black-boxed product. These concepts need to be disassembled and recontextualized for those who are in another network before they can be applied. Thus, in the context of Taiwan, there was an urgent need to indigenize knowledge.

Moreover, when modern people clearly divide things into different professional fields (such as natural sciences, social sciences, law, cultural studies) in a purified way, things considered to be of different nature will still hybridize outside our vision and produce hybrids that are difficult to be understood by us (Latour 2012). The division of labor of professional knowledge makes it difficult to track the development trajectory of hybrids, so that people cannot see how actors' practices facilitate them, which will further produce unpredictable consequences. In order to understand the hybrids, it is necessary to break the boundaries of the division of knowledge. Obviously, the religious healing knowledge or the body-mind-spirit healing this dissertation focuses on is a kind of hybrid that spans multiple fields, at least including healthcare, religion, foreign and indigenous therapies, and expert and folk knowledge. Whether they are scholars, physicians, or New Agers, they explored the field of religious healing based on the knowledge they were good at, and in the end they all used religious healing knowledge as cultural resources for translation, connecting the foreign and local knowledge of their expertise.

Why did many scholars and physicians devote themselves to linking foreign knowledge to local knowledge after 1980, thereby promoting the indigenization of knowledge? From the mid-1980s to the 1990s, people of Taiwan experienced a dramatic social change, which was a symbolic watershed for Taiwan, similar to the 1960s in Europe and America (Li-Chun Hsiao 2016). During this period, foreign humanities and social science knowledge, especially from the United States, France, and Germany, was intensively translated and transplanted to Taiwan's academic communities (Chi-Jeng Yeh 2001). The cross-cultural translation and dissemination of foreign knowledge into Taiwan's academia soon faced the problem of the incompatibility between academic knowledge and local experience. When scholars observed and interpreted social phenomena and folk culture through the lens of these imported knowledge, they found that

foreign concepts, theories, and categories could not properly describe and explain Taiwan's empirical reality (Chi-Jeng Yeh 2001; Der-Huey Yee 1996). Given this, Taiwanese scholars began to indigenize the knowledge of humanities and social sciences (Kuo-Shu Yang 1993; Kuo-Shu Yang & Chung-I Wen 1982). In the follow-up process of the indigenization of knowledge, scholars re-investigated and re-valued the religious healing knowledge (An-Bang Yu 2013, 2008; Der-Huey Yee 2006).

Why can religious healing knowledge be mobilized by actors as a resource for translation? It is very likely because religious healing knowledge is closely related to ordinary people's daily life, the network of it has a larger scale and higher heterogeneity than any academic and healthcare professional network. In addition, in the use of heterogeneous knowledge and materials, ordinary people only require practical coherence rather than the more refined logical coherence (Bourdieu 1977; McGuire 2008). Compared with expert knowledge, the field of religious healing in folk knowledge absorbs foreign matters faster and broader through the intensive daily practice of a large number of users (refer to An-Bang Yu 2008 about "the lifeworld" and Chia-Luen Chen 2001 about the various techniques in the New Age). Thus, it should be conceivable that the large-scale, highly heterogeneous, and fast-absorbing network of religious healing knowledge has become the bridge network or mediator chosen by scholars, physicians, and New Agers to connect foreign knowledge and local knowledge.

At last, why is Taiwan's modernization process from the 1980s to the present and the translation of knowledge related to religious healing in it worthy of being studied? First, Taiwan's unique history has made it a "laboratory of modernity," which provides an important perspective for observing multiple modernities (Chih-Chieh Tang 2016). At a time when the single, linear model of modernity has been criticized (Wagner 2012), Taiwan's rich colonized

experience and unique modernization process can enhance our understanding of multiple modernities (Chih-Chieh Tang 2016). Second, the modernization process of religious healing knowledge in Taiwan enables us to observe how a country tries to preserve its cultural uniqueness while avoiding ethnocentrism (Lee, Lin, & Yee 2007; Chi-Jeng Yeh 2001). Medical anthropologists have discovered that traditional medicine in a country often plays an important role in nationalism. Those countries with a long history of traditional medical systems often emphasize that traditional medicine has an independent and equal status with Western medicine (Foster 1992). However, Taiwan's culture has many characteristics of being colonized, and it is difficult to find a single, major cultural source in many ways. Cultures such as aboriginal, Dutch, Spanish, Japanese, and Chinese are all integrated into Taiwanese culture, and in the second half of the 20th century, American culture also strongly influenced Taiwan (Chi-Jeng Yeh 2001). Scholars are well aware that Taiwan is not without its own local culture, but this local culture has the characteristics of being extremely variable and hybrid (Chi-Jeng Yeh 2001). Given this, scholars, physicians, or New Agers in Taiwan pursue indigenization of knowledge when translating religious healing knowledge but avoid ethnocentrism simultaneously. The process of their negotiation and translation between different knowledge is worth investigating.

In summary, to understand the modernization process in Taiwan after 1980, religious healing knowledge can provide an important perspective, which is especially related to the translation and connection between differentiated knowledges. From this perspective, we can see the unique agency displayed by different actors in the face of rapid social and cultural changes, and this is particularly evident in their translation of knowledge between different fields. Focusing on their translation of religious healing knowledge allows us to have a deeper understanding of how academic knowledge interacts with folk culture, how Taiwan's academic

knowledge interacts with foreign knowledge, and how Taiwan's local culture interacts with foreign culture. Observing these processes of knowledge translation and interaction can enhance our understanding of Taiwan's indigenous modernity and contribute to the literature on multiple modernities.

## **CHAPTER 3. HISTORICAL CONTEXT OF RELIGIOUS HEALING IN TAIWAN**

In this chapter, first, I will briefly discuss how the Western medicine became the mainstream in the history of Taiwan and reviews the literature related to Taiwan's folk medical system. The purpose is to explain that the context of modernity which the scholars, physicians, and New Agers were in was embedded in a broader historical background, and this make more sense for us to capture Taiwan's indigenous modernity. The dominant position of Western medicine was the result of the history of colonization. It is also because of its rich history of being colonized that Taiwan's religion and healthcare are both culturally hybrid and diverse. The knowledge practices of the actors discussed in this dissertation are all embedded in the postcolonial context of Taiwan. With reference to this colonial context of history can we make more sense why these actors use religious healing knowledge as a resource of translation in their knowledge practice, which is a part of the particularity of Taiwan's indigenous modernity. Second, the particularity of religion and its changes in Taiwan are discussed. Whether for religious healing or religious changes in Taiwan, the lifting of martial law in 1987 was a crucial timepoint. After that, Taiwan's civil society developed vigorously (Jen-Chieh Ting 2004: 437) and it was in this new social ambiance that the above-mentioned actors specially valued religious healing knowledge that contained rich folk cultural resources. The context of religious changes in this period thus cannot be avoided to be discussed in this dissertation. Third, Taiwan's folk medical system, in which religious healing knowledge plays an important role, will be explained in more detail.

### **3.1. How Western Medicine Became the Mainstream in History**

The current medical system in Taiwan is dominated by Western medicine, and biomedical knowledge has also become a strong medical knowledge system. This is the result of many

historical factors. According to the definition of Tsung-Ming Tu (1959: 487), Taiwan was in the primitive medicine period before 1544. During this period, the “shaman doctor” not only served as a religious leader, but also served as a provider of medical treatment, showing that religion and medical treatment had not yet been separated during this period. From the middle of the Ming Dynasty, the Han people began to immigrate to Taiwan. When the government of Zheng Cheng Gong ruled Taiwan, immigrants surged, and at this time, Chinese medicine, folk medicine, and the theory of yin yang and five elements were also introduced from mainland China to Taiwan (Sheng-Kun Chen 1978:126). By the Qing Dynasty, the traditional Chinese medical system, which was hereditary and had a unique system of mentorship, had become the mainstay of Taiwan’s medical treatment (Yong-Wen Ye 2006:33). Before the Japanese colonial period, Taiwan had only sporadic contacts with Western biomedicine, and Western biomedicine had not taken root in Taiwan. Before the Western biomedicine became the mainstream, medical systems in Taiwan are very diverse.

After the signing of the “Treaty of Tientsin” in 1858, the United Kingdom established medical services in Taiwan Customs, with British physicians acting as medical officers to prevent epidemics from being introduced into commercial ports through trade activities. The “customs medicine” was based on the commercial interests of the United Kingdom, and its purpose was to protect the smooth progress of commercial activities. Taiwanese were not the target of the medical service (Shun-Sheng Chen 2002: 68). Since the Treaty of Tianjin also guaranteed the freedom of missionary works of the great powers, the “missionary medicine” developed along with the missionary activities of Christianity. Unlike customs medicine, missionary medicine goes deeper into Taiwan’s civil society and has a severe impact on the traditional Chinese medical system that was originally deeply rooted in Taiwan. Before 1895,

among the 20 missionaries sent to Taiwan to preach, 6 had medical qualifications, and the rest had general medical knowledge (Shun-Sheng Chen 2002: 69). Although missionary medicine gradually penetrated into the civilian population and actually provided medical services to Taiwan residents, medical knowledge was used as a tool of mission at this time. Medical preaching must therefore be understood in the context of colonization. The spread of Western medicine was in fact a kind of cultural aggression, which claimed to be a superior culture and was based on political and military power (Yong-Wen Ye 2006:39).

In its colonial period, Japan promoted Western medicine as the main strategy of colonial rule. Its medical deployment not only promotes Western medicine, but also plans to curb the development of Chinese Medicine and folk medicine. The Japanese colonial government promulgated the “Taiwan Doctor Exemption Rules” in 1901, which stipulated that Chinese Medicine, folk medicine, and other quacksalvers were strictly required to register with the police agency before the end of the year; those who did not register were strictly prohibited. In addition, the qualification examination under this rule had only been held once. This policy was intended to cause the medical systems other than Western medicine to wither away because of the inability to obtain certification, so that medical professionals in Taiwan could concentrate on the Western biomedical system (Yong-Ming Zhuang 1998:173). During World War II, the Japanese colonial government promulgated the “Enforcement Regulations of the National Medical Law,” stipulating that those who wish to become physicians must undergo more than one year of medical practice after graduation from a medical school before they are eligible to receive a physician certificate. The model and details of implementation of Taiwan’s medical system with Western medicine as the mainstream had been formally established (Yong-Wen Ye 2006: 62-63).



After the Kuomintang government moved to Taiwan in 1949, Taiwan was positioned as an anti-communist base for rejuvenation. Kuomintang government's policies focused on politics, economy, and military and paid little attention to the healthcare and medical system. The government generally continued the medical system that existed during the Japanese colonial period, but adopted a laissez-faire attitude towards medical practitioners, which made unlicensed medical practice a common phenomenon (Dong-Liang Jiang 2001:65-66). The medical systems other than Western medicine had had a chance of recovery during this period. During this period, the outflow of Western medical manpower was a serious problem and Taiwan's licensed medical manpower was in short supply.

By 1971, Taiwan's diplomacy was severely frustrated, and the government must focus more on the legitimacy of its internal governance. Only then did the Kuomintang government began to attach importance to Taiwan's medical system. Many measures related to the medical system were implemented: The Department of Health of the Executive Yuan was established in 1971, the new Physician Law was promulgated in 1975, and the National Yangming Medical College was established. After 1976, Taiwan's medical system entered the state dominated by the country (Ly-Yun Chang 2001: 310). At this time, the government began to deploy national medical care and plan policies to solve the problem of insufficient medical manpower. In this period, Taiwan's Western biomedicine system started the process of resource integration (Yong-Wen Ye 2006:139).

After the lifting of martial law in 1987, Taiwanese society has become diversified and indigenized. The autonomy of civil society had increased, but the state's intervention in the medical system had increased day by day. The government regarded medical care as a social control mechanism, Taiwanese people regarded being taken care of by the medical system as a

basic right; at this time, and the medicalization of society had deepened (Yong-Wen Ye 2006:161). The planning, promulgation and implementation of National Health Insurance had a high public opinion foundation behind it. Under the politics of public opinion, the medical profession often faced the attack of various forces. As a result, many medical organizations had been established in order to enable the civil society and the medical community to have more extensive communication (Yong-Wen Ye 2006:170).

This brief review of history shows that the main thrust of Western medicine to become the mainstream medical system was the strong support of the governments. During the period of customs medicine and missionary medicine, the political and military power of Western countries was behind the promotion of Western biomedicine. During the Japanese colonial period, the government used biomedicine as a means of colonization. In the 1970s, after the Kuomintang government's diplomacy was frustrated, for internal unity, it began to forcefully deploy the medical system. After the lifting of the martial law in 1987, following the support of public opinion, the government implemented National Health Insurance. In other words, Western medicine and biomedical knowledge had become the overwhelming mainstream, which was related to the top-down medical deployment of government authorities in these periods; on the contrary, the actors mentioned in this dissertation who valued the knowledge of religious healing after 1980 were mainly from the folk. Under the strong knowledge monopoly of Western medicine, religious healing knowledge still could be re-valued. This is the result of the actions by many. To investigate the network formed by these actors and explain how the emergence of the legitimacy of religious healing knowledge was possible are the main concerns of this dissertation.

### **3.2. The Particularity of Religion and Religious Changes in Taiwan**

In contemporary Taiwan, the religious changes were connected to political changes (Hsun Chang 2006). This section outlines key historical and cultural changes after 1987 that lead to the particularity of religion in Taiwan, providing important background knowledge for the later chapters.

#### **3.2.1. Diffused Religion as the Background**

The existing concepts and theories in sociology of religion are mostly based on Western contexts with Judeo-Christian orientations, in which institutional religions are the most common. The Western approach does not resonate well with the religious contexts of Taiwan. For example, concepts used to analyze religious organizations such as church, sect, and cult are not suitable for describing religious organizations in Taiwan (Jen-Chieh Ting 2004: 417). The typology presupposes a clear boundary between established religions and secular organizations and a strain between the emerging religious groups and established religions (Jen-Chieh Ting 2004: 53). In Taiwan, however, there is no rigid boundary between established religions or between religion and the secular (Jen-Chieh Ting 2001). Several additional points can help to understand the particularity of religion in Taiwan.

First, Taiwan's three main religions—Buddhism, Taoism, and folk religions—have no clear boundaries between them (Pas 1979). In addition, all three main religions have had to adapt to the secular environment where Confucianism was the mainstream. Scholars make distinctions to facilitate analyses but, in reality, these three religious traditions constantly interplay with each other and their actual boundaries are blurred. The three main religions are heavily hybridized with each other in people's religious attitudes and behaviors. To understand any of them, we need to take the overall historical and cultural background into consideration (Jen-Chieh Ting 2004:

361). Scholars used three oblique cones to make this analogy: Confucianism, Buddhism, and Taoism are the three oblique cones that have a common base. At the base, all three traditions cannot be distinguished from one another or from folk religious traditions that constituted the central beliefs of the majority of the grassroots people. Near the apex of each cone elite religious professionals emphasize the uniqueness of each respective religion. Communication between the peak and the base operated both ways, with recognized folk religious leaders and elite religious professionals of the main three traditions seeking to both influence and learn from one another (Zurcher 1980). Some Taiwanese had a particular preference for a certain religious tradition, but most found it difficult to clearly state which religion they belonged to (Pas 1979).

Second, in Taiwan's traditional society, religious and the secular traditions were not easily distinguishable from one another (Yang 1961). The general public did not typically participate in a differentiated religion, but in the "religion of patriarchal tradition" blended in secular politics and kinship organizations (Jen-Chieh Ting 2004: 61). The religion of patriarchal tradition was a diffused tradition that had not yet been separated from other social sectors and had no independent religious organization with religious professionals (Yang 1961: 294-300). It was integrated into other social sectors. It had complex components and a broad scope of beliefs, roughly "with worship of gods, heaven, and ancestors at its core, and worship of Nature such as Sheji (the god of the land and the god of grain), sun, moon, mountains and rivers as its wings, supplemented by worship of ghosts and spirits (Zhong-Jian Mou 1995: 82)." The sacrificial system formed by these beliefs was intertwined with kinship and local political relations, so the religion of patriarchal tradition had become an important part of the social order (Zhong-Jian Mou 1995). In addition, the diffused form of the religion of patriarchal tradition made it as influential at the cross-regional level as at the local level. It directly permeated into the root

grammar of the whole culture and secular organization (Hsin-Chih Chen 1999; Jen-Chieh Ting 2001). In Taiwan's traditional society, almost everyone was a follower of the religion of patriarchal tradition, from scholars who claimed to be a Confucian to peasants who held a cosmology of animism. Even Confucianism, Buddhism and Taoism were not mutually exclusive but in a functional complementary relationship with the religion of patriarchal tradition (Jen-Chieh Ting 2004: 243). In contrast, the institutional religions, such as Buddhism, Taoism, and folk sects, were all at a relatively marginal position (Jen-Chieh Ting 2004: 61). In modern Taiwan, after the lifting of the martial law, the religion of patriarchal tradition has become much less influential. Nevertheless, its residual cultural influence should not be ignored (Jen-Chieh Ting 2004: 98).

Third, Taiwanese more often understood religion as a unique set of principles or methods and a set of normative ritual activities rather than institutional activities (ter Haar 1990: 83). In this perspective, Taiwanese viewed religious participation more as a personal affair (but this is not equal to religious individualism or the privatization of religion in the Western contexts. Details will be discussed later). It was relatively common for Taiwanese to participate in multiple religious groups simultaneously in effort to enhance the efficacy of participation (Cohen 1988). In other words, except for a few religious professionals, people were not expected to be loyal to a single religious group and memberships in religious groups were not mutually exclusive. The concept of religious affiliation in Taiwan is very different from that in the Western contexts with Judeo-Christian orientations (Jen-Chieh Ting 2004: 279).

In summary, because of the particularity of Taiwan's religious background, the general public in Taiwan's traditional society had unknowingly become followers of the religion of patriarchal tradition and some folk beliefs. They often had no choice but to participate in festive

or family religious activities with folk beliefs, but when they were asked whether they had religious affiliation, few would directly answer that they had specific religious preferences (Weller 1982: 465). Living in such a background with diffused religion, most people did not devote too much to it, nor did they have a clear and systematic understanding of religious doctrines, and religious participation resembled a habit with unclear motivations for involvement (Jen-Chieh Ting 2004: 290).

### **3.2.2. The Emerging Folk Sects**

Participating in such a diffused form of religion of patriarchal tradition in daily life could hardly satisfy some people's deeper religious needs. As a result, another type of religion, institutional folk sects, that required more effort and more cohesion had emerged (Jen-Chieh Ting 2001). In folk sects, compared to the diffused form of religion, the ritual process was more rigorous, the membership was more clear, and the ethics was more systematic. Further, folk sects published and circulated own scriptures, and trained religious professionals working to lead their organizations (Jen-Chieh Ting 2004: 289-290). Institutional folk sects consciously distinguished themselves from secular organizations. Nevertheless, in order to attract the general public, the religion of patriarchal tradition informed much of their organization content (Jen-Chieh Ting 2004: 292). In other words, the folk sects in Taiwan were a specialized pattern of religion established on the existing religious culture.

The emerging religious groups that flourished in the West between 1960s and 1970s had a tendency to break with established religions, and their followers often had to abandon their old religious affiliation to engage in a completely different belief system (Wuthnow 1976: 42). Different from the West, there was a relatively strong continuity between emerging religious groups and established religions in Taiwan after 1987. Those who followed the emerging folk

sects were even more enthusiastic about traditional cultural concepts than those who followed established religions like Buddhism and Taoism (Hei-Yuan Chiu 2001).

### **3.2.3. Taiwan's Religious Changes After 1987**

After martial law was lifted in 1987, various new religious groups had sprung up in Taiwan. Since then, Taiwan's society had rapidly diversified, and the religion of patriarchal tradition lost much of its allure. This period has been characterized as a transition from older to emerging religious cultures, which continues to the present (Jen-Chieh Ting 2020, 2004: 442).

The sociology of religion in Taiwan has been assessing religious changes in Taiwan. Existing research suggests two broad components of change: (1) a gradual shift from diffused to institutional religion and (2) a trend toward de-regionalization in Taiwan's religions (Hsun Chang 2006: 74; Hei-Yuan Chiu 2004). De-regionalization, coupled with the acceleration of cultural dissemination, has led to an increased tendency among Taiwanese to follow a religion best suited to meeting their personal needs (Wei-Hsian Chi 2019; Chia-Luen Chen 2015; Jen-Chieh Ting 2004: 328).

The emergence of institutional religions occurred after the lifting of the martial law as the social differentiation in Taiwan's society had become more and more refined (Jen-Chieh Ting 2004: 44). The religion of patriarchal tradition had begun to withdraw from the secular, and the religious field had gradually become specialized, moving towards a more institutionalized form. In the changing Taiwanese society, institutional religion with systematic doctrines and independent organizational forms emerged and thrived. The first institutional religions to emerge during that period originally occupied a marginal position but quickly expanded, while additional institutional religious groups continued to emerge. At this time, people's religious participation

had gradually shifted from unconsciously habitual participation to conscious and selective participation (Jen-Chieh Ting 2004: 424-425).

An additional trend during this period, the trend of religious individuality, involved changes in the orientation of religious groups' doctrines and the form of internal activities (Jen-Chieh Ting 2004: 48). Religion had separated from regional contexts and no longer carried significant political and social functions. Participation in specialized religious groups became conscious and selective, while at the same time religious beliefs and discourses began to focus more on individuals than collectives. Religions' doctrines and spiritual practices began to focus more on individual personal needs. Religious groups began to attach less importance to ritual performance, moral advocacy, and interpersonal interaction within their religious activities. Religious teachings and practices tended to focus on personal interests and subjective bodily experience (Jen-Chieh Ting 2004: 429-430).

On the surface, these two trends seemed contradictory. The prosperity of institutional religion seemed to reflect the collective nature of religious behavior. By contrast, the focus on personal needs and inner feelings reflects individual context of religious behavior. To understand how these two trends occurred simultaneously, I distinguish between the former as a more specialized process and the latter as a more general process.

First, "the emergence of institutional religions" can be regarded as the specialization process that took place in the religious field in Taiwan after the lifting of the martial law (Jen-Chieh Ting 2004: 424). After 1987, many people were more inclined to participate in institutional religions than before, but this religious orientation was different from sectarianism (Jen-Chieh Ting 2004: 317). In general, sectarianism means an orientation of people who are more willing to join independent religious organizations with special initiation ceremonies and doctrines. These



organizations tend to claim that they have a more effective approach to the truth than other religious groups (Jen-Chieh Ting 2004: 317). On the contrary, due to the gradual collapse of the religion of patriarchal tradition, many people in Taiwan had grown up in a background with almost no substantive religion and likely joined an institutional religious group because they encountered difficulties in their lives and they happened to be introduced to a certain religious group (Jen-Chieh Ting 2004: 329). In such case, people joined because of their needs of religious coping, which seemed to be a more and more common reason for belief in institutional religions in Taiwan (Fan, Wang, & Fan 2019; Lin, Liang, & Chen 2017). They rarely held the belief that their religion was superior to others.

Second, the trend of religious individuality in Taiwan was not equal to the privatization of religion or religious individualism in the West (Jen-Chieh Ting 2004: 405). The privatization of religion was highly related to a social condition that the public and private spheres have been differentiated in modernization. Compared with the previous era, religion had relatively withdrawn from the public sphere and mainly operated in the private sphere, and so its form was increasingly subjective (Heelas 1982; Luckmann 1967). Values in modern society were becoming more diversified and relativized. The order of social system seemed no longer as stable, indestructible, or trustworthy, and individual subjective experiences had gradually become the main foothold of plausibility (Berger et al. 1974). The public sphere was no longer able to provide individuals with a highly integrated value system and sense of meaning, allowing new religious groups to progressively undertake steps to fill this gap (Jen-Chieh Ting 2004: 405; Heelas 1982). When religious faith and practice became more and more recognized as highly subjective, scholars labeled this phenomenon as religious individualism (Jen-Chieh Ting 2004: 408; Casanova 1992; Bellah et al. 2007).

Taiwan's religious individuality came about in a different context. First, the religion of patriarchal tradition had gradually disintegrated during the process of modernization, but part of it still tenaciously remained in common customs and practices. For example, many Taiwanese continued to follow common customs such as worshipping ancestors at home and spending time worshipping in local temples. These religious reflected personal choices, but they were not entirely kept within the private sphere, but carried out within a hybridized way that involved elements of both the public and private spheres (Jen-Chieh Ting 2004: 98, 215-217; Hsun Chang 2006: 81). Second, whether it was the privatization of religions in the West or the religious individuality in Taiwan, in the end both trends were toward personal attention to self, which led to a belief that one's self is inherently sacred (Chia-Luen Chen 2004; Jen-Chieh Ting 2004; Heelas 1982). For the Christian view of the original sin, this belief might pose certain challenges. But the belief in the self as sacred was a continuation and expansion of the religious traditions in Taiwan. Although Taiwan's traditional culture did not have a tendency of individualism, whether it was Buddhism, Taoism, or folk religions, they all paid great attention to a person's self-cultivation, which implied a belief that humanity has a sacred core in its essence (Jen-Chieh Ting 2004: 408). Therefore, the trend of religious individuality in Taiwan did not constitute a noticeable break or challenge to the traditional. In addition, there was an important cultural factor highly related to the smooth co-occurrence of the emerge of institutional religions and religious individuality in Taiwan, syncretism.

#### **3.2.4. Syncretism**

Syncretism refers to an orientation that intentionally integrates the essence in several religious traditions in an attempt to provide a set of doctrines and methods of practice that participants may view as authentic, because they engage in processes of selection, borrowing,

and mediation to integrate concepts, symbols, and methods of practice from one religious tradition into another in a way that best suits their personal needs (Jen-Chieh Ting 2004: 287, 363; Berling1980). Unlike eclecticism, syncretism provides a set of consistent, fresh interpretations of existing religious traditions through the work of decoding and explaining (Jen-Chieh Ting 2004: 372; Jordan & Overmyer1986). In addition, syncretism is often accompanied by a practical interest to communicate with different cultures, oppose the monopoly of cultural resources by elites, and consciously try to widely integrate and absorb the essence of the cultures (Jen-Chieh Ting 2004: 331). Jen-Chieh Ting (2004: 418) believed that most doctrines of emerging religious groups after the lifting of martial law in Taiwan had the orientation of syncretism, and it was this orientation that made it possible for the emergence of institutional religions and the trend of religious individuality to occur together.

Syncretism had often occurred in Taiwan's folk religions at the very beginning. The doctrines of Taiwanese folk religions often incorporated the essence of Confucianism, Buddhism, and Taoism, being taught to the grassroots in a simple and direct way (Zurcher 1980). Compared with Confucianism, Buddhism or Taoism, folk religions were relatively non-elite and highly valued the vitality of grassroots daily life. Syncretism made it possible to introduce the essence of Confucianism, Buddhism and Taoism to people in a way that fit the common folks (Jordan & Overmyer 1986). The emerging religious groups in Taiwan after the lifting of the martial law had inherited such orientation of syncretism , through which led their teaching dynamic and adaptable so that it was possible for them to move towards the trend of religious individuality and meet different religious needs (Jen-Chieh Ting 2004: 432). In addition, the religious discourses of these emerging religious groups also contained a new sort of syncretism that integrated not only several religious traditions but also scientific discourses (Jen-Chieh Ting

2004: 328). The updated style of syncretism was possible to provide a holistic worldview for their followers, and this was exactly what many people in a society that was experiencing rapidly changing toward a high degree of social differentiation needed (Jen-Chieh Ting 2004: 330).

So far, I have succinctly explained the particularity of religion and its changes in Taiwan. These characteristics are probably more or less possessed by the new spirituality culture in Taiwan as well, from which we can snoop some continuity and interplay between spirituality and religion in Taiwan. Relevant discussions on the interplay between religion and spirituality in Taiwan will be carried out with empirical data later in Chapter 5.

### **3.3. Taiwan's Folk Medical Systems**

The purpose of this section is to illustrate that the healthcare systems in Taiwan's folk culture has inherently been diversified in tradition. Even if government policies made Western medicine the mainstream, other healthcare systems have always had room for survival, and they co-constructed and intertwined with folk culture of Taiwan. The healthcare methods in the systems different from Western medicine are called complementary and alternative medicine (CAM) by academia (Wen-Yuan Lin 2014). In fact, they have gradually entered the field of science and medicine and become part of the basic education for doctors (Zhi-Yin Ding 2008).

Scholars divided Taiwan's multiple medical systems into three categories: Western medicine, Chinese Medicine, and folk medicine (Hsun Chang 2008, 1989). The folk medicine can be further divided into two categories, religious and non-religious folk medicine (Hsun Chang 2008, 1989), and religious healing knowledge is the knowledge in the religious folk medical system. The term "religious healing" is used by scholar Der-Huey Yee (2014).

The term "religious healing" is more appropriate than "religious folk medicine" in the contemporary sociocultural context of Taiwan. There are two reasons. First, most ordinary

people of Taiwan regard “medicine” as a term specially refers to Western medicine; instead, the term “healing” can highlight the cosmologies and worldviews of CAM, which are pretty different from those of Western medicine (Jewson 2004; Hsun Chang 1989). Second, the term of “folk medicine” generally refers to the medicine of ordinary people bred from local culture, but religious healing in Taiwan nowadays has included many foreign therapies, such as energy healing or flower essence in the New Age. The use of the term "religious healing" is less restricted by the established imagination of the local culture.

Taiwan’s religious healing methods are not only diverse but also advance with the times. In addition to the fact that the Western medicine cannot fully satisfy Taiwanese citizens, the prosperity of religious healing has been facilitated by local political and social factors. Chin Min Cheng (2005) argued that before Taiwan’s martial law was lifted, the Kuomintang government did not pay much attention to supporting traditions of local cultures when making policies, which caused many local cultures to shrink. After the martial law was lifted in 1987, Taiwan entered a period of rapid social change. People in many fields tried to revive the local culture with integrating foreign and new coming elements into them, attempting to produce new patterns of local lifestyle. In this wave of local cultural revival, folk medicine was no longer taken for granted by people in their daily practices. Rather, people were aware from a new perspective that it contains a wealth of local knowledge, so they consciously integrate the local knowledge from folk medicine into their constantly updated lifestyle (Chin Min Cheng 2005). In short, probably since the 1990s, the previously suppressed local culture began to enter a stage of revival and reinvention, and religious healing knowledge played an important role in it.

To this day, religious healing knowledge is still in a very weak position in the hierarchy of knowledge. Not only is it not accepted by many medical professionals, it is also rejected by

many ordinary people of Taiwan (Yong-Wen Ye 2009). Chin Min Cheng (2005) argued that this rejection of religious healing knowledge can be regarded as a cultural conflict, and the reason why this conflict cannot be resolved is because the scientific convictions and the folk medical practitioners lack an intermediary space of translation to understand each other. However, even if it is deliberately suppressed by the government, weak in the hierarchy of knowledge, and strongly rejected by some Taiwanese people, religious healing knowledge has always existed vigorously and tends to be pluralistic. In many fields, it can be found that actors are passionately connecting the knowledge of both sides between religion and healthcare. The intermediary space of translation that connects the two sides has always existed, and this space is where my research interest is generated. The focus of this dissertation is on the practice of knowledge production in the middle ground between religion and healthcare, where the scholars, doctors, and New Agers formed a network which brought out the emergence of the legitimacy of religious healing knowledge.

## CHAPTER 4. METHODOLOGY

### 4.1. Research Conceptual Framework

In order to demonstrate that the legitimacy of religious healing knowledge has gradually emerged and it has become an important cultural resource in the process of knowledge making, this dissertation uses both quantitative and qualitative data to show the evidences. I employ quantitative and qualitative data to answer different questions. I rely on quantitative methods to examine a national sample to clarify the important role of religious healing knowledge as a hybrid of religion and spirituality plays in the contemporary religious context of Taiwan. The interplay and continuity between religion and spirituality in Taiwan are also examined by using the quantitative data. The research question is as follows:

1. How did Taiwanese people's religious healing and religious behaviors and attitudes affect their inclination to spirituality in the religious context where religion and the new spirituality culture were intertwined?

I use qualitative methods to investigate the emergence of the legitimacy of religious healing knowledge, and this includes the use of religious healing knowledge by scholars, physicians, and New Agers in their translation between the differentiated knowledge.

The initial starting point of this dissertation is to investigate why and how the two fields of healthcare and religion in Taiwan are related. From the perspective of Actor-Network Theory, Latour (2016) suggested tracking how the mediated practices of actors connect these two areas. Therefore, I focused on the actors in the intermediary zone between healthcare and religion. After doing some searching, which will be mentioned in detail later, I decided to target the three groups of scholars, physicians, and New Agers, and observe how they connect healthcare and religion. The initial research framework is shown in Figure 1.

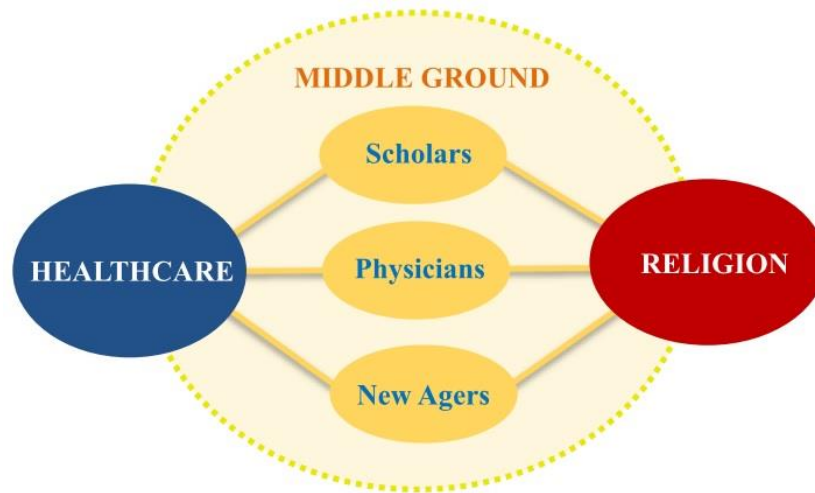


Figure 1. Initial Research Framework

As the research progressed, the initial research framework was also revised. After doing the further literature review and reading categories in the process of open coding again, I picked a central category, which was named “religious healing knowledge.” At the later stage of the research, I discovered that the actions of these three groups have a similar theme, that is, they all tried to use religious healing knowledge as cultural resources to connect the differentiated knowledges. After discovering this theme, I conducted a literature review again and found that the “translation” concept of Actor-Network Theory is appropriate to describe this theme. I reorganized the categories and properties obtained from open coding with the concept of translation and got a new research conceptual framework, as shown in Figure 2.

As Strauss & Corbin (2001) pointed out, the research process is often not linear, but a circular process. In the period between the time when I realized that “religious healing knowledge” was the central category and the time when I understood that the main theme of “translation” could be used to describe the actions of scholars, physicians, and New Agers, I





Figure 2. Final Research Framework

moved back and forth between data and literature to establish the final research conceptual framework. After introducing ANT into the framework, I reorganized the relationship between categories and concepts, and then my research questions focused on the following points:

2. How did scholars translate religious healing knowledge to connect foreign academic knowledge and local academic knowledge to achieve the indigenization of knowledge?
3. How did physicians translate religious healing knowledge to connect complementary and alternative medicine (CAM) and Western medicine?

4. How did New Agers translate religious healing knowledge to connect local knowledge of healing and foreign knowledge of healing?

In the end, I realized that the translation of the differentiated knowledges of these actors was related to a broader contextual condition, that is, the rapid social changes in Taiwan after 1980, especially after the lifting of the martial law in 1987. Looking back on Taiwan's medical history, I found that the colonial governments in different periods of modern times all discouraged or even suppressed religious healing knowledge. However, in the past 30 years, religious healing knowledge has been constantly updated and has been re-evaluated by many professionals. I incorporated the contextual conditions into the research framework to form a broader question, namely the emergence of the legitimacy of religious healing knowledge in Taiwan. So, there is a fourth research question:

5. How did the legitimacy of religious healing knowledge emerge through the translation of scholars, physicians, and New Agers?

These five research questions did not appear at the beginning of this dissertation. My initial motivation was to study the behaviors of actors who connect religion and healthcare. After the process of coding, these problems gradually developed.

#### **4.2. Quantitative Data**

To investigate the complexity of religion and spirituality in Taiwan, the best data available come from Taiwan Social Change Survey (TSCS), a national long-running, repeated cross-sectional survey, which is recognized as one of the largest general social surveys in the world (Smith et al. 2006). The TSCS joined the International Social Survey Programme (ISSP) in 2002 and includes the core ISSP questions and topics for Taiwan. It was first conducted in 1984 and currently continues with two surveys every year, with a module aimed at investigating each key

topic every five years. Topics such as religion, social-economic stratification, family, culture, lifestyle, and mass communication are included.

The surveys on religion are inclusive of questions that tackle a wide range of topics. The register of households served as the sampling frame; cities and townships were classified by population density, education, labor force, industrial employment, and employment in service industry into ten strata. Sampling with probability proportional to size (PPS) in each stratum, first identifying cities and townships as the primary selection unit, village and neighborhood as the second, and finally individuals aged 18 or over as the last selection unit. The sample sizes were 1927 in the year 2009. Additional information about the survey can be found on the website of Academia Sinica.

It is worth mentioning that the two key authors of the New Age studies, Shu-Chuan Chen (2008) and Chia-Luen Chen (2001, 2015), were both on the TSCS survey team in 2009 and thereby there were more questions regarding spiritual practices and experiences during that year. I use the data of year 2009.

### **4.3. Measures**

#### **4.3.1. Dependent Variables: Inclination to Spirituality**

I operationalize the spirituality of Taiwanese people with their subjective inclination to spirituality. The TSCS survey included a set of questions asking respondents if they subjectively think of themselves religious or spiritual. I used two of them: “I follow a religion and consider myself to be a spiritual person interested in the sacred or the supernatural” and “I don’t follow a religion, but consider myself to be a spiritual person interested in the sacred or the supernatural.” Responses were coded as dichotomous variables (1=Yes, 0=No). One who did not answer yes in any of the two questions was coded as 0, otherwise coded as 1. More than half of Taiwanese

people (53.8%) had inclination to spirituality. The introduction of the complex interaction between spirituality and religion on individual level can be found in Chia-Luen Chen (2015).

#### **4.3.2. Independent Variables**

*Religious Healing Knowledge Acquisition:* Referring to Chia-Luen Chen (2001) and Chen, Chiu and Chen (2013), I use questions about spiritual activities and consumptions to operationalize spiritual knowledge acquisition. The TSCS survey questions asked “Did you read spiritual books last year?” “Did you buy or read spiritual magazines or books during the past 6 months?” “Did you watch spiritual TV programs or spiritual movies during the past 6 months?” and “Did you buy or listen to spiritual music or spiritual course materials during the past 6 months?” Responses were coded as dichotomous variables (1=Yes, 0=No). One who did not answer yes in any of the four questions was coded as 0, otherwise coded as 1. Nearly two-fifths (39.3%) of the respondents had acquired spiritual knowledge.

*Religious Healing Practices:* Referring to the studies of Chia-Luen Chen (2001) and Chen, Chiu and Chen (2013), I operationalize religious healing practices with questions about spiritual activities and consumptions. The relevant survey questions asked “Did you practice Qi, meditation, or activities to boost your energy or improve the harmony of your magnetic field last year?” “Did you practice yoga last year?” “Did you use natural remedies, alternative therapies, hypnotherapy, spiritual practices last year?” “Did you use massage therapies, meridian therapies, or other folk remedies last year?” “Did you buy or use a spiritual crystal or other stone products during the past 6 months?” and “Did you buy or use spiritual-related essential or natural oils during the past 6 months?” Responses were coded as dichotomous variables (1=Yes, 0=No). One who did not answer yes in any of the six questions was coded as 0, otherwise coded as 1. More than two-fifths (43.8%) of the respondents had done religious healing practices.

*Expressed Belief in Religion:* According to the findings of Chia-Luen (2015), Wen-Ban Kuo (2013) and Jen-Chieh Ting (2004), many Taiwanese people did not know the boundaries among the three main religions (folk religions, Buddhism, and Taoism) very well, and religion's common orientation of syncretism in Taiwan made it easier for some of them believe in more than one religion. Based on these, the information of respondents' self-identification of their religious belief from the survey does not seem to be a good measure for my models, because the respondents were asked to choose only one religion they believed in without ambiguity. Nevertheless, except for those who thought that they had no religious belief, we can roughly judge that the rest had at least one religious belief. The relevant survey question asked "What is your religious belief?" The first option "I have no religious belief" (1=Yes—I have no religious belief, 0=No—I have a religious belief) was used to generate this variable<sup>10</sup>. Responses were reverse coded as a dichotomous variable. Respondents who answered that they had a religious belief was coded as 1, otherwise coded as 0. More than four-fifths (87.4%) of the respondents had expressed belief in religion.

*Religious Attendance:* The TSCS survey question asked "How often do you go to temples, altars, or churches?" and measured it on a 9-point scale: (1) every day, (2) several times a week, (3) once a week, (4) 2 or 3 times a month, (5) once a month, (6) several times a year, (7) once a year, (8) almost none, or less frequently than once a year, and (9) never. Following Fang, Wang, & Fang (2019), I reverse coded to make a higher score indicate more frequent religious attendance.

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<sup>10</sup> Previous studies, like Fan, Wang & Fan (2019), often used this question to generate variables of religious affiliation. However, in the languages commonly used by Taiwanese people, there was no equivalent term to "religious affiliation," and so I decided to use the wording of "expressed belief in religion" to make the naming of the variable consistent with the question.

*Subjective Religiosity:* The TSCS survey question asked respondents to rate their own religiosity on a 7-point scale: (1) extremely religious, (2) very religious, (3) somewhat religious, (4) neither religious nor non-religious, (5) somewhat non-religious, (6) very non-religious, and (7) extremely non-religious. I reverse coded to make a higher score indicate more religious.

#### **4.3.3. Health Status Controls**

*Psychological and Physical Health Statuses:* Referring to Fang, Wang, & Fang's (2019) finding that there is a self-selection effect in the relationship between Taiwanese people's religious behaviors and their mental health status, the same pattern may likely to happen in the relationship between their inclination to spirituality and health conditions. So, health status variables in the models are for controlling self-selection effects. The health status controls are operationalized with four dichotomous variables: psychologically unhealthy, physically unhealthy, psychologically and physically unhealthy, and healthy. Two questions are used to make this variable. One is "Has your daily life, studies, or work been affected because of certain emotions (e.g., feeling nervous, worried, anxious and unable to relax, or depressed, downhearted) in the past two weeks?" The answer can be yes or no. Those answered yes were regarded as psychologically unhealthy, otherwise regarded as psychologically healthy. Another is "Has your daily life been affected because of any physical discomfort or injury in the past two weeks?" The options are (1) No, (2) Yes, slightly, (3) Yes, quite a bit, and (4) Yes, very much. Those answered 2 to 4 were regarded as physically unhealthy, otherwise regarded as physically healthy. Using these, I distinguish four groups of people: (1) psychologically unhealthy, (2) physically unhealthy, (3) psychologically and physically unhealthy, and (4) psychologically and physically healthy. The first three are coded as dichotomous variables (1=Yes, 0=No) with psychologically and physically healthy as the reference category.

#### **4.3.4. Socio-Demographic Controls**

*Female:* Coded as a dichotomous variable (1=Female, 0=Male).

*Age:* Referring to the finding of Chia-Luen Chen (2001) that the new spirituality culture was introduced in Taiwan during the 1980s, people under middle age may be more receptive to spirituality in 2009. I operationalize age with four age groups to see their differences on the inclination to spirituality: (1) Age 20-34 (31.7%), (2) Age 35-49 (31.5%), (3) Age 50-64 (26.5%), and (4) Age 65 & above (10.3%). Three dichotomous variables are created with 20-34 as the reference category.

*Married:* Coded as a dichotomous variable (1=Married, 0=Others).

*Education:* The TSCS survey question asked “What is your education level?” Those who chose the options of “University,” “Graduate school (Master’s degree),” and “Graduate school (doctoral degree)” were coded as 1, otherwise coded as 0. This is a dichotomous variable (1= Bachelor’s degree or higher, 0=Others).

*Log Monthly Household Income:* This variable is measured on a 26-point scale: (1) no income, (2) less than NTD 10,000 per month, (3) NTD 10,000 to 20,000, (4) NTD 20,000 to 30,000... (21) NTD 190,000 to 200,000, (22) NTD 200,000 to 300,000, (23) NTD 300,000 to 400,000, (24) NTD 400,000 to 500,000, (25) NTD 500,000 to 1 million, and (26) more than NTD 1 million. I recoded the variable by converting the value to the midpoint of each interval and replacing the missing value with the median, and the unit was converted to NTD ten thousand as well. At last, because of its right-skewed distribution, I use its log value in models.

#### **4.4. Methods for Quantitative Analysis**

Four logistic regression models are used to test the role of religious healing knowledge acquisition and practices and religious variables on Taiwanese people’s inclination to spirituality.

In the first model, I examine how religious healing knowledge acquisition and practices shape one's inclination to spirituality with no control variables. In the second model, the effects of following a religion, religious attendance, and subjective religiosity are examined with no controls. In the third model, religious healing knowledge acquisition and practices and all religious variables are added in to test their effects on inclination to spirituality. In the last model, all the independent variables with health status and socio-demographic controls are examined. The purpose of these logistic models is to see the explanatory power of religious healing knowledge acquisition and practices for Taiwanese people's inclination of spirituality, as well as clarify the relationship between religion and spirituality on the individual behavioral level.

In terms of missing data, I first tried models dropping missing cases within a model and found that the number of respondents analyzed in each model was similar. In the end, I decided to use listwise method deleting the missing values and made each model the same number of respondents analyzed.

## **4.5 Qualitative Data**

### **4.5.1. Research Field**

The phenomena, objects, groups, and people studied in this dissertation are limited to Taiwan. In this study, the separation between “foreign” and “local” has a clear geographical boundary, that is, outside Taiwan or inside Taiwan. The “foreign knowledge” referred to in this paper is the knowledge that Taiwanese professionals and ordinary people cannot touch without reading the translated books or the original text in language other than Chinese. Before the lifting of martial law in 1987, many “foreign knowledges” could hardly enter Taiwan, and neither professionals nor ordinary people could learn them, especially knowledge in the humanities and social sciences. In addition, the “indigenization of knowledge” referred to in this study is the



projects carried out by scholars or experts to make foreign knowledge applicable to Taiwan. The realm of the knowledge indigenization may even be at the level of epistemology and ontology.

#### **4.5.2. Sampling of Research Objects and Data Collection**

In the selection of research objects, this study adopted one form of purposeful sampling, critical case sampling, to find key actors in the intermediary zone between healthcare and religion in Taiwan. The information-rich cases were selected after repeated literature review and search for information, and these cases were also those who had a great influence in the specific fields related to religious healing knowledge. As mentioned in the chapter of literature review, “knowledge” occupied a key position in the connection between healthcare and religion. Therefore, I focused on the process of knowledge making of the three groups, who were scholars, physicians, and New Agers. I selected critical cases in these three groups, and then selected their key publications as the data for analysis. There are three conditions for the selection of the publications:

- Those related to both religious healing and translation of knowledge.
- Those related to the record of history involved in both religious healing and translation of knowledge.
- Those who were sufficient to link actors involved in the knowledge making of religious healing knowledge, such as an essay collection of a conference.

To conduct the critical case sampling for scholars, first, I searched the Airiti Library, an online database of Taiwanese academic literature. I found that most of the literature came from the fields of anthropology, psychology, medicine, and nursing. Among them, the literature in the field of medicine and nursing is less relevant to the subject of this dissertation. Most of them are studying the effects of patients using complementary and alternative medicines, and how medical

professionals view these therapies. Complementary and alternative medicines contain many things, and only a small part of them are related to religion. Therefore, these studies are not very helpful in exploring how the legitimacy of religious healing knowledge emerges. It seems that the most useful literature is concentrated in the fields of anthropology and psychology.

Second, when I initially browsed these anthropological and psychological literatures, I found that several authors' research interests were obviously related to religious healing. They were Hsun Chang, An-Bang Yu, and Der-Huey Yee. Among them, Der-Huey Yee is a scholar I have known for a long time because he often writes prefaces for books about religious healing published by the PsyGarden publishing house. After searching all the materials online, I believed Der-Huey Yee is one of the most important scholars who studied religious healing knowledge in Taiwan. He formed an academic research group to study religious healing and cultural healing, and the participating scholars included psychologists, anthropologists, philosophers, and sociologists. Among them, the publications of anthropologists Hsun Chang and An-Bang Yu seemed to be very critical for this dissertation. From holding seminars to publishing collections of essays, the history of the alliance formed by the medical anthropologists and indigenous psychologists needed to be taken into consideration, in terms of the emergence of the legitimacy of religious healing knowledge. Since the Academia Sinica is the academic institution of the highest level in Taiwan, this academic research group was in a critical position of knowledge making and thus worth studying.

Third, I focus on the works of these medical anthropologists and indigenous psychologists. The materials I concerned mainly come from the works of Hsun Chang, An-Bang Yu, and Der-Huey Yee. From examining their publications, I not only explore how they used religious healing knowledge as cultural resources to connect differentiated knowledge, but also discovered the

historical context of knowledge making related to the translation of religious healing knowledge.

To conduct the critical case sampling for physicians, first, I searched in the library's online system, looking for physicians' publications related to religious healing. After some exploration, I found that the most influential ones belonged to the group of physicians who advocated the Seth Material. According to the studies of Chia-Luen Chen, the New Agers that promote the Seth Material have been active in Taiwan since the 1980s and they are the first group of people to disseminate New Age in Taiwan (Chia-Luen Chen 2001, 2006). Later, their leader, Dr. Tien-Sheng Hsu, successively established the Seth Education Foundation, Seth Culture publishing houses, and Seth TV based in Taiwan, allowing the number of readers and audiences of Seth to grow rapidly. Many patients who seek religious healing or body-mind-spirit healing have been in contact with the Seth Material, especially cancer patients (Mei-Yu Lin 2011). In terms of influence, the Seth Material is one of the most important New Age thoughts popular in Taiwan, and this is related to the fact that the main promoters are physicians. Thus, I selected the group of physicians who advocate the Seth Material as the research object and examined their publications.

To conduct the critical case sampling for New Agers, I first conducted a literature review on the sociological research of New Age. The main scholars of sociology studying the New Age in Taiwan are Chia-Luen Chen and Shu-Chuan Chen. Their research has detailed information on the genres of New Age spiritual knowledge and the types of New Age activities in Taiwan (Chia-Luen Chen 2006, 2001; Shu-Chuan Chen 2006), and it also contains many interview materials, which have become the secondary data used in this dissertation. Second, there was a book especially important for the development of New Age in Taiwan. It was entitled *The Aquarian Conspiracy*, which was regarded as a classic by New Agers in Taiwan and was called by them

“the handbook of New Age” (Fei-Yi Liang 2005). This book was also regarded as a critical material for this dissertation for analysis.

#### **4.6. Analytical Methods for Qualitative Data**

Coding is a process of extracting concepts and relationships between concepts from raw data, and it is an important part of analyzing qualitative data. During the process of coding, a systematic procedure of conceptualization for raw data is required. First, I referred to the coding methods of Strauss & Corbin (2001) and Boyatzis (2005), generating categories, a central category and conceptual linkages from raw data. Second, I introduced Actor-Network Theory to explain the themes found in the coding with the concept of translation and further formed the entire conceptual framework.

##### **4.6.1. Open Coding**

The first step is to decompose the raw data of the texts, examine the phenomena, events, or actions presented in it, mark each meaningful unit as a concept, and label the concepts. Second, I put the similar concepts into a category and name the category. Several categories may be aggregated into a larger category, and they then became subcategories (Strauss & Corbin 2001).

In this study, the open coding emerged from the data, and I tried to make the label of category simple and easy to understand. Through this procedure, I reduced the trivial information into concepts useful for the subject of this dissertation.

##### **4.6.2. Axial Coding**

Axial coding is a step of finding rational relationships between categories or between a category and a subcategory. In other words, in this step a researcher should start to find a rough pattern among the labeled categories and then try to further build a conceptual framework, which was called a “coding paradigm” by Strauss and Corbin. In this framework, they suggested that

researchers should mark the conditions of the categories, such as situations, contexts, actions, strategies, and consequences, to make the relationship between categories clearer (Strauss & Corbin 2001). Through this process, I reconnect the decomposed data at the conceptual level. In other words, the concepts generated from the decomposition of raw data in open coding was reconnected into a conceptual framework to form more precise research questions, which were tried to be answered in this study.

Compared with open coding, axial coding is more goal-oriented. When forming the coding paradigm, researchers need to organize the concepts from a specific perspective. In the preliminary analysis, I vaguely noticed that the actors' behaviors have a similar pattern. After doing further literature research, I found that the perspective of Actor-Network Theory (ANT) could help me build a conceptual framework to link the categories. Therefore, I mainly used the theory-driven approach, guided by the perspective of ANT in the stage of axial coding. The connection of the concepts here was mainly through the concept of "translation". For example, the aforementioned two categories, "Folk Culture: Religion" and "Foreign Academic Knowledge: Psychoanalysis" can be linked by "Translation: Foreign Academic Knowledge—Folk Culture." I regarded the action of "translation" as a main theme in the data, and this main theme can be used to understand the behavior patterns of the scholars, physicians, and New Agers.

#### **4.6.3. Selective Coding**

The final stage to establish the conceptual framework was selective coding, in which researchers find the most important of all categories as a central category through repeated comparisons, speculations, and verifications. This central category must have the function of describing the entire research in a few words, and it is often a highly abstract concept. The

relationship between the categories in the conceptual framework must revolve around this central category as the core in operation. In the previous stage of axis coding, the relationship between the categories gradually emerged; until the selective coding, the researcher is able to systematically unify and refine the entire conceptual framework. In addition, at this stage, the researcher may find that the data is excessive or insufficient. If the data is excessive, it needs to be trimmed; if the existing data is not enough to support the conceptual framework, the researcher needs to consider more about the variation of the central category, and it may be necessary to add new cases with “theoretical sampling” to find more contextual conditions, intervention conditions, or other categories to incorporate variability into the conceptual framework (Strauss & Corbin 2001).

In addition, although selective coding is usually done in the last stage, the research in fact is not a linear process, but a circular process, during which open coding, axial coding, and selective coding will continue to be revised to stabilize the entire conceptual framework. In the actual process of coding, five things may happen back and forth: connecting the central category and sub-categories, linking each category through the dimensional level, continuing to revise the categories, verifying the relationship between the categories that emerged in the data, and clarifying the storyline of the study. In the end, all the categories were organized around a central category, and an explanatory framework was built to tell the story of the study.

The central category of this study is “religious healing knowledge,” which merges the two fields of healthcare and religion. The main theme of translation of scholars, physicians, and New Agers discussed in this dissertation were organized around the central category of religious healing knowledge, as shown in Figure 4.2 above.

## **CHAPTER 5. RELIGIOUS HEALING KNOWLEDGE WITHIN THE ENTANGLEMENT BETWEEN RELIGION AND SPIRITUALITY**

Taiwan's sociologists believed that there are three main difficulties in studying contemporary religious phenomena in Taiwan. I will briefly explain them at the beginning of this chapter because these difficulties are also unavoidable for this study, and it will help readers understand why this dissertation needs this chapter to clarify and prove the key position of religious healing. First, since there is a high degree of particularity in Taiwan's historical and cultural contexts, many ready-made concepts in sociology of religion cannot be directly applied to explain Taiwan's religions (Hsin-Chih Chen 1999). Related to this, the sociology of religion in Taiwan is still in its infancy, and it is often difficult to strike a balance between making detailed description of concrete phenomena and the more abstract conceptualization (Jen-Chieh Ting 2004: 210). Second, Taiwan's social changes were proceeding at an accelerated pace after the martial law was lifted in 1987, and the changes in the religious sphere driven by it are still happening. Many new and more complex phenomena are being created, and it is difficult for researchers to fully capture them and make final conclusions. What scholars can do is to try to discover the sociological meaning from them (Jen-Chieh Ting 2004: 211). Third, Taiwan's culture is highly shaped by cultural dissemination. Taiwan had rich experience of being colonized in the past, so Taiwan's religious culture had incorporated many elements from different religious traditions. In addition, new foreign religious cultures are continuously imported, including New Age or new spirituality culture, which have strongly influenced Taiwan's emerging religious phenomena. It is an ongoing process that is difficult to be fully captured by researchers (Jen-Chieh Ting 2004: 239).

For these reasons, before entering the discussion about how religious healing knowledge can be applied to other social sectors other than religion (such as the scholars, physicians, and the

New Agers communities focused in this dissertation), the intertwined relationship between religion and spirituality must be examined with empirical data. As I have mentioned in Chapter 3, after the martial law was lifted in 1987, the emergence of institutional religions and the trend of religious individuality happened together in Taiwan (Jen-Chieh Ting 2004). Meanwhile, New Age spirituality was introduced to Taiwan in the 1980s, widely spread in the 1990s, and many New Agers set up related organizations after the mid-1990s (Chia-Luen Chen 2006, 2001). Many healing techniques included in New Age spirituality such as the use of essential oil and flower essence have become a part of many people's daily life. Since it was in the local context that Taiwanese people experienced it, "spirituality" has turn to a local category from a foreign category (Hung-Jen Yang 2011), and so we must understand "spirituality" from the perspective of Taiwan's religious context.

One main characteristic of the new spirituality culture is that it is closely related to the interest of healing and healthcare, which can almost be viewed as its core interest (Shu-Chuan Chen 2014; Chia-Luen Chen 2001; Heelas 1996). Although religion sometimes involves healing, it does not seem to place healing at such a core position like spirituality. This chapter pays special attention to the role of religious healing knowledge and its practices in an attempt to show that they are good predictors to speculate on one's inclination to spirituality, even better than religious variables. Using data drawn from Taiwan Social Change Survey (TSCS) of year 2009, this chapter examines the role of religious healing knowledge and practices on Taiwanese people's inclination to spirituality. Logistic regression models are used, in which important socio-demographic variables, religious variables, and health status variables are controlled.



## 5.1. Basic Descriptive Statistics

As shown in Table 1, the dependent variable, inclination to spirituality, has a mean of 0.527. That is, 52.7% of the respondents considered themselves to be a spiritual person interested in the sacred or the supernatural. More than half of the Taiwanese people in the national sample had an inclination to spirituality made it hard to say that spirituality was a niche or non-mainstream in Taiwan.

In terms of religious healing related variables (they are two of the independent variables), 37.8% of the respondents had acquired religious healing knowledge (including read spiritual books, bought or read spiritual magazines or books, watched spiritual TV programs or spiritual movies, or bought or listened to spiritual music or spiritual course materials) within one year before the survey interview; 42.7% had ever done religious healing practices (including practiced yoga, Qi, meditation, or activities to boost one's energy or improve the harmony of one's magnetic field, bought or used a spiritual crystal or other stone products, bought or used spiritual-related essential or natural oils, or used natural remedies, alternative therapies, hypnotherapy, spiritual practices, massage therapies, meridian therapies, or other folk remedies). Overall, nearly three-fifths (56.9%) of the respondents had acquired religious healing knowledge or done practices within one year before the survey interview. We can see the popularity of religious healing in Taiwan here.

In terms of the religious variables (they are three of the independent variables), nearly nine out of ten respondents (87.4%) subjectively identified themselves as having belief in religion, but on average respondents had only a moderate degree of religious attendance (a mean of 4.38 out of 9) and subjective religiosity (a mean of 4.95 out of 7).

Table 1. Basic Descriptive Statistics of All Variables

	Min	Max	Mean	SD
<i>Dependent Variable</i>				
Inclination to Spirituality	0	1	.527	.499
<i>Religious Healing Knowledge Acquisition &amp; Practices</i>				
Religious Healing Knowledge Acquisition	0	1	.378	.485
Religious Healing Practices	0	1	.427	.495
<i>Religiosity Variables</i>				
Expressed Belief in Religion	0	1	.874	.331
Religious Attendance	1	9	4.384	1.792
Subjective Religiosity	1	7	4.949	1.116
<i>Health Status Controls</i>				
Psychologically Unhealthy	0	1	.129	.336
Physically Unhealthy	0	1	.116	.320
Psychologically & Physically Unhealthy	0	1	.163	.369
Psychologically & Physically Healthy	0	1	.592	.492
<i>Socio-Demographic Controls</i>				
Female	0	1	.487	.500
Age 20-34	0	1	.299	.458
Age 35-49	0	1	.297	.457
Age 50-64	0	1	.259	.438
Age 65 & above	0	1	.144	.352
Married	0	1	.624	.484
Bachelor's degree or higher	0	1	.221	.415
Log Monthly Household Income	0	4.61	1.560	.773
N	1800			

As for the health status controls, the largest group of the unhealthy people was those with both poor psychological and physical health (16.3%), followed by the psychologically unhealthy group (12.9%) and the physically unhealthy group (11.6%). Roughly three-fifths of cases (59.2%) in sample were both psychologically and physically healthy.

Some important socio-demographic variables are controlled. The proportion of female in sample is 48.7%. All respondents in sample are citizens, who are over 20 years old. Since the new spirituality culture was widely spread just in the 1990s with the trend of religious individuality getting more prevalent after 1987, younger people may be more likely to claim

themselves spiritual than older people (Jen-Chieh Ting 2004; Chia-Luen Chen 2001). The age variable is thus divided into four age groups, age 20 to 34 (29.9%), age 35 to 49 (29.7%), age 50 to 64 (25.9%), and over age 65 (14.4%). The proportion of married people is 62.4%. More than one fifth (22.1%) of the respondents had bachelor's degree or higher. The mean value of log monthly household income is 1.560, while the minimum is 0 and the maximum is 4.61. Basic descriptive statistics are shown in Table 1.

## **5.2. The Role of Religious Healing Knowledge and Practices on Inclination to Spirituality**

Table 2 shows the result of five logistic regression models, with dependent variable inclination to spirituality. Model 1 includes only independent variables of religious healing knowledge and practices without any controls. The outcomes show that they are good predictors to speculate Taiwanese people's inclination to spirituality. Having acquired religious healing knowledge within one year increases the odds for a Taiwanese being inclined toward spirituality by 77%. Having done religious healing practices within one year increase the odds of a Taiwanese being inclined toward spirituality by 77%.

Whether it is Buddhism, Taoism, or folk religions in Taiwan, or even new spirituality culture introduced after the 1980s, they often contain discourses related to naturalistic religiosity, which inherits the legacy of a cosmology of holism. Naturalistic religiosity is not in a form of a specific religion but beliefs contained in many folk religions (Shimazono 2020: 294). It was revived in the trend of new spirituality and was still prospering. The way it promoted to regulate the body and nature was often somewhat different from modern knowledge, and so it had become one of the resources for alternative knowledge (Shimazono 2020: 296).

Unlike modern knowledge, which tended to be systematic and standardized, alternative knowledge emphasized more on the availability and practicality of daily life in community

(Shimazono 2020: 298). Those who advocated alternative knowledge attached great importance to folk knowledge and practical skills; nevertheless, most of them did not exclude modern knowledge or scientific knowledge, nor did they regard alternative knowledge as the opposite of modern knowledge (Chia-Luen Chen 2007, 2001). What they really wanted to cherish was the part that was often overlooked by modern knowledge:

For reasons of practicality and utility, perception of the delicate balance and harmony between objects, between humans and objects, and between humans is considered important. The total, sustained experiences of a person acquired through the activities of the whole body and mind are highly valued. Holistic perception achieved by contextual and participatory attitudes, by sense perception such as “inspiration” and by cultivated skill, are [*sic*] preferred to non-contextual, universal rationality and the systematic and rigorous accumulation of segmented knowledge. As such, perception cannot be formulated clearly in written form, [*sic*] it is recommended that one should participate and learn it experientially. This concept of holistic knowledge that is acquired empirically and that is applicable to daily experiences in the community is often lacking in modern knowledge (Shimazono 2004: 198).

This respect and value for folk knowledge was derived from the holistic cosmology of naturalistic religiosity held by its advocates, which emphasized that though all elements of the whole are interdependent, the harmony of the whole needs to be attached importance by all elements (Shimazono 2020: 299). Those who hold this kind of holistic cosmology often highly respected folk knowledge and syncretic culture, because they believed that body and mind are one, so religious or spiritual knowledge must be embodied and presented in daily life (Shimazono 2020: 300; McGuire 2008; Men-Sheng Yu 2004). These emphases on alternative knowledge and daily performance had also been inherited by religions with an orientation of syncretism and the new spirituality culture in Taiwan.

Model 2 includes the three religious independent variables without any controls. This model tests the interplay between religion and spirituality in Taiwan. Expressed belief in religion has a significant negative effect on Taiwanese people’s inclination to spirituality. One’s subjectively

Table 2. Logistic Regression Determinants of Inclination to Spirituality

	Model 1			Model 2			Model 3			Model 4		
	b		Exp(B)	b		Exp(B)	b		Exp(B)	b		Exp(B)
<i>Religious Healing Knowledge Acquisition &amp; Practices</i>												
Religious Healing Knowledge Acquisition	.573	***	1.774				.479	***	1.615	.334	**	1.397
Religious Healing Practices	.573	***	1.774				.527	***	1.694	.369	**	1.446
<i>Religious Variables</i>												
Expressed Belief in Religion				-.396	*	.673	-.419	*	.658	-.271		.762
Religious Attendance				.046		1.047	.030		1.031	.058		1.059
Subjective Religiosity				.347	***	1.415	.292	***	1.339	.375	***	1.455
<i>Health Status Controls</i>												
Psychologically Unhealthy <sup>a</sup>										-.006		.994
Physically Unhealthy <sup>a</sup>										.038		1.039
Psychologically & Physically Unhealthy <sup>a</sup>										.247		1.281
<i>Socio-Demographic Controls</i>												
Female										.011		1.011
Age 35-49 <sup>b</sup>										-.152		.859
Age 50-64 <sup>b</sup>										-.625	***	.535
Age 65 & Above <sup>b</sup>										-1.012	***	.364
Married										-.208		.812
Bachelor's Degree or Higher										.255		1.291
Log Monthly Household Income										.207	**	1.230
Cox & Snell $R^2$			.048			.035			.069			.118
Nagelkerke $R^2$			.064			.047			.092			.158
N			1800			1800			1800			1800

\*  $p < .05$ ; \*\* $p < .01$ ; \*\*\*  $p < .001$ 

a: Reference category is psychologically &amp; physically healthy people. b: Reference category is Age 20-34.

identifying themselves as having at least a religious belief results in 33% decrease in their odds of inclination to spirituality. However, subjective religiosity has significant positive effect on their inclination to spirituality. One unit increase in subjective religiosity results in 42 % increase in the odds of a Taiwanese being inclined toward spirituality. Religious attendance has no significant effect. How should we get an appropriate understanding of this when it just shows the complication of interplay between religion and spirituality in Taiwan?

After the lifting of the martial law in 1987, the process of a person's religious participation, whether entering in an established religion or an emerging folk sect, was relatively more by chance (Jen-Chieh Ting 2004: 330). On the one hand, people had mostly broken away from the social situation dominated by the religion of patriarchal tradition and few of them had a deep understanding of any religion. Once when they found they had religious needs, their religious participation happened when they were in contact with certain religious groups that could solve their own problems or meet their religious need (Jen-Chieh Ting 2004: 328). On the other hand, religious groups, as a supplier in the religious market, had made some adjustments to adapt to the new situation. The institutional religious groups began to highlight their unique cosmology and practices to win believers, and based on these, they had reflected the trend of religious individuality in their doctrines and activity patterns, focusing on people's personal needs and inner feelings (Jen-Chieh Ting 2004: 330, 429). In this wave of religious change, the emergence of institutional religions and the trend of religious individuality had occurred together in Taiwan.

At the same time, under the trend of religious individuality, new spirituality culture was increasingly becoming an important alternative (Chia-Luen Chen 2015, 2006; Shu-Chuan Chen 2006). On the one hand, it was often the case that one participated in a religious group by chance, but they did not particularly like the doctrines or religious practices and just went there

for networking. Then on one day, they were truly attracted by a certain spirituality culture, discovered their real religious needs, and finally left the religious group. On the other hand, it was often the case as well that a faithful follower of a certain religious group one day encountered a certain new spirituality culture, and this even helped them strengthen their original religious beliefs. This is especially likely to happen in a place where religions hold a common orientation of syncretism (refer to Shimazono 2020; Chia-Luen Chen 2015).

Based on the interview data examined by Chia-Luen Chen (2015) and Shu-Chuan Chen (2006), some Taiwanese people participated in new spirituality culture did not like institutional religion, though many of them had rich religious backgrounds. Chia-Luen Chen (2015) pointed out three types of spirituality participant who finally withdrew from religion to spirituality: (1) Not religious but spiritual: this type of people participated in festive or family religious activities in the diffused religious background, but they did not have deep understanding of any religion, nor did they know their true religious needs. Once they were attracted by new spiritual culture and its discourses, they soon turned to spirituality and claimed they were spiritual but not religious. (2) Termination of drift: this type of people clearly knew their religious needs but their needs had not been met by any religion they had participated. They kept drifting among different religions and ended up with new spirituality culture, in which they felt satisfied. (3) Conversion: this type of people was used to be a devout follower of a religion and later converted to spirituality, dropping out their original religious belief. Nevertheless, Chia-Luen Chen (2015) found that some Taiwanese people kept participating in one or more institutional religious groups and meanwhile they were involved in new spirituality culture in different degrees. This type of people often found that new spirituality culture did help them understand more deeply about religion.

The qualitative data provided by Chia-Luen Chen (2015) can help us get a better understanding of the religious effects on people's inclination to spirituality in Model 2. People with inclination to spirituality in both two types labeled as "termination of drift" and "conversion" should have higher religious attendance and subjective religiosity than the general population, but in their self-identification, they did not follow a religion anymore. Even people in the type of "not religious but spiritual" should had some religious attendance, and their turning to spirituality was able to show they have higher degree of religious needs than the general population. Thus, they were more likely to have higher subjective religiosity. In summary, in a religious background with diffused religions, most people had certain degree of religious attendance in festive or family activities, but this did not mean they were religious or they had religious needs. We can get a better idea of whether a person had religious needs or whether they were religious through the subjective religiosity. Higher subjective religiosity showed that they had higher religious needs or stronger religious motivations, so they had more chance to be inclined to spirituality during the religious seeking process. Yet when being attracted by the new spirituality culture, many of them did not identify themselves as a follower of a certain institutional religion or having any belief in institutional religion anymore. On the contrary, in an environment with a long history of diffused religious background, many people had an institutional religious belief without strong religious needs, and so they were less likely to have spiritual-seeking behaviors and inclination to spirituality.

All independent variables, including religious healing variables and religious variables, are put into Model 3 together without any controls. Both religious healing variables and religiosity variables (except religious attendance) have significant, direct, independent effects on inclination to spirituality. Besides, Nagelkerke  $R^2$  of this model is greater than those of the first two models.



Within religious healing knowledge and practices, there is a strong continuity between religion and spirituality. For example, embodied healing practices related to Qi and meditation are both popular in religious and spiritual communities. Under such situation, how can religious healing variables still have such powerful predicting effects even after religious variables were put into the model?

As mentioned above, the common orientation of syncretism of Taiwan's religions was one of the main reasons that made the emergence of institutional religions and the trend of religious individuality possible to happen together smoothly without conflict after Taiwan's martial law was lifted (Jen-Chieh Ting 2004: 330, 432). In terms of the new spirituality culture, it was the trend of religious individuality and the orientation of syncretism worked together to make many participants not only familiar with teachings of multiple religious traditions but also knowledge of multiple spiritualities (Chia-Luen Chen 2015, 2006). It was not uncommon that in a spiritual group, their leaders and participants had diversified religious backgrounds and was able to appreciate the teachings of multiple religious traditions and incorporate them into their discourse of spirituality (Jen-Chieh Ting 2020: 57; Chia-Luen Chen 2015; Shu-Chuan Chen 2006). Furthermore, as happened in religion, a new style of syncretism that combined religious teachings with scientific discourses also occurred in Taiwan's spirituality (Jen-Chieh Ting 2004: 328; Chia-Luen Chen 2001). As a result, though we may be able to distinguish spirituality from religion on a conceptual level, in most cases the trend of religious individuality accompanied by the orientation of syncretism makes Taiwan's religion and spirituality highly hybridized with each other in practice, especially in people's healing practices. It is often very hard to figure out whether a person's (even a religious professional's) religious healing knowledge is hybridized with new spiritual healing knowledge, or whether a person's claimed spiritual healing knowledge

is hybridized with traditional religious healing knowledge. Take meditation as an example. It is often a hybrid involved into several traditions, including both religious healing (like the tradition of Zen Buddhism) and new spiritual healing (like transcendental meditation). Accordingly, the result in Model 3 shows that religious healing knowledge acquisition and practices, which usually are a hybrid of religion and spirituality, have their independent explanatory power beyond the religious variables, on Taiwanese people's inclination to spirituality. In addition, the result verifies that "healing" is one of the most significant interests in Taiwan's spiritual circle.

Model 4 is the full model, including all independent variables and controls. The two religious healing related variables and subjective religiosity have significant positive effects on inclination to spirituality. After controlling for social status and the self-selection effects of health status, expressed belief in religion no longer had a significant effect. The outcome shows that the effects religious healing knowledge acquisition and practices were as robust as that of subjective religiosity in predicting Taiwanese people's inclination to spirituality.

There is an age effect in Model 4. Compared with those in their 20 to 34, being in the group of age 50-64 decreases the odds of having an inclination to spirituality by 47% and being in the group of age 65 & above decreases by 64%. The new spirituality culture in Taiwan was initially spread by a small number of people through translation and publication. Later, people with common interests and beliefs established institutional groups, which became organizations of spirituality different from religious groups (Chia-Luen Chen 2006, 2001; Shu-Chuan Chen 2006). These organizations that promoted spirituality were independently developed, and the leaders or participants usually do not label these organizations or activities taken place within it as something religious, though their leaders and participants usually have diversified religious backgrounds and are able to appreciate the teachings of multiple religious traditions and

incorporate them into their discourse of spirituality (Jen-Chieh Ting 2020: 57; Chia-Luen Chen 2015; Shu-Chuan Chen 2006). Since the new spirituality culture only prospered after the martial law was lifted and got popular to the general public in the 1990s (Chia-Luen Chen 2001), it is reasonable that it was harder for the elderly to access and be attracted to it than the younger people. In addition, compared with the seniors, younger people were more accustomed to being exposed to the trend of religious individuality so that they prefer to seek religious resources such as religious healing knowledge on their own. Besides, household income had a significant positive effect on Taiwanese people's inclination to spirituality. This is in line with the overall impression given to us by the interviewees in the studies of Shu-Chuan Chen (2006) or Chia-Luen Chen (2001). Most of them were in the middle class, and their economic conditions allowed them to pursue spiritual seeking.

### **5.3. The Particularity of Spirituality in Taiwan**

Like religion, the form and content of spirituality are not universal but deeply embedded in the social, cultural, and historical context of a place, even though their ultimate goal to the sacred may be the same. On the topic of religious healing knowledge, the interplay between religion and spirituality and its particularity cannot be avoided, especially in Taiwan, where cultural introduction and dissemination are prosperous.

The 1960s was regarded as the beginning of the spiritual awakening in American religious culture (Ellwood 1994). Since then, many new religious cultures and spiritual movements had appeared in the United States. Scholars had seen a new form of spiritual pursuits and used the label New Age Movement to roughly refer to the collection of these spiritual pursuits (Chia-Luen Chen 2015). About a decade later, scholars observed certain spiritual movements or cultures in Japan as well. Since 1970, Japanese people's interest in spirituality had grown significantly. Few

of them, however, had preference for participation in organized religion while more and more of them used media and the Internet to join an individualistic spiritual quest (Shimazono 2020: 381). These individualistic spiritualists thought that they were different from those participating in organized religions, so they used “spiritual” instead of “religion” to refer to their interests (Shimazono 2020: 382). About another decade later, a similar spiritual movement or culture also appeared in Taiwan. Around 1980, a small number of Taiwanese intellectuals who had studied or lived in the United States returned to Taiwan and introduced New Age thoughts there through translation and publication. After the mid-1990s, the New Age had become an observable and stably growing trend of spiritual movement or culture in Taiwan (Chia-Luen Chen 2015).

Although similar spiritual trends emerged in other countries, because of their different religious backgrounds and sociocultural contexts, national and local cultural characteristics shaped their different expression of spirituality (Shimazono 2020: 412). This new spiritual trend in the United States was mostly called the “New Age Movement,” while the new spiritual trend in Japan was generally called the “Spiritual World” by its participants (Shimazono 2020: 404). Religious scholar Susumu Shimazono (2020) pointed out that the new spiritual trend in Japan was not completely equivalent to the New Age Movement in the United States. Although the two were similar, they both had unique characteristics. In Japan, the most significant uniqueness of its new spiritual trend was that it had a strong continuity with traditional culture and was quite compatible with the mainstream culture of Japan with very few conflicts. As a result, many ideas and thoughts of the new spiritual trend had been integrated into the Japanese cultural system (Shimazono 2020: 398). Therefore, he suggested using a term “new spirituality movements and culture” to collectively describe these similar but not identical spiritual trends (Shimazono 2020: 405).

The new spiritual trend developed on the particularity of religious background in Taiwan should also have its uniqueness (Jen-Chieh Ting 2020: 50-58; Chia-Luen Chen 2015; Shu-Chuan Chen 2006), just as religious individuality in Taiwan was different from religious individualism or the privatization of religion in the West (Jen-Chieh Ting 2004: 404, 408). The research on the new spiritual trend in Taiwan's sociology of religion has just begun, and the existing related literature is not much. Although scholars have discovered that spirituality has its own particularity in Taiwan, research in this area is still very insufficient. Existing studies simply continued to use terms like New Age Movement, New Age spirituality or New Age to refer to the new spiritual trend in Taiwan (Chia-Luen Chen 2015; Shu-Chuan Chen 2006). Nevertheless, the development of spirituality in Taiwan has also been integrated into the mainstream culture, similar to the situation in Japan, and it is not so much a movement but a culture<sup>11</sup>. Many intellectuals and professionals who did not claim to be New Agers have also shown a keen interest in spiritual culture in their discourse.

As shown above with quantitative data, Taiwan's spirituality also has a strong continuity with religion. Although many Taiwanese people with inclination to spirituality declare that they are not followers of religion, religious attendance and subjective religiosity are still good predictors to the inclination to spirituality. In addition, as happened in religion, a new style of syncretism that combined religious teachings with scientific discourses also occurred in Taiwan's spirituality (Jen-Chieh Ting 2004: 328; Chia-Luen Chen 2001). As one of the main interests of those with inclination to spirituality in Taiwan, religious healing knowledge and practices fully demonstrate the motivation and agency of individuals to hybridize religion and science in their

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<sup>11</sup> For example, there have been many theses and dissertations on spiritual care in hospitals, spiritual education programs in schools, and workplace spirituality.

everyday life under the trend of religious individuality and the orientation of syncretism. These people cherish religious healing knowledge, which they regard as a kind of folk knowledge or alternative knowledge that needs to be preserved and updated with mainstream scientific knowledge. The key that makes speculating one's inclination to spirituality based on their acquisition and practice of religious healing knowledge possible is that in such behaviors they display a worldview in which looking for a lifestyle with a reconciliation between modern knowledge and alternative knowledge, or between religion and science, is deemed important to them (Shimazono 2020: 407; Chia-Luen Chen 2007). Furthermore, when healing is placed at the core of the new spirituality culture, religious healing knowledge is one of the alternative knowledges that best represents this worldview. At the same time, this is also in line with a new style of efficacy orientation in Taiwanese people's religious behaviors under the trend of religious individuality, in which they often test the efficacy of such practices or therapy based on their subjective bodily experience (Jen-Chieh Ting 2004: 429-430). In such a new style of efficacy orientation, there is a systematic cosmology behind it (Jen-Chieh Ting 2004: 499).

Based on the context mentioned above, this dissertation investigates how religious healing knowledge has been used by scholars, physicians, and New Agers to connect differentiated knowledge. The integration of religious healing knowledge into academic or professional knowledge by intellectuals or professionals was not the first to be seen in Taiwan. Religious scholars had found that mainstream Japanese intellectuals' viewpoints expressed in their academic works were quite close to those of supporters of the new spirituality movements and culture (Shimazono 2020: 412). Not only that, some scholars called "spiritual intellectuals" by others discussed spiritual knowledge in their formal academic works (Susumu Shimazono 2020: 385). For example, Yasuo Yuasa had tried to point out the limitations of Western philosophy by

clarifying the importance of embodied spiritual practices in Eastern religious traditions (Shimazono 2020: 397). In Taiwan, similar trends could have been observed in academic works or other cultural publications since 2000. Investigating how religious healing knowledge has been used by scholars, physicians, and New Agers can further explore the effect of the trend of religious individuality in allowing religion to interact with other social sectors in an unexpected form. This is a blank in the current research on the sociology of religion in Taiwan, and I try to use qualitative data to investigate this in the next chapter.

## CHAPTER 6. THE NETWORK OF RELIGIOUS HEALING KNOWLEDGE

The legitimacy of religious healing knowledge was not the interest of the actors mentioned in this dissertation, but their actions contributed to the occurrence of the phenomenon. The three groups of people, scholars, physicians, and New Agers, seemed to act independently, but they all used religious healing knowledge as a cultural resource to connect differentiated knowledges. In their translation of knowledge, they first mobilized a distinction at the conceptual level and then opened up a space for operation with this distinction to do knowledge production.

As mentioned in Chapter 2, when foreign knowledge or material were introduced in Taiwan, they were like objects of Second Nature when Taiwanese first time know them. The new-coming knowledge had been stabilized elsewhere, and many traces of their development had become invisible. They had been black-boxed. When scholars, physicians, and New Agers in Taiwan learned the foreign knowledge, they first disassembled and re-contextualized them in order to connect that knowledge with the local experience of Taiwan. The operational space of knowledge making supported by the conceptual distinctions was the space where they re-contextualized the foreign knowledge. In this operational space of knowledge making, these three groups all used religious healing knowledge as a resource to connect differentiated knowledge. The pattern of their actions that re-contextualized knowledge was analyzed in this study with the concept of “translation.” Starting from the conceptual distinctions, they mobilized religious healing knowledge in translation and at last formed a network that brought out the emergence of the legitimacy of religious healing knowledge.

The research questions addressed in this chapter are:

- How did scholars translate religious healing knowledge to connect foreign academic knowledge and local academic knowledge to achieve the indigenization of knowledge?



- How did physicians translate religious healing knowledge to connect complementary and alternative medicine (CAM) and Western medicine?
- How did New Agers translate religious healing knowledge to connect local knowledge of healing and foreign knowledge of healing?

## **6.1. Scholars**

Academia constitutes the official and formal knowledge production institution in society. Scholars are engaged in research in the colleges, and many academic projects are directly funded by the government agency, the National Science Council. The academe is also the most important mechanism for institutionalized knowledge making. To connect the knowledge between religion and healthcare, the knowledge production process of academic actors must not be ignored.

This section is about scholars in the network of religious healing knowledge, and I focus on medical anthropologists and localized psychologists. The discussion here includes, first, the historical context of the conceptual distinction between disease and illness in Taiwan. Second, how scholars mobilized this conceptual distinction to open up a new knowledge space. Third, how this distinction guided scholars to pay attention to ethical aspects of illness.

### **6.1.1. Translation of Scholars**

Among the works of these scholars I analyzed, the process of indigenization of Taiwan's humanities and social sciences can be seen clearly, and it is obvious that in this process the religion, as a research object, occupies an important position. After data reduction of the coding process, a similar pattern of translation appeared in scholars' discourses. Coupled with some historical data, I believe that their translation efforts were aimed at linking foreign knowledge with local knowledge so that academic discourse can be closer to Taiwan's local experience.

During the coding process, religion, especially religious healing knowledge, as a rich culture-specific recourse for their translation become more and more clear. In open coding, lots of labeled concepts were put into the category of religious healing knowledge (such as etiology of folk medicine, meaning of illness, and embodied religious practice) and in the end it became the central category in selective coding. Two categories, foreign academic knowledge (including concepts such as illness and symbolic system of culture) and local academic knowledge (including concepts such as cosmology of folk medicine and language of existential situation) were both linked to the category of religious healing knowledge, and a theme of translation between these three categories were found out in the step of axial coding. For example, by using etiology of folk medicine, which was in the category of religious healing knowledge, as a subject of inquiry, a Taiwanese scholar discovered the concept of illness in foreign academic knowledge can be extended to the discussion about cosmology of folk medicine. The translation led to a displacement in the concept of illness and made it more appropriate for the context of Taiwan. Take another example, by using shaman's embodied religious practice as a subject of inquiry. A Taiwanese scholar found out there was a rich culture-specific recourse to translate a foreign academic concept, symbolic system of culture, into a local academic concept, language of existential situation, which was believed to be more closely tied to the humanistic characteristics of Taiwan's local context.

Overall, in the translation of these scholars, the distinction between disease and illness was especially significant. Disease tended to be referred to sickness from the perspective of mainstream Western biomedicine, while illness tended to be referred to sickness from more flexible perspectives with detailed social and cultural contexts, including subjective experience of the patient and their family, how the patient and family coexist and respond to sickness, the

patient's explanation of symptoms, and the patient's assessment of their own body function (Kleinman 2020). Disease represents the relatively unified and stable reality of sickness constructed by mainstream medical systems, while illness represents the multiple realities of sickness co-constructed by relevant people's feeling and narratives, which are often involved in meanings shaped by different cultures and discourses. More details can be seen later.

I organize the rest of this section based on disciplines, first medical anthropologists, and then indigenized psychologists. This arrangement is based on the historical process of the indigenization of knowledge in Taiwan.

### **6.1.2. The Medical Anthropologists**

Medical anthropologists were no strangers to the connection of healthcare and religion and in their projects cooperated with public health experts, they often made suggestions for cultural aspects of disease. Early anthropologists had always noticed the relationship between aboriginal medical behavior and religion, and also noted that religion and medical treatment had always been combined in many early societies. For example, in the book *Medicine, Magic, and Religion*, British anthropologist Dr. Rivers described that the ethnomedicine had not been separated from the realm of religion and witchcraft (Hsun Chang 2018: 8). After World War II, the application of anthropology in the United States flourished. Medical anthropologists often collaborated with public health experts and epidemiologists on research projects, participated in medical teams, and assisted in planning international medical assistance efforts (Hsun Chang 2018: 32). During this time, American medical anthropologists had already challenged the biomedical discourse on “diseases” by questioning whether the values contained in biomedicine could be applied to other cultures. In fact, different cultures have different views of the body, and unique local medical

systems were developed according to these views of the body. The introduction of Western medicine was bound to merge and conflict with the local medical systems.

The research of medical anthropologists was based on a premise: disease and medical care are not just a biological phenomenon but also a social and cultural phenomenon. Why people get sick, how they get sick, the meaning of getting sick, how to treat diseases, and how to restore health are all affected by social and cultural factors. In other words, healthcare has never been independent of social and cultural factors but is deeply influenced by them (Hsun Chang 2008). Based on this principle, medical anthropologists in Taiwan had observed in their fieldwork that religious healing had an irreplaceable social and psychological function for Taiwanese people. Medical anthropologists and other scholars gradually began to understand and value the societal role of religious healing knowledge instead of preconceivably dismissing it as superstition. Here I discuss the four medical anthropology scholars who are most relevant to religious healing knowledge. They are Yih-Yuan Li, Arthur Kleinman, Hsun Chang, and An-Bang Yu.

#### **6.1.2.1. Yih-Yuan Li**

Yih-Yuan was a first-generation of anthropologists in Taiwan. He argued that anthropology could help understand how and why modern biomedicine conflicts with non-Western cultures (Yih-Yuan Li 1984: 23). Over his career, he used the lens of medical anthropology to draw multiple connections between religion and medicine, and his work also contributed to the establishment of medical anthropology as a legitimate discipline within Taiwan.

In 1971, Li was in a Ji-Tong<sup>12</sup> altar in Changhua. He counted 220 patients who came to the altar for consultation within one month. Most of them were suffering from chronic diseases,

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<sup>12</sup> Ji-Tong is a kind of psychic or shaman who speaks for the gods and able to pray for blessings or alleviate disasters for those seeking help.

minor daily illnesses, and mental illnesses. They rarely have serious or urgent illnesses. Many patients sought healing because of family or interpersonal conflicts. Li discovered that the definition of illness in the altar of folk beliefs is different from that of biomedicine, and the etiology and healing mechanism should also be different between the two (Yih-Yuan Li 1978). The most important difference is that Ji-Tong was able to answer the patient's doubts about "Why is it me and not others who are sick?" and "Why is the condition not improved by treatment?" Therefore, apart from biomedicine, Taiwanese at that time obviously could not give up the religious healing of Ji-Tong.

Li's research explored why patients are drawn to multiple medical systems. More importantly, from his selection of research topics to his design of research methods, Li had always treated Ji-Tong and biomedicine equally. Hsun Chang, a student of Yih-Yuan Li, argued that the government and intellectuals at the time often held strong negative attitudes toward folk religious healing, and it required considerable courage for Yih-Yuan Li to select Ji-Tong as his research subject. He conducted long-term fieldwork at the altar of Ji-Tong and intensively interviewed believers and patients who came to seek help. Li's research method not only showed that he attached great importance to religious healing, but also that he was deeply concerned about understanding patients' subjective experiences. Paying attention to the people's subjective experience of illness and conducting academic interviews to patients could be regarded as a pioneering academic practice in Taiwan at that time (Hsun Chang 2018: 16).

Yih-Yuan Li's discussion of Ji-Tong touched on the comparative issues of cross-cultural medical systems. He argued that under the strong support of government policies for Western medicine, the religious healing system of Ji-Tong could still exist, which was based on the real psychological needs of the people. Western medicine distinguishes between physiology and

psychology, which is different from the Taiwanese folk view that does not strictly divide the body and mind. The biomedicine ignores the patient's subjective feelings of illness and interpersonal problems, which makes the patient's needs unable to be satisfied by biomedicine (Hsun Chang 2018: 22).

In general, although Yih-Yuan Li did not mobilize the conceptual distinction between disease and illness, he had made Taiwanese scholars focus on cultural aspects of disease. Li's research showed the importance of local medical systems without criticizing the dominant Western medicine, and it also moderately rehabilitated the preconceived negative comments made by the official and academia on the religious healing system at that time (Hsun Chang 2018: 16).

#### **6.1.2.2. Arthur Kleinman**

Yih-Yuan Li not only communicated with Taiwanese medical personnel, but also invited American medical anthropologist Arthur Kleinman to come to Taiwan for investigation. Between 1977 and 1978, Arthur Kleinman came to Taiwan to implement a research project that was carried out by the Second Medical Research Institute of the United States Navy and National Taiwan University Hospital. He commissioned Yih-Yuan Li to recommend three anthropology students as assistants to match the three nursing staffs recommended by the National Taiwan University Hospital. The six people were divided into three research groups, each with an anthropology student and a paramedic. The research team was assigned to conduct field investigations in three Western medical clinics and three altars in the Greater Taipei area. They divided the illness into four categories: acute mild, acute severe, chronic, and somatization. It was necessary to observe ten patients of each type of illness in each Western medicine clinic and the altar of the Ji-Tong (that is, a total of 240 observed cases) and go to each patient's home to do

follow-up interview after one month to observe the effect of therapy. From the perspective of the research design, this research project equally observed the two medical systems of Western medicine and religious healing system (Hsun Chang 2018: 14). Arthur Kleinman later wrote the results of this research project in the book *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry* (1980), which carefully records the five interpretation models of illness of the Western physicians, Chinese medicine, patients, family members, and folk healers, and he explained that they are mutually infiltrated, compromised, and intertwined.

Arthur Kleinman put forward the statement that the experience and behavior of illness are constructed by culture. He submitted that whether the patient notices the appearance of symptoms, the vocabulary describing the symptoms, the interpretation of the illness, and the choice of different medical methods are closely related to the daily life of the patient. More importantly, human emotions and the way in which they are expressed are also shaped by culture. In the 1970s, Taiwanese people often expressed their psychological discomfort in a physical way. For them, the illness must be a problem with a specific body part or organ. Even if it is a depression, it must be caused by organ or body pain before it becomes an illness (Hsun Chang 2018: 25-26). Arthur Kleinman further reflected on whether Western biomedicine is universal and questioned whether Western psychiatric knowledge can diagnose abnormal behaviors in different cultures without the context of local life. Under the circumstances of the official support of the Western biomedical dominance at the time, the research project regarded religious healing system of Ji-Tong as a cultural phenomenon that should be scientifically investigated and analyzed and not just a superstition that cannot be formally discussed by academia.

Arthur Kleinman officially introduced the distinction between disease and illness into Taiwan's academia, making scholars pay attention to the concept of illness. The concept of illness included the subjective experience of the patient and their family, how the patient and family coexist and respond to sickness, the patient's explanation of symptoms, and the patient's assessment of their own body function (Kleinman 2020). The concept of illness was especially concerned with various "meaning" issues and it must be culture-oriented.

Arthur Kleinman's influence in Taiwan had spread throughout the later indigenized psychology, medical anthropology, and medical sociology. Kleinman believes that medical treatment is a sub-system in the cultural system, and local culture is endogenously existed in medical systems (Hsun Chang 1989: 4). He suggested that if we could not have an overall understanding of the local culture, we could not understand the local medical system. He provided an influential framework for the construction of religious healing knowledge in Taiwan's academia. He regarded religious things like the ritual scene and psychic phenomenon as a kind of symbolic system of culture, and the reason why religious healing can be effective lies in how the symbolic system of culture enables individuals to see the significance of their experience of suffering. Kleinman (1988) called this as "symbolic therapy," which was a process in which physiology, psychology, and culture interacted with each other. The symbolic therapy included a process of assimilation from personal experience to cultural meaning, and a process of particularization that goes from cultural meaning through the individual's cognition and emotion in a specific situation and finally to physiological response (Der-Huey Yee 2006). After religious healing, when a person can revisit the past suffering experience, it means that he has been able to reorganize their own experience and the process of experience reorganization will at last affect their body.



Overall, through the conceptual distinction between disease and illness, Arthur Kleinman regarded the states of illness as a variety of special existential situations. From the perspective of the framework established by Kleinman, the reason why religious healing can exist is that it has unique ethical functions that other medical systems do not have. It is the emphasis on both the cultural and ethical dimensions that opens an important path for the subsequent Taiwanese scholars.

#### **6.1.2.3. Hsun Chang**

Hsun Chang was a student of Yih-Yuan Li. At the time when Li recommended three anthropology students for Arthur Kleinman to join the fieldwork research team, Hsun Chang was one of them. After working in the fieldwork research team, Hsun Chang completed a master's thesis, which had a topic about the diverse medical practices of residents in a village in northern Taiwan, which of course also included the use of religious healing. After that, she went to the University of California at Berkeley for a PhD in anthropology, and then returned to Taiwan to engage in research. Medical anthropology and folk religion have always been her research interests.

Hsun Chang entered the research field of folk religion from her studies of folk religious healing. Her research path was to explore the ideas of the body, the notion of person, the cosmology behind folk medicine from religious rituals (Hsun Chang 2018: 29). Here I will specifically discuss Hsun Chang's first book *Illness and Culture: A Collection of the Anthropology of Taiwanese Folk Medicine* (1989), which inherited the research route of Yih-Yuan Li and Arthur Kleinman and also established the research field of medical anthropology in Taiwan. From the perspective of medical anthropology, she argued that the "unscientific" of religious healing does not mean that the user who chooses this therapy is "irrational." In

primitive societies, where the social system had not been finely differentiated, people dealt with every natural or social problems by a same set of cosmology. Their religious view corresponds with the cosmology, and so using religious healings is rational in their social settings. Unlike modern societies, where we disaggregate our problems and assign them to different disciplines or departments (such as politics, law, medicine, psychology, etc.), in primitive societies, the illness was not regarded as a simple medical problem but related to nature, supernatural, interpersonal or social taboos (Hsun Chang 1989:19-20). The legitimacy of religious healing was only questioned until the advancement of science and technology was able to observe the existence of microorganisms by instruments and the medical reality was dominated by the biomedicine.

Hsun Chang continued the influence of Kleinman's framework and made future studies face up to the reality of Taiwan's multi-medical system. She continued to mobilize the conceptual distinction between disease and illness and broaden the concept of illness. First, she noticed that the different meanings of illness were related to the perspectives from different cosmologies. Different medical systems held different cosmologies behind. When a patient chooses different medical systems at the same time, how he can adapt to different cosmologies is a question worth exploring. Second, Chang's study reminded scholars that medical practices of ordinary people were pragmatic, hybrid, constantly changing with the rhythm of their daily life, and not limited by the reality constructed by a single medical system. As long as it could alleviate the pain and remove the symptoms, people would try various therapies. What ordinary people needed in every life was practical coherence rather than logical coherence. Their subjective experience of illness could therefore be shaped by multiple cosmologies, and through various illness-related practices they could in turn form the multiple realities of sickness.

Overall, Chang mobilized the conceptual distinction between disease and illness and direct the concept of illness linking to multiple cosmologies and medical systems.

#### **6.1.2.4. An-Bang Yu**

An-Bang Yu's attention to medical anthropology could not be separated from cultural psychology. His main research interest was how Taiwan's folk religions perform the functions of healing and cultural consultation. He was concerned about how folk psychotherapy became possible and how it worked in the local context of Taiwan. An-Bang Yu's works were involved in the field of indigenized psychology, and in his research, we can see how the two fields of medical anthropology and indigenized psychology formed an alliance, which became an important thrust of the legitimization of the religious healing knowledge.

An-Bang Yu paid much attention on the ethical functions of the religious healing knowledge. He argued that, unlike the general view, what "clinical" means is "close to a place where people are suffering," and in clinical situations researchers must use different kinds of knowledge as an intermediary for healing who are suffering. He suggested that scholars should make knowledge in an interdisciplinary way. Disciplines such as art, philosophy, literature, history, anthropology, psychology, and religion contain available resources for them, and they should not be limited by the boundaries of disciplines (An-Bang Yu 2017a).

An-Bang Yu also continued to mobilize the conceptual distinction between disease and illness and broaden the implication of the concept of illness. He was especially concerned about individual's subjective suffering experience and his research on indigenized psychology was later directed towards ethics. He found that, in addition to the direct physical or mental illness, suffering experience of Taiwanese often came from some ethical difficulties, which were from the gray areas where social or cultural norms were not able to give clear instructions. This kind

of suffering experience could not be alleviated by the biomedical system or psychological counseling system, but many folk medical systems, such as religious folk medicine, were able to effectively heal it. Because folk medical systems were embedded in the historical and cultural context that the sufferer was familiar with, they could effectively repair the ethical difficulties in gray areas, and the sufferer could also re-understand his experience through the lens of religious worldviews and achieve the relief effect (An-Bang Yu 2017a).

In short, when medical anthropologists connected religion and healthcare, they started with religious healing. Among them, Yih-Yuan Li emphasized the cultural aspect of disease, Arthur Kleinman officially introduced the conceptual distinction between disease and illness, Hsun Chang guided the concept of illness to multiple medical systems and cosmologies, and An-Bang Yu guided the concept of illness to the ethics.

### **6.1.3. The Indigenized Psychologists**

Psychology in Taiwan was originally created by a group of scholars studying in the United States (An-Bang Yu 2017b; Der-Huey Yee 1997). Psychology in Taiwan inherited the knowledge production methods of American mainstream psychology from theory, research methods, research design, and the process of operationalizing concepts, and it had a strong tendency of positivism. Psychological research in Taiwan began in the 1950s, focusing on positivist psychology. The theories and research concepts used in the studies were all learned from mainstream American psychology research, not developed from Taiwanese experience. This kind of psychological research had been carried out until 1980, and it had been proven that there was a big gap between the psychological knowledge and the actual experiences of Taiwanese. Taiwanese scholars began to reflect on the status of internal colonization in psychology, thinking that positivism-oriented research contains the specific background of knowledge formation.

Besides, they argued that judging the legitimacy of a research based on a standard of specific research methods was the result of the operation of power in academia (Der-Huey Yee 1997:245). Knowledge in the fields of psychology, humanities and social sciences has a very strong connection with culture. To produce knowledge that fits with Taiwan's local experience, it is necessary to reexamine the practical process of knowledge production.

At the "Sinicization of Social and Behavioral Science Research" seminar held in 1980, the indigenization of psychology was still incomplete. At that time, the academia did not have the term "indigenized psychology". It still only recognized a single type of psychology, that is, the positivist psychology, but it has noticed that psychological research must focus on topics with local cultural and social significance to highlight the psychological peculiarity of Taiwanese influenced by local cultural factors (An-Bang Yu 2017b; Der-Huey Yee 1997:248). This indigenization shift was very conservative, and one of the main goals of Taiwanese psychology was still to link up with the knowledge system of American mainstream psychology.

After the mid-1990s, the indigenization of psychology entered another stage. At this time, important scholars, such as Kuo-Shu Yang, no longer held that there was only a single psychology, but that psychology was plural. Culture affects people's mental state in a very comprehensive way, so that psychology developed from any particular culture is its indigenized psychology. Although American psychological knowledge is powerful, it can only be regarded as a kind of Americanized psychological knowledge. In addition, since the psychological concepts in different cultures have incommensurability, Kuo-Shu Yang no longer emphasized cross-cultural comparative research. Cross-cultural comparisons, the benchmarks for comparison, and the measurement of concepts are strongly influenced by the dominant knowledge system and do not help the development of indigenized psychology (An-Bang Yu 2017b; Der-Huey Yee 1997).

Kuo-Shu Yang was an important actor in Taiwanese psychology, and the shift in their academic practice had historical significance to influence the trend of Taiwan's indigenized psychology. Der-Huey Yee, a student of Kuo-Shu Yang, argued that the meta-knowledge problems of the epistemology and ontology of the indigenized psychology emerged in this stage (Der-Huey Yee 1997). The problems here no longer involved adding local culture-related variables to the statistical model or conceptualizing the characteristics of local culture into operational definitions. The indigenized psychologists started to consider a more open way to produce knowledge and a non-reduced way to clarify the rich meaning of the cultural category.

In the process of the indigenization of psychology, the conceptual distinction between disease and illness had become more and more critical. In the mainstream psychology, the diagnosis of mental disorders often relied on DSM (Diagnostic and Statistical Manual of Mental Disorders), and its standardized way to generate the categories of mental disorders was disconnected from the local contexts (Rong-Bang Peng & Shyh-Heng Wong 2018). In other words, the mainstream psychologists were used to using the black-boxed knowledge, which was well-packaged like natural objects, and the mental disorder in the mainstream psychology was more like “disease” than “illness” to Taiwanese indigenized psychologists. As a result, the concept of illness was used by indigenized psychologists to emphasize the humanistic characteristics of psychology, and the conceptual distinction between disease and illness was mobilized in their knowledge making to hold out a local knowledge space.

The most critical figure among indigenized psychologists was Der-Huey Yee. The local knowledge space he created was very heterogeneous and extensive since he emphasized the humanistic characteristics of psychology. This dissertation only focuses on how he started from the conceptual distinction between disease and illness to re-contextualize foreign knowledge and

finally developed indigenized psychology by mobilizing religious healing knowledge as a cultural resource.

Regarding Der-Huey Yee's methodology for re-contextualizing foreign knowledge, this study only cites two points as examples: (1) deconstruction of the pre-understanding hidden in the concept; and (2) the situated knowledge in practice. These two points were related to the conceptual distinction between disease and illness.

#### **6.1.3.1. Deconstruction of the Pre-Understanding Hidden in the Concept**

Der-Huey Yee emphasized that scholars should maintain constant contact with living cultural, social phenomena, and sites of social practice, and prioritize thick description to replace the priority of mainstream psychology's conceptualization. Only in this way can local scholars break free from the pre-understanding implicit in the concept and refrain from reducing local experience. Secondly, it is necessary to regard the text obtained by thick description, or any local text, as a product obtained by the action to achieve understanding under the local culture.

Researchers need to know more about the specific situation in which the action to achieve understanding took place and further place these texts in a broader context of local history for observation. In other words, in order to avoid reduction, researchers have to observe what kind of situation and what kind of historical context the text producer is in to achieve their understanding (Der-Huey Yee 1997). In this way, the pre-understanding and ideology hidden in the knowledge transplanted from other places can be eliminated.

This method of knowledge production gave priority to any specific situation and emphasizes the actual observation of the social situation of individuals or groups. The concept of illness had changed from Arthur Kleinman's emphasizing on personal experience in life world to Der-Huey Yee's emphasizing on humanistic characteristics of local life. This methodology

allowed research topics to be carried out more freely and no longer carefully followed the “safe” research path. In Taiwan where society was undergoing rapid changes at the time, the purpose of this methodology was to make academic research and current social state not out of line.

#### **6.1.3.2. The Situated Knowledge in Practice**

Arthur Kleinman stressed on the concept of illness in order to guide researcher to pay attention on how patients experienced pain, how they organized their relationship with pain, and how they arranged their illness life were all related to the socio-culture context, and these were often ignored by the biomedical expertise. Therefore, encouraging patients to narrate their own pain and suffering experience can break the single fact constructed by biomedical discourse, allowing researchers to enter the multi-constructions of patients in their life world to explore different levels of meaning.

Der-Huey Yee also mobilized the conceptual distinction between disease and illness, and he noticed that the patient’s meaning of illness was often guided by various discourses, and the interaction between discourses would form multiple realities. First, only by following the language of a discourse to understand it can we see the reality it constructs. Second, our understanding of a certain socio-cultural phenomenon contains many different narratives which refer to, cancel, confront, compromise, and misinterpret each other, and thus a phenomenon has multiple realities for us (Der-Huey Yee 1998). Der-Huey Yee submitted that the translation between discourses is often a mistranslation, and between translations, strong discourses often cancel the unique context of weak discourses. For example, translating the phenomenon of Qi-Ji (a kind of channeling) in Taiwanese folk beliefs in terms of the “dissociation syndrome” of psychiatry, this virtually abolishes the local cultural discourse contained in folk beliefs, and it also abolishes the fact that many Taiwanese find this kind of religious healing helpful. In other



words, Der-Huey Yee was very careful not to let the reality constructed by scientific language erase the reality of the life world.

The emphasis on situated knowledge is to reveal the multiple realities in the patient's experience of suffering. There would be multiple discourses rendezvoused and operated in a patient's situation of illness, and the patient must generate a language that could describe their suffering experience in their own situation. The patient used familiar language to capture their own experience of suffering when he narrated. How to find a language that could be expressed the suffering experience was a process of social learning, and it could only be achieved through continuous practice (Der-Huey Yee 1998:91). The patient's narrative language was often mixed with the language of local culture, folk religious discourse, psychological discourse, and psychiatric discourse, trying to express their concrete situation. Both local and foreign cultural traditions provided knowledge and language for the patient to face and express their own experience of suffering. From the perspective of the patient's subjective feelings, as long as the appropriate expression can be completed, none of these languages was necessarily superior to the others. The reality of disease constructed by medical discourse could not reduce the daily reality experienced by the patient, nor could it properly examine the experience of illness or suffering. Focusing on the specific situation of the individual, the researcher must naturally recognize the pluralism of reality, the pluralism of discourse, and the pluralism of knowledge. Under this epistemological perspective, the legitimacy of religious healing knowledge could not be cancelled by the biomedical discourse strongly supported by the government. Instead, it was recognized by indigenized psychology.

In summary, starting from the concept of illness, Der-Huey Yee developed a methodology that he felt was suitable for indigenized psychology. In the process of indigenization of

psychology in Taiwan, the idea of a single psychology was broken, and plural psychology that emphasized social, cultural, and historical context was proposed. The richness of local experience had been taken seriously, and the indigenized psychology had therefore borrowed interdisciplinary academic knowledge to understand Taiwanese psychological phenomena. Starting from Der-Huey Yee, the multiple realities constructed by the interaction of various discourses and knowledge practices have received attention. Der-Huey Yee paid special attention to the knowledge production and narrative actions of individuals in specific situations so that researchers can discover the concrete influence of culture on individual psychological processes. Religion is regarded as a sub-system of culture, and the folk knowledge related to religious healing has become a place for rich local cultural resources, which can be on par with psychological knowledge and psychiatric knowledge.

#### **6.1.3.3. Der-Huey Yee's Study on Shamanism of Taiwan**

Der-Huey Yee applied his developed methodology to his religious research. He found that Taiwan's folk religion and folk medical system contain rich local knowledge and explored the unique psychological state of Taiwanese from the folk religious healing of Taiwan. He was different from mainstream psychologists who conduct research with mental scales and experiments. He went into the field to observe the shamans of Taiwan.

Der-Huey Yee argued that a "shaman" could be regarded as a combination of social sentiments and an individual's alternative mental state. There was a unique duality existing within a "shaman." On the one hand, a shaman's unique mental state was to face a mysterious experience that could not be transformed into symbols and language. A shaman must find their own way to make the mystical experience into a form that can be expressed, and this was not a process of socialization. On the other hand, shamans had a strong social sentiment, which was

contrary to the mystical experience and embedded in the social and cultural context, and so shamans had strong social and ethical orientations. A shaman's special position of helping others was formed in these two contradictory situations. The shaman's unique knowledge space existed in the overlap between the unsymbolized field and the symbolic order in local culture (Der-Huey Yee 2006).

Der-Huey Yee argued that the research methods using in mainstream psychology were not in contact with the on-site where the psychological phenomenon originated, which prevented researchers from exploring the connection between collective culture and individual mental processes, nor could it further observe the relationship between embodied practice of shamans and meaning production (Der-Huey Yee 2006). The language of shamans was an embodied language, which was very close to their special life experience. It was a language developed by them to speak from the situated position of shamans. The shamans' speech was usually full of metaphors in rhetoric, which had to do with the state in which they embodied mystical experience. This language feature also hindered shamanism from developing religious texts and emphasize the ritual or the scene of possession, where there must be a specific agent and target and it can only take place in extremely contextualized face-to-face interactions.

The reason why "the on-site of a shaman's speech" was the core of the shamanism was that its healing style emphasized a dialogue that arose from direct encounters. In it, the gods appeared in the agents of shaman and spoke soothing words. In the on-site of a shaman's speech, the existing cultural symbol system was not only activated, but also entered a new situation and was re-contextualized. In other words, the continuous performance of the symbolic production of the shamans could enable the deep cultural logic to be continuously applied and updated. The help-seekers were on the scene where the cultural symbolic system was activated, and due to this

process of changing the framework of a symbolic order, the help-seekers could usually reevaluate and reorganize their past experience to achieve an effect of healing (Der-Huey Yee 2006).

Here, by translating “physiology” into “body” and “psychological state” into “existential situation,” Der-Huey Yee continued to broaden and deepen the humanistic characteristics of the concept of “illness.” After translation, concepts were moved to a position that was easier to connect with local experience. Compared with “physiology” and “psychological state,” the humanities of “body” and “existential situation” were richer, and their scope was more open, which could open up a larger operational space for knowledge indigenization.

Regarding the patient’s existential situation, like An-Bang Yu, Der-Huey Yee finally directed illness towards ethics. Ethics was involved in almost every practical problem at the scene of suffering. It showed that persons involved must cope with problems with the existing conditions at the scene of suffering to respond to the problems in an impromptu manner. These problems often included from the understanding of events, the entanglement of sentiments, to the choice for daily trivial matters, and the basis to cope with these problems lied on one’s humanistic understanding and feelings of the life-world (Yaw-Sheng Lin 2016). The complexity of the scene of suffering stemmed from the diversity of the life-world, and it made the problems that cannot be reduced into psychology and resorting to therapies focusing on mental. In order to achieve “healing”, Der-Huey Yee suggested that we should keep an eye on the local knowledge and emphasize the sense of humanity, constantly repairing ethical gaps or making adjustment in the ambiguous zone of ethics. It also meant that, in the healing process, every problem turns the pathological mode into the ethical mode, in which healers or caregivers can extradite the

knowledge of the humanities and social sciences to help in the extreme situations and relieve suffering (Der-Huey Yee 2017).

From the extension of illness to ethical issues, in Der-Huey Yee's studies we can also see that the conceptual distinction between disease and illness gradually derives another conceptual distinction between cure and healing. Healing can provide patients and their families with relief for the ethical aspects of illness better than cure. In addition, compared to cure, the relatively stabilized concept, healing, like illness, has more operational space for knowledge indigenization. This can be seen in the translation of physicians in the next paragraph.

## **6.2. Physicians**

Among the medical practitioners who promote religious healing, the most important one is Tien-Sheng Hsu who promotes the Seth Materials. The Seth Material is one of the most important psychic works in the New Age. Seth declared himself, with Jane Roberts as the actual speaker, to be "a personality without flesh" or "a personality embodied in energy." Through the psychic Jane Roberts, he conveyed the truth of the universe and life to us living on earth. From 1963 to the death of Jane in 1984, Seth successively conveyed more than 900 sections of information and completed eight Seth books. The Seth material is considered to be the philosophical cornerstone of the New Age Movement and is considered to be one of the most influential psychic works after the World War II. Most of the manuscripts of Seth materials are currently in the library of Yale University (Albanese 2007).

The New Age Movement was introduced to Taiwan in the 1980s and gradually diversified in the late 1980s, and it entered a period of rapid growth after the mid-1990s (Chia-Luen Chen 2001). The introduction of the Seth Material had also been classified as part of the spread of the

New Age Movement in Taiwan. Recently, the Seth Material has gradually become a popular resource of religious healing knowledge cited by Taiwanese.

The main points of this section include that, first, how the physicians used the Seth Material to do knowledge translation. Second, how did the physicians connect complementary and alternative medicine (CAM) and Western medicine by using the Seth Material? Third, how did the physicians mobilize the conceptual distinction between cure and healing in their translation?

### **6.2.1 Translation of physicians**

For these physicians, Western medicine and CAM did not conflict with each other but can be used together, and both of them were explained by the cosmology shown in the Seth Material. In the translation of these physicians, they followed a pattern in which they tried to use the Seth Material as a framework of integration to link the actual combined use of Western medicine and CAM. A perspective of holistic medicine derived from the cosmology of the Seth Material, as a kind of religious healing knowledge, had become an effective resource to connect technologies in different medical systems. During the coding process, this pattern of translation can easily be seen. In the step of open coding, labeled concepts like language of illness and feeling-tone were included in the category of religious healing knowledge, which was selected as the central category in the step of selective coding. Two categories, Western medicine's viewpoints (including concepts such as cancer and the autonomic nervous system) and CAM's viewpoints (including concepts such as vitalism<sup>13</sup> and mind-body monism), were both linked to the category of religious healing knowledge. A theme of translation between the above three can be figured

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<sup>13</sup> Explanation from Oxford English Dictionary online: "The theory that the origin and phenomena of life are dependent on a force or principle distinct from purely chemical or physical forces."

out in the step of axial coding. For example, by using the concept of language of illness in the category of religious healing knowledge, a physician discovered that the Western medicine's viewpoints of cancer can be expressed as long-term accumulation of negative energy in CAM's viewpoints of vitalism. Take another example, by using the concept of feeling-tone, which belonged to the category of religious healing knowledge, physicians can explain many benefits of meditation for a person's autonomic nervous system from the perspective of Western medicine, supplementing another explanation that it was able to train a person to be aware of their own feeling-tone to bring into the CAM's mind-body monistic view.

The rest of this section starts with some necessary explanations on the core concepts in the Seth Material.

### **6.2.2 Seth's Core Concepts**

The views on religion or healthcare in the Seth Material were based on Seth's cosmology, in which there was a fundamental principle that people's beliefs are channels to guide energy, which can then gather energy in a specific direction to form a specific reality (Yi-Ren Wang 2016). Since they are based on cosmology, Seth's views on the body and illness were very different from the perspective of Western medicine.

#### **6.2.2.1. Framework One and Framework Two**

Framework one refers to the world of material reality, while framework two refers to the world of inner spiritual reality. The creating power of people's belief shows in the process of materializing the spiritual world into the concrete material world. The framework two is where the creative energy source is located. People use their own beliefs to guide these energies to flow into the framework one in a specific way, and they generate material reality in a way that conforms to their own beliefs. Framework two has been externalizing itself, appearing in our

experience in a form that conforms to framework one. Seth used a metaphor to illustrate that framework one is like the TV shows we watch, and framework two is where the crews that produce these programs work (Roberts 1995).

#### **6.2.2.2. Conscious Mind**

There is a creative energy source in the universe. It is the source from which all units of consciousness come. Seth calls it “All That Is.” Its energy creates all things in all dimensions that we know and unknown as well as it becomes a part of all creation. The creator and the created are never separated. The entity of soul comes from and always in All That Is and All That Is is always in the entity of soul. The entity of soul can perceive the simultaneous events in non-linear time, and these occur in framework two, in which time and space is completely different from the material world.

The energy of the psyche comes directly from the entity of soul and has an individualized creation tendency. Just as All That Is is the source of energy for the creation of various possibilities in the universe, so the psyche is also the source of energy for the various possibilities of individuals. People use beliefs and emotions to guide these energies to create their own lives. Both the outer ego and the inner ego are affected by the psyche and they are always in a state of constant becoming. Since the psyche is the energy of framework two, one’s psyche is not limited to the dimensions that we can perceive in life but permeates all dimensions.

What people use to perceive their outer ego and inner ego is their “conscious mind”, which includes the consciousness that can be perceived when waking, and the subconsciousness that cannot be perceived when waking. The conscious mind can see outwards the material world in which the outer ego is located, and it can also see the feeling tone revealed by the inner ego and perceive its deep desires and motivations. The conscious mind is therefore two-way. It can



receive information from the outside world, as well as information from the inner ego; it can think through the outer ego, and it can also select the inner impulse generated by the inner ego. Therefore, the conscious mind has full autonomy to arrange creative energy. Some people's conscious minds choose to abstain or be completely taken over by negative feelings. On the one hand, their conscious minds are completely obscured by the false beliefs and negative thoughts of the outer ego. On the other hand, they blocked the inner ego's voice and could not correctly guide the energy of the psyche from framework two. People who renounce the exercise of autonomy in their conscious minds are often ignorant of their true feelings and desires.

#### **6.2.2.3. Beliefs**

The Seth Material emphasizes that creative energy is completely guided by personal beliefs. Belief is a strong idea that people hold about the truth of the world. This idea is often so strong that people feel that what they know is an immovable reality and not just a belief that they deeply believe in. In the Seth Material, belief is given the most important position for several reasons.

First, beliefs can trigger emotions, and they can also trigger specific thoughts to come together. When people examine their own life experience, they will find a series of beliefs, emotions, and thoughts of similar nature connected together. And because these things are too firmly connected, they become a set of perspectives to look at the world, and individuals will think that the world is what they see from this perspective.

Second, beliefs are not just something ideological. Seth argued that beliefs possess electromagnetic energy, which can arrange what one can experience, and beliefs can also manifest into physical reality through a process of materialization. Belief is an individual's intangible assumption about life or the external world, and all experiences that follow this assumption will conform to this assumption. It is not easy for individuals to discover these

intangible assumptions because all their thoughts and feelings are consistent with those assumed by these beliefs. Intangible assumptions are often directly regarded by individuals as “facts.” Seth therefore advises people to examine their beliefs, which is also to examine their intangible assumptions about life and the world.

#### **6.2.2.4. The Body**

The body is not only the vehicle of the soul, but also the soul that manifests into the flesh. The nature of the body corresponds to the physical reality. Such sensory organs as eyes, ears, nose and tongue enable us to focus on the physical reality and only perceive the present. Today’s body cannot return to yesterday, nor can it do tomorrow’s things. According to Seth, the body itself has vitality and creativity to maintain health, as well as natural immunity and self-healing power. If the body is allowed to decide, it can heal any illness. However, in reality, people’s bodies are still affected by the conscious mind, and the conscious mind can mobilize the creative energy of framework two to manifest their ideas on the body. If people’s conscious mind is affected by their own negative beliefs, the manifesting energy mobilized by the conscious mind will make the body confused and sick. People’s conscious mind often sends out dangerous signals to the body because of anxiety or fear, forcing the body to continuously respond to threats that do not exist in the moment. In addition, if a person holds too many conflicting beliefs, the body will also be confused about how to adjust itself. Health is the original state of the body, but the body is always changed by the energy guided by beliefs, thoughts, and emotions. In this way, illness often just faithfully reflects the negative beliefs held by the conscious mind.

#### **6.2.2.5. Illness**

In Seth’s view, illness is a part of health, and the state of illness is a stage in the process of self-healing. The purpose of the state of illness is a signal to inform the individual to make some

kind of adjustment for their body. The illness state is not opposed to the health state, but a process of the body to achieve health. This view is a continuation of the cosmology conveyed by Seth. The body in framework one is the materialized result of the creative energy guided by people's conscious mind, which is an intermediary between framework one and framework two. If there is an illness in the body, it is also a state created by the energy guided by people's beliefs, thoughts, and emotions. At this time, people should examine their beliefs, that is, examine their intangible assumptions about life and the world. After inspection, people often find many inner motivations that need improvement: some use illness to achieve success, some use illness to cause failure to gain rest, some use illness to ask for love, and some use illness to express their difference.

The proponents of the Seth Material argue that behind every illness there is a reason of belief. Whether it is food, bacteria or viruses, it is not the primary cause of illness. Only when people's beliefs first guide the creative energy of the psyche to a specific direction, the body will then be affected by external factors and create a state of illness. At some level, the process of getting sick is a learning program, in which illness gives people an opportunity for internal growth.

### **6.2.3. The Conceptual Distinction Between Cure and Healing**

Seth's view of body, health, and illness were all derived from their view of cosmology, which was obviously contrary to the materialistic view behind Western medicine. The main actors promoting the Seth Materials in Taiwan, such as Tien-Sheng Hsu and Yi-Ren Wang, nevertheless, had experienced the professional training process of Western medicine. How did these physicians reconcile the views of different medical systems and construct their own?

First, Tien-Sheng Hsu argued that there is a non-cancellable difference between the Seth Material and science in an interview:

Science believes that matter is produced before consciousness emerges, and life is from the outside to the inside. Seth's thought is reversed. Matter is produced by consciousness, and consciousness is the foundation of the universe. His thoughts return to the original point to make people re-recognize his role. In the current scientism, people are determined by diet, environment, genes, and all external factors. Seth's thoughts can dissolve the helplessness of all contemporary people. (Ming-Chu Wang 2007: 352)

Tien-Sheng Hsu did not try to merge the Seth Material with science. Rather, he admitted that the two are different. He opined that the discourses of Seth were obviously not scientific and superior to current science<sup>14</sup>. Seth once mentioned that after the units of consciousness are transformed into the units of electromagnetic energy, it goes through countless steps before they are transformed into molecules. And this whole process of materialization of ideas is far from what current science can have a final conclusion. Similarly, if negative thoughts can become some causes of physical illness, the process still is not wholly understood by modern medicine.

From Tien-Sheng Hsu's point of view, the treatment in Western medicine was far from enough for a human's need. The difference between the Seth Material and Western medicine thus derived the conceptual distinction of cure and healing. From this conceptual distinction, since the healthcare suggestion in the Seth Material could not be limited by the perspective of science, its potential as a resource for translation was released.

Second, though using treatments of Western medicine, Tien-Sheng Hsu accepted the etiology suggested by Seth and believed that false beliefs were the cause of illness. He sometimes prescribed sleeping pills to patients to restore their confidence in their bodies. Here,

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<sup>14</sup> Although this opinion may confuse many readers, based on these physicians' firm belief in the cosmology of the Seth Material, they believed that this material revealed a lot of knowledge that has not yet been scientifically known.

consolidating the patient's confidence in their own body was the real reason for prescribing medicine. In other words, although Tien-Sheng Hsu used certain treatments of Western medicine, the reason for using it did not necessarily follow the theory of Western medicine but followed his understanding of the Seth Material. For him, sleeping pills may cure insomnia, but they did not heal the person.

According to the Seth Material, false beliefs are the real source of all illness, and healing must happen at the level of beliefs (Yi-Ren Wang 2016). If "cure" refers to the relief of physical symptoms under the cosmology of Western medicine, then "healing" is to deal with beliefs under the cosmology of the Seth Material. Besides, although there was a difference between cure of Western medicine and healing of the Seth Material, the simultaneous use of both would not cause contradictions. The key to connect the two perspectives was the translation of the physicians.

#### **6.2.4. Language of Illness: Translating Western Medicine in Language of Holistic Medicine**

From Seth's point of view, the illness is the final result of a series of follow-up effects caused by beliefs that are so rigid that they could not be noticed and are directly regarded as facts. The manifestation of illness is a reminder of false beliefs. Based on the clinical observations of Tien-Sheng Hsu and Yi-Ren Wang, they summarized the specific messages that certain illnesses often convey to patients. False beliefs form their own set of embodied language, and they often convey messages to patients as illness on specific part of body. The physicians referred this as "the language of illness." Their translation of the language of illness was based on the cosmology and the view of body in the Seth Material as well as their own clinical observations. Tien-Sheng Hsu argued that:

In fact, the body is closer to the original appearance of spirituality than the spirituality that we can think of with the mind. In other words, the body itself is the materialized manifestation of the psyche, and all the knowledge we can read in the scriptures is not as enlightening as the existential mystery contained in the body. All

the autonomous operations of the body present the basic principles of the universe: love, trust, and cooperative adventure. (Tien-Sheng Hsu 2016a: 36)

The concept of “language of illness” translates the disease in wording of Western medicine into wording of holistic medicine. In this way, physical illnesses can be interpreted at a spiritual level. Take cancer as an example. It was translated as “long-term accumulation of negative energy and despair”:

The reason why the human body becomes cancerous is because the body is in pain after the conflict of beliefs and thoughts, and the negative energy and emotions that cannot be eliminated are stuffed in an organ for a long time, and finally the cells mutate into cancer cells and further grow into malignant tumors. (Yi-Ren Wang 2010: 179)

Therefore, in terms of treatment, although surgery, chemotherapy, or radiotherapy are still necessary, these are regarded as palliative treatments by the holistic medicine. Tien-Sheng Hsu said that:

For cancer patients, what really should be treated is a wounded and desperate mind, a lifestyle of self-giving up and loneliness, a sense of hopelessness lacking in life goals, and a sense of loss of being unable to sing the song that they want to sing most in life. Drugs, chemotherapy, or radiotherapy is only an aid, and it cannot repair killed cells, nor can it suppress cancer cells. (Tien-Sheng Hsu 2016a: 44)

In holistic medicine, negative energy and inner conflicts are the cause of cancer. If the overall personality and attitude towards life are not changed, cancer cells are likely to grow from other places. A course of treatment that can really treat cancer should help patients understand themselves and arouse their love for life.

The above example shows how the physicians translated disease in Western medicine into “language of illness” in holistic medicine, and how healing at the level of belief was regarded necessary. In their view, regardless of whether the body is in a healthy or ill state, the fundamental issue is how the creative energy of framework two is guided by the conscious mind.

### 6.2.5. Connecting CAM and Western Medicine

The physicians who advocated the Seth Material also encouraged patients to use complementary and alternative medicine (CAM) to make themselves feel comfortable, and they also use Seth's thoughts to explain the efficacy of CAM. Take meditation as an example. The way these physicians understood meditation was different from Zen. They mainly explained it based on the "feeling-tone," which was a concept in the Seth Material:

To understand yourself and what you are, you can learn to experience yourself directly apart from your beliefs about yourself. What I would like each reader to do is to sit quietly. Close your eyes. Try to sense within yourself the deep *feeling-tones* that I mentioned earlier. ... No particular time limit is recommended. This should be an enjoyable experience. Accept whatever happens as uniquely your own. The exercise will put you in touch with yourself. It will return you to yourself. Whenever you are nervous or upset, take a few moments to sense this *feeling-tone* within you, and you will find yourself centered in your own being, secure. (Roberts 1994: 57-59)

In the Seth Material, the "feeling-tone" is an emotional attitude towards oneself and life in general. It is like the background tones of all experiences and it affects all experiences and feelings of a person (Robert 1994). Under the constant ups and downs of emotions and feelings, there is an inner core that affects all experiences, and this inner core only occasionally rises to the surface of feelings, but only by understanding it more deeply can one understand their unique physical characteristics. The physicians submitted that the essence of meditation was to deeply experience the feeling-tone and to realize that the energy of the body came from the universe (Tien-Sheng Hsu 2016b).

In addition, the physicians also illustrated the body in meditation from the perspective of Western medicine and compared it with the Seth's point of view. Take breathing and heartbeat in meditation for example. From the perspective of Western medicine, the body operations affected by the autonomic nervous system (including the sympathetic nervous system and the negative sympathetic nervous system) such as breathing, heartbeat, blood pressure, and endocrine are not

under personal control. However, the operation of the autonomic nervous system interacts with emotions. If a person is able to achieve relaxation through meditation, their good mood may heal the body through the autonomic nervous system (Yi-Ren Wang 2010). From Seth's perspective, emotions are guided by personal beliefs, and their connection is contained in the conscious mind. Seth pointed out that the parts of the human body that are not under personal control still are affected by the conscious mind (Roberts 1994). Seth explained the "involuntary system" of the human body as follows:

The conscious mind directs the so-called involuntary systems of the body, and not the other way around. No idea slips insidiously past your awareness to affect your involuntary system unless it fits in with your own conscious beliefs. Once more, you will not be sick if you think you are well — but there may be other ideas that make you believe in the necessity for poor health. ... It is your most intimate feedback system, changing with your thought and experience, giving you in flesh the physical counterpart of your thought. (Roberts 1994: 174-175)

Seth held that practicing observing one's own breathing, heartbeat, and being aware of one's own emotions so that the conscious mind can penetrate the unconscious parts, which affect the involuntary system, is part of the healing process.

From the above discussion, we can see that healing did not conflict with cure, but the scope of healing was much larger than cure. It not only included the body referred to by Western medicine but also included the "invisible body patterns" referred to by the Seth Material. In practice, healing must eventually touch the feeling-tone and achieve the transformation of the belief system, and the concept of healing mobilized by the physicians finally dealt with ethical issues.

#### **6.2.5.1. The ethical aspect of healing**

The illness, which is in its own unique language, prompts the patient to make certain changes, and Seth believes that it usually points to certain restrictive beliefs and rigid value



judgments. Thus, the healing process must start with self-awareness and finally realize why one created one's own illness<sup>15</sup>. Tien-Sheng Hsu indicated that:

A person who is sick has to think about two questions. First, what I have avoided through being sick. Second, what did I get through being sick? ... What is usually avoided by disease? Responsibility and pressure are avoided. And what do you get through illness? Received care, love, rest, not being blamed, and forgiveness. By exploring the causes of illness in a way like this, it is easy to find out the reasons for creating illness. (Tien-Sheng Hsu 2016b: 281)

In the holistic medicine, healing is not only involved in medicine and medical technology, but also in a series of questions about meaning, value, and ethics. In this way, the outlook on life, the meaning of life, interpersonal interactions, and value judgments in beliefs are all included in the healing process.

In the ethical aspect of healing, Seth pays particular attention to “value fulfillment,” which is about how the conscious mind guides the creative energy of framework two to flow into framework one so that one can experience the inner driving force of life and push life to a state with higher quality. Value fulfillment is strongly related to the inherent creativity of human beings, and Seth believes that human creativity follows the inherent natural law of love and cooperation (Roberts 1995). Destructive creativity is the result of repeated suppression and distrust of creativity inherent in life, and it can lead one get sickness. It can also be seen from this that the internal demand of “value fulfillment” is a demand that carries an ethical nature, which values the inner spiritual life<sup>16</sup>.

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<sup>15</sup> Some readers may think that this is blaming the victim, but this does not seem to be the case. These physicians have clarified on many occasions that this is to help people achieve self-awareness in an attitude of love and cooperation, and the purpose is to achieve healing. From the perspective of cosmology in the Seth Material, even illness is a part of healing. Many patients who love the Seth Material just because it is full of encouragement, instead of interpreting illness as a result of karma like some traditional religions.

<sup>16</sup> Some readers may question whether those who reach the value fulfilment will be healthy and those who do not will be sick. The causality conveyed by the Seth Material has never been so

So far, the conceptual distinction between disease and illness mobilized by scholars and the conceptual distinction between cure and healing mobilized by physicians have reached the same place where they both treated the one's illness and healing as an ethical event in the lives of a person and their family.

### **6.3. New Agers**

Since the 1960s, religious development in western society has undergone immense change. Increasing numbers of people seem to be dissatisfied with traditional, institutionalized religions, and various new religious movements have arisen during this change. Unmet religious needs have also provided an incentive for people to pursue alternative spirituality, which is also known as the “New Age Movement” (often referred to as the “New Age”), with a subtle, yet far-reaching influence. Academia has tried to investigate and conceptualize this religious change. Scholars have used terms like “cultic milieu” (Campbell 1972), “new religious consciousness” (Bellah & Glock 1976), and “invisible religion” (Luckmann 1967) in an attempt to capture its multifarious characteristics. In the same line of thinking, Wuthnow (1998) pointed out that Americans’ religious behaviors have gradually transformed from dwelling-oriented to seeking-oriented in recent decades. Many religions, as Stark & Bainbridge (1985) argued, have worked in a form of “client cult,” with the spiritual experience based around interactions between consultant and client within the religious organization.

The New Age Movement was introduced to Taiwan in the 1980s and gradually diversified in the late 1980s and entered a period of rapid growth after the mid-1990s (Chia-Luen Chen 2001). The religious composition in Taiwan was very different from those in the birthplace of the

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simple. In the perspective of the Seth Material, even the sequence of time is not what we perceive through our senses.

New Age. There was no single monopoly religion in Taiwan. Buddhism, Taoism, and folk religion together constituted the mainstream of religion, but there were no strict and rigid boundaries between them. When the hybrid of religions met New Age in Taiwan, the religious behaviors of Taiwanese became more complicated. In Chen's (2015) study, she built up a typology of Taiwanese New Ager to describe the interaction between spirituality and religion. In her typology, which was more complicated than Roof's (1999) typology, Taiwanese New Ager's participation behaviors were classified as four types: spiritual but not religious (those who did not have any religion affiliation before becoming spiritual), termination of drifting (those who kept drifting among different religions and ended up with alternative spirituality), conversion (those who used to be a devout follower of a religion and later converted to alternative spirituality), integration (those who kept being devout to one or more than one religions while finding out that the alternative spirituality was helpful for their religious awareness and experiences, and they usually held a perspective of Perennialism). Since Chen built up the typology by limited qualitative data, it is doubtful to apply her typology in general in Taiwan, but it loyally conveys the complexity of Taiwanese religious behaviors and the difficulty to separate spirituality from religion. The distinction between religion and spirituality in Taiwan is not a ready-made state but generated by practices of actors.

The main points of this section include the following. First, the network of New Age was loose and with high heterogeneity of members (Chia-Luen Chen 2006), yet its members could maintain their identity as "New Ager." How was this possible? I will explain later in this section that this is related to the New Ager's agency of translation. Second, how did New Ager mobilize the conceptual distinction between religion and spirituality? Third, how did the three conceptual distinctions, disease and illness, cure and healing, and religion and spirituality relate? I will

explain that it is the concept of “holism” in New Ager’s cosmology that connects these three concepts.

### **6.3.1. The Translation of New Agers**

Under the term of “New Age,” many different movements and thoughts were covered, at least including elements of sociology, theology, physics, medicine, healthcare, anthropology, history, and somatics (Chandler 1993). Two movements often mentioned were also included: The Human Potential Movement and the Holistic Health Movement, wherein they covered differential appeals and contents on health issues in respective (Melton 1990). Although the New Age was an extensive, complex combination of spiritual beliefs and practices, some core themes were of common concern to New Agers, and the theme of “healing” was the most significant one (Shu-Chuan Chen 2014). The network of New Age was also highly heterogeneous, and the theme of healing was also highly significant (Chia-Luen Chen 2001; Fei-Yi Liang 2005).

How was it possible that the themes covered by the New Age were so diverse, but people still could recognize whether a theme belongs to the New Age and identify themselves as New Agers? Latour’s thinking provided a hint for this question. On the dissemination of ideas, he had mentioned that “an idea or a practice cannot move from A to B solely by the force that A gives it; B must seize it and move it (Latour 1988: 15-16).” In the same way, the dissemination of New Age ideas relied on the translation of New Agers in the network. In this section, I analyze the book *The Aquarian Conspiracy* (1993) to track how New Agers translate the concepts related to “healing” and how they attributed these “spirituality.”

By analyzing the book, *The Aquarian Conspiracy* (1993), which was regarded as an important classic by Taiwan’s New Agers (Fei-Yi Liang 2005), I track how the author Marilyn Ferguson translated a group of things of high degree of heterogeneity, and that was also the

typical way of translation learned by Taiwan's New Agers. I argued that *The Aquarian Conspiracy* was regarded as the Bible of the New Age by them because there was a very detailed description about Marilyn Ferguson's translation process of several important concepts in the New Age, as well as how very different groups of people were repeatedly using these concepts. The author described the network of New Age as follows:

Human catalysts like the Aquarian Conspirators describe the new options — in classrooms, on TV, in print, in film, in art, in song, in scientific journals, on the lecture circuit, during coffee breaks, in government documents, at parties, and in new organizational policies and legislation. Those who themselves might have been timid about questioning the prevailing opinion take heart. Transformative ideas also appear in the guise of health books and sports manuals, in advice on diet, business management, self-assertion, stress, relationships, and self-improvement. Unlike “how-to” books of the past, these emphasize attitude, not behavior. Exercises and experiments are designed for direct experience from a new perspective. (Ferguson 1980: 16)

This short paragraph not only implied the heterogeneity of New Ager's social network but also the heterogeneity of the New Age's network of ideas, which was across multiple disciplines. In fact, the book *The Aquarian Conspiracy* itself was an on-site where many forces were happening to connect to each other. As Latour had mentioned, “an article, especially a scientific one, is a little machine for displacing interests, beliefs, and aligning them in such a way as to point the reader, almost inevitably, in a particular direction. Scientific rhetoric often channels the reader's attention in a single central direction, like a valley cutting through mountains (Latour 1988: 19-20).” This book was the confluence of many forces, and I try to trace its path concisely.

#### **6.3.1.1. The Displacement of Ideas**

The first and most significant theme in the book was the relationship between “transformation of consciousness” and brain sciences. By connecting the two, the author translated New Age spirituality in scientific language:

Awakening, flow, freedom, unity, and synthesis are not “all in the mind,” after all. They are in the brain as well. Something in conscious functioning is capable of profound change. The subjective accounts have been correlated with concrete evidence of physical change: higher levels of integration in the brain itself, more efficient processing, different “harmonics” of the brain's electrical rhythms, shifts in perceptual ability. (Ferguson 1980: 51)

At the conceptual level, the author displaced the “transformation of consciousness” to the “plasticity of the brain,” and submitted that many stressful events that disrupted life, such as serious illness and divorce, may be opportunities for the transformation of consciousness: “Given the proper circumstances, the human brain has boundless capabilities for paradigm shifts. It can order and reorder itself, integrate, transcend old conflicts. Anything that disrupts the old order of our lives has the potential for triggering a transformation, a movement toward greater maturity, openness, strength (58).” What was the goal in terms of plasticity of the brain? The author argued that it was to achieve “whole-brain knowing (68).” She submitted that the way the left brain processes information tend to be linear and analytical; on the contrary, the way the right brain processes information tend to be holistic and gestalt. Besides, the right brain is closely related to the limbic brain, which is also called the “emotional brain.” Ferguson suggested that we can call the left brain as “mind” and the right brain as “heart.” (68) She said, “The joining of the two minds creates something new. Whole-brain knowing is far more than the sum of its parts, and different from either. ... the reconciling of mind and heart is “the central mystery of all high religion” (Ferguson 1980: 68).”

How can we promote the attainment of the whole-brain knowing? The author pointed out that by practicing psychotechnologies, such as meditation and respiration method, we can learn to perceive the outside world through the coordinated use of the left and right brains, and achieve a diffuse, relaxed state of attention. Moreover, the experience generated by practicing psychotechnologies also helps us to integrate brain, mind, and body to make internal harmony:

Emerging at the same time were laboratory studies of meditation and other altered states of consciousness. Distinctive physiological changes in EEG, respiration, and electrical activity on the skin surface were found in meditators. The higher amplitude, more rhythmic, slower brainwave patterns confirmed the claims of the psychotechnologies that practitioners achieve greater internal harmony. (Ferguson 1980: 153-154)

The author then turned our attention from “whole-brain knowing” to the “integration of brain and body.” She argued that the practice of psychotechnologies may not only coordinate the use of the left and right brains and achieve whole-brain knowing, it may also affect the release of brain substances, such as endorphin, which can in turn affects the body and behavior. So far, the transformation of consciousness, the whole-brain knowing, and the integration of brain and body were connected.

#### **6.3.1.2. Cosmology with a Perspective of Holism**

Ferguson continued to advance the displacement of concept, connecting brain science and social networks with the concept of the theory of dissipative structures. A dissipative structure refers to an open system in which energy flows continuously. This system is a highly complex organization and a flowing wholeness that is constantly in the stage of process. When the system becomes more complex, it will be more unstable and with greater fluctuation of energy, and the potential for reorganization of the entire system will follow to be greater. If the energy fluctuation reaches a critical point, each element in the structure will be connected to each other in a new way, and the entire system will be transformed (Ferguson 1980: 223-224). The author used this theory to connect the brain science of the micro level to the social network of the meso level, and then all the way to the society of macro level. She held that this theory could explain the transformation at every level, from brain to society, because the brain, social networks, or society were all dissipative structures. For example, she mentioned network like this:

Anyone who discovers the rapid proliferation of networks and understands their strength can see the impetus for worldwide transformation. The network is the institution of our time: an open system, a dissipative structure so richly coherent that it is in constant flux, poised for reordering, capable of endless transformation. This organic mode of social organization is more biologically adaptive, more efficient, and more “conscious” than the hierarchical structures of modern civilization. The network is plastic, flexible. In effect, each member is the center of the network. Networks are cooperative, not competitive. They are true grass roots: self-generating, self-organizing, sometimes even self-destructing. They represent a process, a journey, not a frozen structure. (Ferguson 1980: 223)

The author argued that the transformation of the dissipative structures would first start from the individual’s brain and body, go through the transformation of the social networks, and finally reach the transformation of the overall society. For such a cross-level transformation, the author did not go through rigorous arguments or give detailed evidence to support her argument; instead, she used an analogy method to translate, trying to describe all levels of structure, whether it was brain, body, heart, or social networks, as a dissipative structure, a process, or a flowing wholeness. Throughout the course of the discussion, the author quoted many studies of brain science and the opinions of people in many different fields and concatenated the views that are conducive to her translation in an encyclopedia-like news report style. In this translation, we can see an attempt similar to cosmology, which is a fundamental framework attempting to explain everything in the world. In other words, the author pieced together scientific evidence in an attempt to translate spirituality and produce a cosmology of the New Age:

Again and again, the mandates of nature, repeated at all levels: Molecules and stars, brainwaves and concepts, individuals and societies — all have the potential for transformation. Transformation, like a vehicle on a downward incline, gathers momentum as it goes. All wholes transcend their parts by virtue of internal coherence, cooperation, openness to input. The higher on the evolutionary scale, the more freedom to reorganize. An ant lives out a destiny; a human being shapes one. Evolution is a continuous breaking and forming to make new, richer wholes. Even our genetic material is in flux. (Ferguson 1980: 172)



The cosmology, which was based on the concept of holism, occupied a key position in the translation of New Agers. This was true both in *The Aquarian Conspiracy* and the Seth Material. In addition, because the cosmology of New Age embraced a perspective of holism, New Agers tried to mobilize highly heterogeneous things, often including religion, brain science, medicine and physics, and through translation, all these things were connected in a set of highly flexible cosmology. This made their cosmology inevitably hybrid.

Furthermore, the network of the ideas of New Age was so hybrid that New Agers needed to distinguish the New Age from religion. In this way, they must mobilize the conceptual distinction between religion and spirituality to open up an operational space to do knowledge production.

### **6.3.2. The Conceptual Distinction Between “Religion” and “Spirituality”**

The reason why New Agers had a strong agency of translation was related to the cosmology they held and the characteristics of the term they used. New Agers were used to connecting heterogeneous things with a highly hybrid and flexible cosmological framework, and the terms they used were often borrowed from science or traditional religions (such as Chakras and Karma). These terms were rarely strictly defined, and their implications could be constantly updated and re-contextualized. Previous studies had mentioned that the number of items contained in New Age were numerous and heterogeneous, including things both of local and foreign, which often made it difficult for researchers to capture the precise definition of “spirituality” referred to by Taiwan’s New Agers (Chen, Chiu, & Chen 2013). In this paragraph, I argue that one of the most significant characteristics of “spirituality” in the context of Taiwan is that its destabilization in its content and form, which leads to its definition different from when in Judeo-Christian contexts what Hill and his colleagues believed in the (Hill et al. 2000).

Hill and his colleagues proposed a set of criteria for religion and spirituality after reviewing existing operational definitions of religion and spirituality in previous research. Their criterion for definitions of spirituality included “the feelings, thoughts, experiences, and behaviors that arise from a search for the sacred. The term “search” referred to attempts to identify, articulate, maintain, or transform. The term “sacred” refers to a divine being, divine object, Ultimate Reality, or Ultimate Truth as perceived by the individual” (Hill et al. 2000: 66). In addition, Hill and colleagues included those individuals considered spiritual in their definition of religion, but also posit that religion has two additional features than spirituality: (1) religion may or may not include a search for non-sacred goals (such as social identity and affiliation) in a context that has as its primary goal the facilitation of the search for the sacred; and (2) religion involves the means and methods (e.g., rituals or prescribed behaviors) of the search for the sacred that receive validation and support from within an identifiable group. Hill and colleagues’ (2000) criteria clearly indicated that spirituality is a more coherent concept to refer to a set of needs, which might be viewed as the need for transcendence (Ellison 1983).

Hill and colleagues’ (2000) criteria tended to purify the possible implication of spirituality, and it seemed to be deeply influenced by the Christian context. Taiwan's spirituality does not apply to this definition for two reasons. First of all, Christianity is not the mainstream religion in Taiwan, so the need for transcendence of Taiwanese is not necessarily related to “spirituality,” at least from the existing research, there was no such tendency (Chia-Luen Chen 2015; Shu-Chun Chen 2006). Second, contrary to the purification of implication, when New Agers actually operated the concept of spirituality, they used a highly flexible cosmology to connect various highly heterogeneous things so that the concept of spirituality became hybrid through constant translation.

From tracing the displacement of ideas in *The Aquarian Conspiracy*, which was viewed as a classic handbook of New Age by Taiwanese New Agers, we have seen that spirituality could be connected to many things, such as transformation of consciousness, plasticity of the brain, and embodied psychotechnologies (such as meditation), integration of the brain and the body, and social networks as a tool of transformation, and this list is bound to increase and update with the growth of scientific knowledge.

I argue that the unstabilized state is just the characteristic of the term “spirituality,” and this makes it maneuverable in practice. Taiwan’s New Agers like to mobilize the conceptual distinction between religion and spirituality, which may not be strongly related to their religious identity but a strategy to maintain the strong agency of translation. Due to the unstabilized state of the concept of spirituality, Taiwan’s New Agers could have an operational space to integrate local and foreign healing knowledge more easily. For example, psychotechnologies were not precisely defined, so New Agers could combine local religious embodied practices and foreign energy therapies in practice and gradually develop a hybrid mode.

By distinguishing it from the relatively stabilized religion, Taiwan’s New Agers could use the concept of spirituality more freely and linked differentiated knowledge more flexibly to develop a cosmology. Moreover, mobilizing the conceptual distinction between religion and spirituality could give New Agers a sense of identity to recognize themselves and others as New Agers (refer to the interview data of Chia-Luen Chen 2015; Shu-Chun Chen 2006).

### **6.3.3. The Connection of the Three Conceptual Distinctions, Disease and Illness, Cure and Healing, and Religion and Spirituality**

Since New Agers relied on a hybrid and flexible cosmology to link highly heterogeneous knowledge, their manipulation of the concept of spirituality could easily link the aforementioned

two conceptual distinctions, “disease and illness” and “cure and healing,” and integrate them from a perspective of holism.

In the book *The Aquarian Conspiracy*, the author also mentioned that the holistic view was gradually embraced by Western medicine. The aforementioned transformation of consciousness, psychotechnologies, integration of the brain and the body, and social networks of transformation were all connected with holistic health. Here, illness became the trigger for the holistic health:

Illness, ... is potentially transformative because it can cause a sudden shift in values, an awakening. If we have been keeping secrets from ourselves — unexamined conflicts, suppressed yearnings — illness may force them into awareness. For many Aquarian Conspirators, an involvement in health care was a major stimulus to transformation. Just as the search for self becomes a search for health, so the pursuit of health can lead to greater self-awareness. (Ferguson 1980:277)

In addition, the author argued that although stress was considered harmful to health, what really affected the body was a person’s cognition and imagination of stress, which could be translated from brain to the body by consciousness (Ferguson 1980:270). The author also submitted that psychotechnologies could help a person face stress with a diffuse, relaxed state of attention, which was the key to transforming stress.

Ferguson argued that psychotechnologies could not only deal with the cognition of stress but also help to achieve healing from a holistic perspective of brain-body integration. Among the brain-body connection, two systems were regarded as the most critical by the author: the nervous system and the immune system. These two were often used to connect the three concepts of illness, healing, and spirituality by New Agers, because they are the paths of how subjective beliefs are translated into the body and lead to health or illness. The author mentioned how nervous system connected the brain and the body:

As more is learned in brain research, the connection between mind and illness becomes more understandable. The brain masterminds or indirectly influences every function of the body: blood pressure, heart rate, immune response, hormones, everything. Its mechanisms are linked by an alarm network, and it has a kind of dark genius, organizing disorders appropriate to our most neurotic imaginings. (Ferguson 1980:271)

If we gradually move towards the direction of whole-brain knowing or transformation of consciousness change through the practice of psychotechnologies, these changes will not only improve the body through the nervous system but also bring good impact to our spiritual awareness. In this way, psychotechnologies were no longer just exercises related to the cognition but also practices to understand how the body was connected with subjective feelings into a whole dynamic process.

The immune system was regarded as the second path of how we translate our subjective feelings into the body. The immune system is connected to the brain but not wholly controlled by the brain:

The body, via the immune system, seems to have its own way of “knowing,” parallel to the way the brain knows. This immune system is linked to the brain. The “mind” of the immune system has a dynamic image of the self and a drive to transform environmental “noise,” including viruses and allergens, into sense ... This immune system is powerful and plastic in its ability to render sense out of its environment, but since it is tied into the brain it is vulnerable to psychological stress. Research has shown that stressful mental states like grief and anxiety alter the immune system’s capability. The reason we sometimes “get” a virus or have an “allergic reaction” is because the immune system is functioning under par. (Ferguson 1980:272)

Because the brain, nervous system, immune system, and the body are all plastic and elastic, individuals can promote their health and reduce the chance of physical and mental illness through specific embodied exercises. These exercises are to heal the whole brain-mind-body, and the effect of these exercises may overflow the healing and reach the transformation of consciousness, which is a thing regarded to be at the level of spirituality. In short, New Agers

started from a cosmology with a perspective of holism and mobilized it to translate every idea of the healthcare issues.

So far, illness, healing, and spirituality have been linked, and the three conceptual distinctions, disease and illness, cure and healing, and religion and spirituality, have also been linked to form a conceptual network. Taiwanese scholars, physicians, and New Agers who mobilized these concepts and conceptual distinctions have also been connected into an actor-network of religious healing knowledge, making their own contributions to the emergence of the legitimacy of religious healing knowledge.

From here the reason why the book *The Aquarian Conspiracy* was regarded as a classic by Taiwan New Agers can be seen. That is because it was able to outline the interaction between the conceptual network and the social network of the New Age: actors mobilized the ideas from the conceptual network of New Age, which was able to make clear connections between illness, healing, and spirituality, their social network was easier to form.

Finally, I use the following diagram to summarize the three conceptual distinctions:

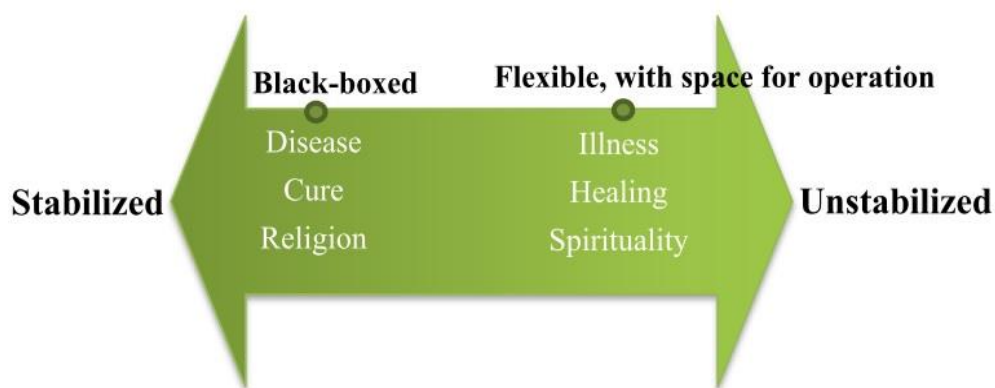


Figure 3. The Three Conceptual Distinctions

## **CHAPTER 7. DISCUSSION AND CONCLUSION**

This dissertation explores how actors worked in the middle ground between the religion and healthcare regimes and unintentionally brought out the legitimacy of religious healing knowledge. After searching the database and reviewing the literature, I found that the scholars, physicians, and New Agers were the critical actors. They had different interests and worked in specific socio-historical contexts, but they all valued religious healing knowledge and brought it into their knowledge production process, generating the emergence of its legitimacy. This study regarded this process of revaluing religious healing knowledge as a part of Taiwan's indigenized modernity, in which the indigenization of knowledge was a common urgent need.

### **7.1. Research Summary**

After the martial law was lifted in 1987, Taiwan's society had rapidly diversified, and the religion of patriarchal tradition had lost its ground. Since then, religions in Taiwan were at the transition point between the old and the new. Sociologists of religion found that there were two significant trends happening in Taiwan's religious changes, "the emergence of institutional religions" and "the trend of religious individuality." While the former implied a collective tendency and the latter implied an individualized tendency, the diffused religious background and religion's common orientation of syncretism made it possible for these two seemingly contradictory trends to occur at the same time. Meanwhile, the new spirituality culture often later called as New Age or the "body-mind-spirit" was introduced into Taiwan in the 1980s and got popular in the 1990s, and it inherited the trend of religious individuality and the orientation of syncretism. Although there was a strong continuity between religion and spirituality, quantitative results in this dissertation showed that people who identified themselves as a religion follower were less likely to have inclination to spirituality, even if religious attendance and subjective

religiosity had positive effects on people's spiritual inclination. The result showed that the concept of "spirituality" had its particularity in the context of Taiwan. This also implied that the concept of "spirituality" was not stabilized in Taiwan, giving actors like scholars, physicians, and New Agers discussed in the dissertation to an operating space to do knowledge production and connect differentiated knowledges.

In addition, religious healing knowledge and practices, as one of the main interests of those being inclined to whether religion or spirituality, played an important role in the interplay between religion and spirituality in Taiwan. Those who acquired religious healing knowledge or got involved in religious healing practices within one year before the survey were more likely to have inclination to spirituality. People who were passionate about religious healing knowledge often had beliefs in naturalistic religiosity, which always stressed on a holistic cosmology that held a monistic perspective whether on relationship between a person's mind and body or relationship between human beings and the nature world. Besides, they often respected folk knowledge and modern professional knowledge equally and the inherited orientation of syncretism led them to look for a lifestyle that can reconcile religion and science. It was in this context that Taiwanese people's religious healing knowledge or practices tend to be a hybrid of religion and spirituality, which constantly incorporate different traditions in their everyday practice.

For the knowledge production of those specific actors discussed in the qualitative chapter, the context mentioned above was an important background to their use of religious healing knowledge. After the 1980s, Taiwanese had faced a rapid social change, in which a social gap of foreign/local or modern/traditional was formed, and conceptual bridges between differentiated knowledges or multiple discourses needed to be constructed. To connect the differentiated



knowledges, scholars, physicians, and New Agers in Taiwan all regarded religious healing knowledge as a resource for knowledge translation, which made religious healing knowledge as a “obligatory point of passage” and thus its legitimacy had gradually emerged.

Scholars of Humanities and Social Sciences in Taiwan faced the urgent need to indigenize academic knowledge, and they regarded religious healing knowledge as an important field. Medical anthropologists and indigenized psychologists were the key actors. Medical anthropologists focus on the cultural aspect of disease and derived a conceptual distinction between disease and illness behind the knowledge production process.

The anthropologist of first generation in Taiwan Yih-Yuan Li noticed that Taiwan’s local medical systems did not strictly distinguish between psychology and physiology, which was different from Western medicine’s view of the body. Yih-Yuan Li was interested in why Taiwan’s religious medical system could still exist after Western medicine had entered Taiwan for decades. He argued that there was a gap between the cultural viewpoints behind Western medicine and Taiwanese culture, and thus many Taiwanese still tended to use local religious healing system that were more compatible with their worldviews, in which psychological, physical, and social life tended to be regarded as a whole. In local religious healing systems, troubles of interpersonal relationship and the patient’s subjective physical and psychological feelings are all taken into consideration by the healer. Starting from Yih-Yuan Li, the cultural values within disease and medicine were noticed in Taiwan.

Arthur Kleinman, an American anthropologist who conducted research in Taiwan regarding folk therapy, formally proposed the conceptual distinction between disease and illness. He argued that how a person experiences illness is inevitably related to the life world he lives in. Whether the patient noticed the appearance of symptoms, the vocabulary he used to describe the

symptoms, their personal interpretation of the disease, and their choice of medical system were all culturally related. Starting from the concept of illness, Kleinman proposed that “physiology-psychology-culture” was a process of mutual influence, and religious healers tended to pay more attention to the whole process in healing than doctors of Western medicine, and they were especially helpful for a person to face the suffering experience.

Hsun Chang extended the concept of illness to emphasize the importance of religious cosmology. She held that the etiology held by the therapist or patient was deeply influenced by the cosmology of the medical system he chose to be in. The cosmology constructed by religious culture was a powerful interpretation system, and different medical systems would eventually be developed from different cosmologies. She noticed the interplay between different cosmologies behind multiple medical systems in Taiwan.

An-Bang Yu extended the concept of illness to the ethical aspect of sickness. He found that many of a patient’s suffering experience in illness was stemmed from ethical ambiguities. The illness state was different from the general state. Many situations a patient and their family should face in illness state were not able to be covered and guided by ethics of general state. This could lead to one’s subjective suffering experience in illness. He argued that religious healing could effectively relieve the pain caused by the ethical ambiguity.

Indigenized psychologist Der-Huey Yee borrowed the knowledge resources of medical anthropology to produce psychology in line with Taiwan’s local experience. He first emphasized the humanistic characteristics of illness and developed a methodology suitable for studying mental illness. He submitted that the concepts used in mainstream psychology were not generated from Taiwan’s contexts but rather concepts of packaged knowledge. To reach the understanding of Taiwanese illness experience, he tried first to deconstruct the pre-understanding

of packaged psychological knowledge, so he shifted to emphasis on situated knowledge. He found that situations a patient would be in while in illness state, there were multiple powers and discourses (including those of Western medicine and local folk medicine) encountered and interacted with each other. The patient must generate their own narrative the specific situation to understand their own suffering experience, and religious healing knowledge could provide a very helpful resource in this regard. Der-Huey Yee applied the method he developed to their study on Shamanism of Taiwan and proposed that Shamanism used a healing pattern of “body-existential situation- cultural symbolic system” to achieve healing effects for the suffering or illness.

In short, the scholars regarded religious healing knowledge as an important field for indigenizing academic knowledge. Focusing on religious healing, they paid attention on the importance of culture, cosmology, ethics, existential situation and symbolic system by starting from the conceptual distinction between disease and illness, and they can put forward discourses that connected different traditions of knowledge and further reach the indigenization of knowledge.

Physicians who advocated the Seth Material were also critical actors. These doctors who had received professional training in Western medicine used religious healing knowledge to connect complementary and alternative medicine (CAM) and Western medicine. They realized the limitations of Western medicine from their medical practice and tried to integrate different CAMs into medical practice to help their patients. In their knowledge production, they attached importance to the conceptual distinction between cure and healing, which was derived from Seth's view on health and disease that was different from mainstream medicine. Seth stated that a person's beliefs are intermediary tools that guide their life energy to manifest into the physical body, and the reason behind the disease can always be traced back to the beliefs. It is not easy for

an individual to discover false beliefs on their own, because these beliefs are so deeply rooted that they are always treated directly by the person as facts. The appearance of illness is to help a person discover the false beliefs he holds. Therefore, from Seth's point of view, being in the illness state is part of the entire healing process, and it is necessary to promote the transformation at the level of belief before it can be regarded as healing.

Whether these physicians used Western medicine or CAM, the reasons behind it all came from the Seth Material. In other words, they used the Seth Material as the junction to connect Western medicine and CAM. On the one hand, these physicians may prescribe a certain kind of medicine to the patient for very different reasons. For example, they prescribed sleeping pills to patients not just to make them easier to fall asleep but to build their confidence in their bodies. On the other hand, when these physicians encouraged their patients to meditate, their reasons did not follow the discourses of folklore or religious traditions but based on the theory of "feeling-tone" in the Seth's Material. An "involuntary system" in a person's body that is not controlled by their will is medically proven to be affected by emotions, and Seth stated that the generation of emotions is ultimately related to personal beliefs. In Seth's perspective, to meditate is to discover the inner conflict of beliefs from physical and emotional awareness, and in meditation one starts a healing process by perceiving the feeling-tone of the body.

Like the concept of illness developed by scholars, the concept of healing embraced by the physicians finally emphasized ethics. According to the Seth Material, the physicians argued that if the inherent energy of creativity of human beings could not lead to "value fulfillment," the energy would tend to cause disease. In addition, inherent energy of creativity follows the inherent natural law of love and cooperation, and the so-called healing must make the energy follow this law.

In short, these physicians extended the concept of healing to the transformation of beliefs, awareness of the feeling-tone, and the value fulfillment. The scope of healing was much broader than cure, and the use of the concept of healing enabled the physicians to have a stronger agency of translation.

As for New Agers, by using the conceptual distinction between religion and spirituality, they were not limited by the boundary of religion and able to mobilize both local and foreign religious knowledge. They tried to connect religion and healthcare with a flexible, hybrid, and highly heterogeneous cosmology, and by doing so, they connected the three concepts of illness, healing, and spirituality with the cosmology with a perspective of holism.

New Agers started from the concept of spirituality. They believed that a person with good spiritual qualities often had precise intuition and religious experience, and this was related to the quality of their consciousness, which guided the New Agers first focus on “transformation of consciousness.” Then, by mobilizing the evidence of brain science research, they tried to translate the “transformation of consciousness” into “the plasticity of the brain,” and emphasized that we should coordinate the use of the left and right brains to achieve “whole-brain knowing.” They believed that the “whole-brain knowing” was able to contribute to physical or mental health, since they regarded the brain and body as a whole. Psychotechnologies (such as meditation) were considered to be a way not only to reach the whole-brain knowing but also to integrate the whole of the brain and body. Moreover, they used scientific evidence about the nervous system and immune system to link their views on the unity of the brain and body.

New Agers’ cosmology with a perspective of holism could connect phenomena at different levels. For example, by mobilizing the theory of dissipative structures, New Agers treated the human brain, social network, and society as the manifestations of this structure at different

levels. Therefore, the “transformation of consciousness” would also occur at different levels, starting with the human brain, through the social network, and finally achieving social transformation.

In addition, New Agers did not require certain professional qualifications like scholars or physicians, so their social network was relatively open and broad. New Agers’ strong agency of translation made them not only good at connecting conceptual networks, but also good at making people who mobilize the concepts from the conceptual network of the New Age form a social network. Therefore, the spiritual culture of the New Age had not only been integrated into Taiwan’s folk culture, the concepts they mobilized and their style of knowledge translation that connected concepts were also very popular in Taiwan’s folk culture. Due to the high interaction with the folk culture, the concept of spirituality is still in an ongoing process of indigenization, presenting as in a unstabilized state.

In short, by distinguishing between religion and spirituality, New Agers’ cosmology gave them a strong agency of translation, through which they could connect academic, scientific, and religious discourses. New Agers not only connected the concepts of illness, healing, and spirituality, but also implemented the conceptual network into a social network.

Enacting the legitimacy of religious healing knowledge was not the purpose of these actors. The actors mobilized religious healing knowledge because it was an effective and abundant source for knowledge translation or coping with health problems. Nevertheless, they contributed to its legitimacy unintentionally. The scholars’ interest was to indigenize academic knowledge, and they mobilized religious healing knowledge to connect foreign and local knowledge. The physicians’ interest was to find other healing methods to supplement the insufficiencies of Western medicine, and they mobilized religious healing knowledge to connect CAM and

Western medicine. New Agers' interest was to seek spirituality that is different from traditional religions, and they mobilized religious healing knowledge to construct a flexible, hybrid cosmology in order to connect foreign and local healing knowledge. The legitimacy of religious healing knowledge was brought out through various knowledge production of Taiwanese.

According to the research results, I integrated Figure 3 into Figure 2 and came up with the following conceptual diagram Figure 4 to summarize the entire research.



Figure 4. The Conceptual Framework Summarized the Results

## 7.2. Discussion and Conclusion

Since the 1960s, the concept of “modernization” has been used by scholars in the social sciences to understand the development of the contemporary world, and it is considered to be a trend in reality that occurs in many regions at the same time, directly affecting people’s daily lives (Chi-Jeng Yeh 2005: 141). Taiwan was no exception. However, both modernity and the discourses on modernity were transplanted from the West. The cultural framework of modernization could basically be said to be Westernization (Chi-Jeng Yeh 2005: 148). Chi-Jeng Yeh reminds us that the existing discourse on modernity is a discourse on modernization with the West as its historical origin. It contains specific cultural connotations. When using concepts like modernity in the study, scholars must disassemble it in a way back to history, understanding the specific context a concept was born.

Chih-Chieh Tang (2018) examined the concept of “modernity” from the perspective of conceptual history and sociology of knowledge. He mentioned that the concept and identity of the “West,” which is strongly related to the concept of modernity, was only invented in the 19th century (Chih-Chieh Tang 2018; Bonnett 2004), and the invention of this concept has been continuously strengthened and consolidate with academic practices. The concept of “modernity” only gradually became popular in the American academia in 1920. After World War II, its related discourses began to be disseminated, and the connotation and intention of the discourse on modernity changed with the economic and political situation in that period of history. Chih-Chieh Tang (2018) believes that this concept is a tool highly embedded in the historical context and has gradually developed into a hegemonic discourse. It is based on the dichotomy of present/ancient and Western/nonWestern and implies a specific position of the former to exclude



the latter. Although there have been many criticisms, the Western-centered perspective hidden in the discourses of modernity is rarely shaken.

Modernization with the West as its historical origin not only carried a specific cultural form, but also contained specific goals and expectations (Chi-Jeng Yeh 2005), which were far from the endogenous values of Taiwanese society. This made Taiwan in the process of modernization allow the original social physique and foreign ideology of modernization to constantly wear-in, mediate, and negotiate. The indigenized knowledge of humanities and social sciences in Taiwan had its own practical needs, because many foreign theories, discourses, and research methods were seriously divorced from Taiwan's indigenous experience, and many issues had arisen in the application. The production of knowledge of the humanities and social sciences in Taiwan has reached a stage where introspection and indigenization are urgently needed.

Indigenous culture and foreign culture are not completely opposed but will penetrate each other over time. People's various practices in daily life can often creatively transform various elements and reassemble them for usage. However, during this long process, individuals were prone to unique anxiety due to various maladjustments. This is also the part where individuals in non-Western societies have to work harder to adapt to the social changes brought about by modernization. They have to face not only modernity, but also the discomfort of the transplantation and translation process of modernity.

In addition, people have to face another source of discomfort: the interaction, conflict, and negotiation between expert knowledge and layman knowledge. This often puts people in a double-blind situation. On the one hand, people cannot rely on the services provided by the expert knowledge systems; on the other hand, they often cannot generate a sense of meaning from them. Incidentally, expert knowledge systems are often developed out of local experience,

such as the Western medical system. In this double-blind situation, people generally feel anxious (Chi-Jeng Yeh 2005). This kind of anxiety can be truly experienced in daily life, but it does not refer to a specific mental illness. It is an atmosphere permeating modern life and a universal state entrapped in modern socio-culture. That can be called as a cultural pathology.

In fact, this general anxiety can also be seen in the knowledge production process of the scholars or physicians mentioned in this dissertation. Different from the way that patients regarded religious healing knowledge as a way of religious coping, their emphasis on religious healing and the reason why religious healing knowledge was useful to them stemmed from their mediation and negotiation of foreign/ local knowledge and expert/ layman knowledge. They saw that there were rich cultural resources in religious healing knowledge, which could be used after proper translation, giving them a foothold in the process of knowledge production to connect foreign/ local knowledge and expert/ layman knowledge.

In a broader sense, this dissertation has several implications that can contribute to the sociology as follows.

First, when religion is able to mobilize scientific language to refresh its cosmology and translate phenomena, the form and style to express religion will keep updating with the development of science. Thus, the separation of sacred and non-sacred tend to be blurred, since the perception of sacred is possible to be reshaped by the new context. In this case, the measures like “religious attendance,” “prayer,” or “meditation” can have very different meanings to different people. The more religion has become individualized and hybrid, the harder for sociologists to capture one’s religious beliefs and behaviors by structural questionnaire, not to mention exploring the relationship between religion and health. To truly understand how religion affects health, more field and qualitative research are needed.

Second, some scholar seemed to regard “spirituality” as a concept purified from “religion” to be more inner and empirical. On the contrary, I argue that when “spirituality” gets rid of the institutional limitation of religion, people interested in it can fully preform their agency of translation and thus make it more hybrid than “religion” can be. The key point is that not only scholars make a distinction between religion and spirituality, but other actors also do so in their own ways. Whether it is scholar or other actors, the scope of “spirituality” is brought out and continuously updated by their practices, which makes “spirituality” harder to be defined. “Spirituality” in different contexts may refers to different things, which need to be paid attention when one is doing comparative studies.

Third, I believe that in modern life, where biomedicine and psychiatry are the authoritative professions for health, the relationship between religion and health is inevitably connected by people’s knowledge production practices, either in expertise or daily life, which tends to break the boundary and be hybrid. Studying this kind of knowledge production can not only help us think in an interdisciplinary way but also rethink the modernity that brought about the separation of professions. By doing so, the indigenous modernity of a place can also be explored.

### **7.3. Limitations and Suggestions for Future Research**

This dissertation faces the following limitations. First, the data was limited to the actor’s publications, related historical literature, and social survey data. It neither observed how the actor conducts knowledge production on the spot nor did it actually interview the critical actors. Second, due to limited time and energy, there were some critical actors that had not been discussed in this article, such as Din-Yi Yang, Jiu Cui, and scholars of Thanatology or Death Education. Third, the scope of the New Age is very wide, and it contains diversified things. This study was limited to one of the most classic works recognized by Taiwanese New Ages, *The*

*Aquarian Conspiracy*. Despite these limitations, my dissertation was able to address its core research questions by focusing on the main theme of translation and clarifying how actors with different interests mobilized conceptual distinctions to connect differentiated knowledges. Moreover, this dissertation was able to provide an interpretation which took the specialty of the history period that the actors were embedded into consideration.

Future research is suggested to conduct field studies in specific fields related to religious healing knowledge. It is also suggested to interview relevant actors to gain a deeper understanding of their interests and processes of knowledge production. In addition, I also suggest that medical historians can explore the unique history of each religious healing method in Taiwan from the historical documents.

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## **VITA**

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As his interest in academy grew, he made a decision to enter graduate program in the Department of Sociology at Louisiana State University. He will receive his Ph.D. degree in December 2021 and plans to begin working in Taipei after graduation.