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# Healing At The Borderland Of Medicine And Religion: A Folklore Study Of Health Care In Taiwan

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# Healing At The Borderland Of Medicine And Religion: A Folklore Study Of Health Care In Taiwan

## **Abstract**

This study is about popular healing and its relation to culture. It is based on my field research in Taiwan from 2014 to 2016. In addition to modern medicine and scientific Chinese medicine, my field research focused on the connections between different systems of popular healing and the role of lay people in their own healthcare. The correlations between them are ambiguous, inexplicit, superimposed upon or intermeshed with one another. In Taiwan, health care and the healing process is part of popular culture. I make evident the vital role of lay people, which often has been overlooked. Lay people includes all non-professionals—popular ritual practitioners ignorant of orthodox teaching, local medicinal healers without a national license, and followers who disregard religious doctrines but believe in divine power. There are many laymen devoted to religion. All the lines are blurred. Each healer performs rites of various origins, intertwining popular concepts of religion and medicine to compete for survival and prestige. Healers are easily accessible and play a central role in the daily life of the community. Three subjects—medicine in temples, possessed healers who prescribe herbal formulas, and rituals that use drugs—are examples where popular religion and medicine overlap. By setting them in a framework, it is possible to better understand how people receive, perceive and disseminate health care.

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HEALING AT THE BORDERLAND OF MEDICINE  
AND RELIGION: A FOLKLORE STUDY  
OF HEALTH CARE IN TAIWAN

**Chia-Hui Lu**

A DISSERTATION

in

East Asian Languages and Civilizations

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## ABSTRACT

HEALING AT THE BORDERLAND OF MEDICINE AND RELIGION:

A FOLKLORE STUDY OF HEALTH CARE IN TAIWAN

Chia-Hui Lu

Dan Ben-Amos

Nathan Sivin

This study is about popular healing and its relation to culture. It is based on my field research in Taiwan from 2014 to 2016. In addition to modern medicine and scientific Chinese medicine, my field research focused on the connections between different systems of popular healing and the role of lay people in their own healthcare. The correlations between them are ambiguous, inexplicit, superimposed upon or intermeshed with one another. In Taiwan, health care and the healing process is part of popular culture. I make evident the vital role of lay people, which often has been overlooked. Lay people includes all non-professionals——popular ritual practitioners ignorant of orthodox teaching, local medicinal healers without a national license, and followers who disregard religious doctrines but believe in divine power. There are many laymen devoted to religion. All the lines are blurred. Each healer performs rites of various origins, intertwining popular concepts of religion and medicine to compete for survival

and prestige. Healers are easily accessible and play a central role in the daily life of the community. Three subjects——medicine in temples, possessed healers who prescribe herbal formulas, and rituals that use drugs——are examples where popular religion and medicine overlap. By setting them in a framework, it is possible to better understand how people receive, perceive and disseminate health care.

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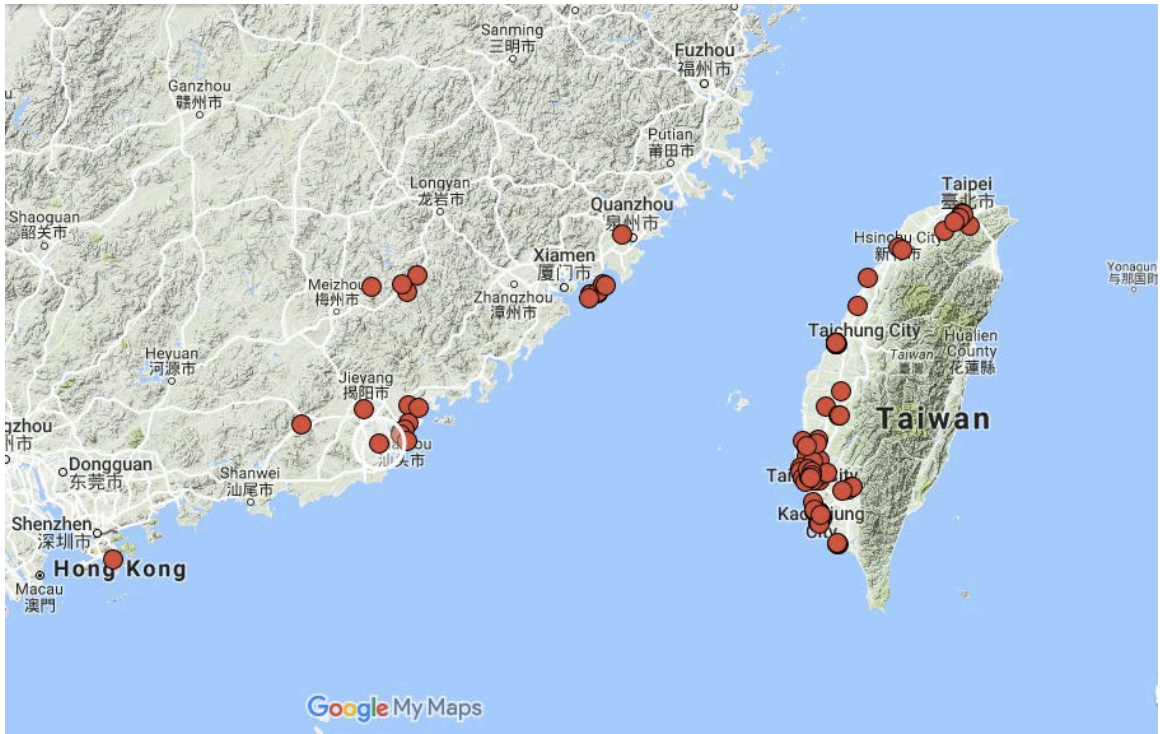


Figure 1 The map of the fieldwork area (2014-2016).

## INTRODUCTION

Anthropologists don't study villages; they study *in* villages.  
—— Clifford Geertz<sup>1</sup>

If ethnography produces cultural interpretations through intense research experience, how is such unruly experience transformed into an authoritative written account? How, precisely, is a garrulous, overdetermined, cross-cultural encounter, shot through with power relations and personal cross purposes circumscribed as an adequate version of a more-or-less discrete “otherworld,” composed by an individual author?”  
—— James Clifford<sup>2</sup>

This is an ethnographic study based on field materials collected during my residence in southwestern Taiwan between spring 2014 and spring 2015, with supplementary fieldwork between winter 2015 and spring 2016. The topic of this study is popular healing. The goal is to extract the dynamic interplay of everyday life with health care. This Introduction sets the scene. It describes my motivation, problems and processes.

### **An Ethnographer in Her Own Culture**

One more concern to be discussed is my own status. As a native ethnographer coming home to do research, a relationship with the community members, especially when the people saw me as one of them, made this study a bit different from prior religious studies and most ethnographies of Taiwan. My decision to conduct field research in my own society was motivated more by personal rather than by academic

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<sup>1</sup> Clifford Geertz, *The Interpretation of Cultures* (New York: Basic Books, 1973), 22.

<sup>2</sup> James Clifford, “On Ethnographic Authority,” *Representations* 2 (1983): 120.

reasons. I felt that a native ethnographer could provide a more balanced analysis of Taiwan's Chinese culture and society. I have learned that despite certain immediate advantages—such as intimate knowledge of the vernacular, the ability to quickly set up shop in the field, and familiarity with the people and environment—a number of complex problems had to be confronted and resolved.

I was raised in a Taiwanese family; my long years of education (modern, scientific, Western style, and related rationalism) have created a considerable distance between my society and me. The distance is both overwhelming and confusing—much of the materials that I saw people share with members of the community were familiar to me since childhood. I also was amazed at the depth of my ignorance concerning the vital experiences of people who live in my own society. Some things we simply take for granted, use them, live with them, and ignore them. I know nothing more. Borrowing from the concept of Richard Schechner's performance theory, "not me/not not me,"<sup>3</sup> I view myself as an actor on stage—I am not myself, and I am not not myself. I inhabit a role, but at the same time I bring my own body, face, and aura to the stage that neither I nor my audience can abstract from. In that sense, the performer (me and not me) acts in a kind of liminal space, neither fully in the role nor fully her private self. I am both investigator and informant, and yet neither of the two. This status, thus, affected my research in another way—I moved about not as a foreign folklore researcher looking for customs to collect but as a common person resocialized into her own society.

My initial fieldwork commenced in January 2014. The purpose of that stage was to

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<sup>3</sup> Richard Schechner, *Between Theatre and Anthropology* (Philadelphia: University of Pennsylvania Press, 1985), 124–128.

become familiar with the village and develop a rapport with the participating villagers. During this period, I observed the disruption of the traditional communal values of the village by rapid social changes. I involved myself closely with popular knowledge of medicine via popular religion, which goes beyond the boundaries of traditional genres. It may be appropriate to begin by recounting a personal experience that influenced my interest in this topic.

### **Personal Beginning**

Many years ago, my father was sent to the hospital for an emergency stomachache. One week after the operation, which necessitated opening up his belly, the situation unexpectedly reached a crisis. During my father's stay in the ICU, numerous alternative therapies were sent to us by elderly relatives and friends—tonic soup, acupuncture, talismans (to be placed under his pillows), spells and chants (recorded and played repeatedly with a small black music player), and more. With great enthusiasm and compassion, our friends and relatives remarked on the efficacy of these therapies by saying: “Someone was just cured by this and that. These medicines are very efficacious (*ling* 靈).”

Frankly, we did not know what exactly they were. Many of them looked like a hybrid of religious paraphernalia, Chinese medicines, folk beliefs, and magic all rolled into one. One day, my Great-aunt Huang discreetly handed me a “secret herbal formula” 祕方, which itself looked like any traditional formula of Chinese medicine. I contacted her in the winter of 2013. She was a 76-year-old woman, living in a Taiwanese-speaking

village in southwest Taiwan, called *Shisandian* 十三佃 (literally, “thirteen farmers”).

Folktales tell of its founding by thirteen farmers from a distant place, and their descendants have resided and cultivated in the village for about 200 years. The area of the village is 0.6 square miles, and the residential population is about 2,500.<sup>4</sup> It is located in the suburbs about 5 miles away from Tainan, the oldest city of Taiwan. I moved to this small village with a long history in the spring of 2014.

This was the content and the process:

Licorice root 甘草, 2 *qian* 錢;<sup>5</sup> dendrobium 石斛, 3 *qian*; rehmannia root 生地, 2 *qian*; glutinous rice 糯米, 5–6 grains; lilyturf tuber 麥門冬, 3 *qian*; lophatherum herb 竹葉, 3 *qian*; fourleaf ladybell root 南砂參, 3 *qian*; rhizome pinelliae 半夏, 3 *qian*; and raw gypsum 生石膏, 4 *qian*.

The first drugs: Boil three bowls of water until nine *fen* 分<sup>6</sup> of liquid remained.  
藥頭三碗煎剩九分

The remnant drugs: Boil two bowls and eight *fen* of water until eight *fen* of liquid remained. 藥渣二碗八煎剩八分

The procedure for making this decoction was usual in Chinese herbal medicine. Step 1, called “cooking the original drugs” (*zhuyaotou* 煮藥頭), involved placing the herbs in a medicinal pot, adding three bowls of water, bringing the water to a boil over high heat, reducing it to medium heat, and continuing to boil the herbs until nine *fen* of liquid remained. The instructions were to strain the liquid and take it after sunset. Step 2 was

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<sup>4</sup> The official website of Household Registration Office, *Annan* District, Tainan City. See <http://www.tainan.gov.tw/tnancg/population.asp?nSub=C0A000>

<sup>5</sup> Weights used in Chinese herbal medicine are expressed in either grams (g) or in the traditional Chinese measurement of *qian* 錢, *liang* 兩 and *fen* 分. In Taiwan, 1 *qian*=3.75 grams, and 1 *liang*=37.5 grams, 1 *fen*=0.37 grams. Most herb stores in Mainland China use 3 grams as 1 *qian*. Taiwan retains a traditional Chinese measurement system. In this study, I use *qian* and *liang* in Taiwanese units of measurement, as people there always do, to avoid confusion. A bowl is about 200 grams.

<sup>6</sup> In Taiwanese units of measurement, 1 *qian*=10 *fen*.



“cooking the drug sediment” (*zhuyaozha* 煮藥渣); this repeated Step 1 but added only two bowls and eight *fen* of water to the previously cooked herbs, boiled them again until eight *fen* of liquid remained. The instructions read “drink it at sunrise next day.” The rules also belonged to the common store of knowledge of Chinese medicine: taking the first decoction after sunset, taking the second decoction next day at sunrise. Taking any liquid at noon was not allowed. During this critical period, my family and I did not have the interest or resources to check for ourselves whether or not this formula was extracted from canonical texts of Chinese medicine. We saw it was some kind of empirical herbal recipe, the wisdom of the ancients.

The formula was accompanied by a talisman, a small piece of yellow paper with peculiar characters written in red ink, which had to be burned, and the ashes stirred into the liquid before serving. Great-aunt Huang emphasized its supernatural power and suggested that we consider it a powerful healing tool. I did not understand precisely the relationship between the decoction and the talisman; however, I realized that making the decoction required time, technique and patience, and somehow turned out to be a ritual practice. That filled me with questions: Who prescribed the herbal formula? Who wrote the talisman? Was there a professional who specialized in both Chinese medicine and religion? Or, was it just quackery or a placebo? How does it function in society? I began my research by asking Great-aunt Huang “Where did you get the formula?”

### **The Village and Temples**

For the first three months or so, I studied the village. The situation was quite good.

Great-aunt was pleased with my coming and introduced me to the villagers. They all spoke Taiwanese, and so do I.<sup>7</sup> That helped me rapidly engage with them. I was soon led to *Qingxinggong* 慶興宮 (“Palace for Celebrating Flourishing,” founded in 1765), the one and only temple in the village. There was a group of people sipping tea and chatting with each other under the shed in the courtyard, including the three most important people in the village—the village chief, the master of the burner (*luzhu* 爐主, the one in charge of the incense who is selected by divination), and the chairman of the temple.

The village chief was one of the advisory committee members of the temple, and also served as supervisor in another temple, which was five miles away. The master of the incense burner lived across from the temple; he was in charge of its maintenance and the morning-evening incense. The incense was oriented in the five directions of the village, East, West, South, North and Center; these represented the Camp Soldiers of the Five Directions 五營兵馬 who would drive off plagues and devils, and protect the village. The chairman of the temple had founded a *Songjiang* 宋江 martial arts performance group,<sup>8</sup> and recruited Master He Guozhao 何國昭<sup>9</sup> and his disciple Huang Minghong

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<sup>7</sup> Taiwanese is my mother-tongue, also known as Taiwanese Hokkien 臺灣話, 臺語, which is a variant of Fujian dialect spoken by about 70% of the population of Taiwan, particularly in the southwest.

<sup>8</sup> *Songjiang* is a traditional martial group performance showing the strength of Chinese martial arts through fighting with weapons and arranging the arrays. For more details, see Chin Cheng-an 靳正安, “The Evolution of Song-Jiang Battle Array and the Relationship between Song-Jiang Battle Array and the Rural Society of Southern Taiwan,” *Asian Culture and History* 2, no. 2 (2000): 120–132.

<sup>9</sup> Master He Guozhao 何國昭 (1923–) was recipient of the Global Chinese Culture and Arts Award 全球中華文化藝術薪傳獎 in 2003 for his tireless efforts to popularize the *Songjiang* battle arrays in Taiwan and Mainland China. His father was a classical physician 漢醫 and proficient at *Wushu* 武術, Chinese martial arts. Under the influence of his father, He developed an interest in martial arts. When He was six years old, his family moved to Xiamen 廈門, Mainland China. His father took him around to visit grandmasters and study martial arts. When they returned to Taiwan in 1945, He had become an expert in various styles, particularly the *Wudangquan* 武當拳 (“Fist of Mt. *Wudang*”) and *Luohanquan*

黃名宏 to train the group. His ironworks company at the edge of the village sponsored the group, paying for the practice location, transportation, financial aid, and so on. The group represented the temple in annual religious activities.

Virtually all duties were voluntary. As one of the “Sixteen Villages of *Taijiang*” 台江十六寮,<sup>10</sup> it was important for them to enhance the reputation of the villages. While their village was too small to be self-sufficient, the people participated actively in annual religious events through competition and cooperation with other villages. The social network of the village, thus, was not nearly as confined territorially as it had been in the past.

The *Qingxinggong* temple enshrined Royal Lord Chi 池府王爺, a plague deity represented as a martial figure, who specialized in curing diseases. Great-aunt’s secret formula was obtained through his “divination chair,” a small wooden seat which the relevant spirit would occupy. The folktale goes that a long time ago Lord Chi wanted to show the villagers his power; he ordered the village chief to make a divination chair that

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羅漢拳 (“Fist of Arhats”). Master He is 95 years old today and still active in the practice of *Songjiang*. (Interview, April 23, 2014)

<sup>10</sup> The village is located in the An’nan District 安南區, part of ancient *Taijiang* inland sea 台江內海, one of the largest lagoons in the coastal region of southwest Taiwan in the 16th and 17th centuries. As the land gradually emerged from the sea, a great number of migrants came from the North who reclaimed and farmed the new land. In the end, sixteen villages sprang up alongside the river. In 1887, Taiwan Province 台灣省 (officially “Fujian-and-Taiwan Province”) was established by the Qing Empire. The sixteen villages were included in Waiwuding Village 外武定里 that almost covered modern An’nan District. The names of the villages are still the original ones. For more detail about *Taijiang* inland sea and the surrounding areas, see Wu Jiansheng 吳建昇, “Daoguang sannian yiqian *Taijiang* neihai ji zhouwei diqu lishi bianqian zhi yanjiu” 道光三年以前台江內海及週圍地區歷史變遷之研究 [History of *Taijiang* Inland Sea and Its Surrounding Areas Before 1823] (Ph.D. diss., National Cheng-kung University, 2010); Wu Maocheng 吳茂成, *Taijiang neihai ji qi zhuangshe* 台江內海及其庄社 [Taijiang Inland Sea and Its Villages] (Tainan: Cultural Affairs Bureau, Tainan City Government, 2013).

must be made of Formosan cypress, the best and most expensive wood, which grew in the deep mountains. The villagers took several months to raise money, but when they did they could not find an appropriate tree. One day, the chief had a dream. In it, Lord Chi told him to go north after a storm. The next day there was a typhoon. A few days later, a piece of cypress driftwood was found about four miles north of the village on the bed of the *Zengwen* Creek 曾文溪. The driftwood was not large in size, so the chair in the temple had to be made smaller than normal. The villagers were fully convinced of Lord Chi's orders and believed firmly that the chair was "very efficacious."

Great-aunt explained to me how she obtained the formula. One day, she went to the temple and asked the supreme Lord Chi to rescue my father. The temple authority requested her to come again on another day, because "the Lord was not on duty today." They set a date which Great-aunt believed "was especially made for me."

When I visited the village, the ritual of obtaining the formula remained and was not much different. The following description is based on my field observations,<sup>11</sup> Every two weeks on Saturday night starting at 7:30 p. m., people who needed help were waiting in the main hall. Mostly, the supplicants were villagers although some attracted by Lord Chi's power had come from other cities.

When the time was ready, two men would stand barefoot on the ground holding the legs of the chair. One of the two men had an innate capacity for possession. While incense was burned, the master of the burner came out and prayed to Lord Chi. About ten

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<sup>11</sup> When I was living in the village, I visited the temple regularly, attended the séances, videotaped the divination ritual, watched the group of juveniles practicing *Songjian* in the temple's courtyard (every Monday through Thursday, started at 7pm), and conducted informal interviews through conversation with the villagers around the temple.

or fifteen minutes later, the chair began a slow steady bouncing movement as the hands moved along its path. Soon, it started moving violently, spinning, pulling the two men from side to side. This represented the descent of Lord Chi.

The scene gradually subsided; Royal Lord Chi was seated in the chair, and the master of the burner, on behalf of the supplicant, presided over the ritual. He first reported to Lord Chi the basic information about the supplicant: “This is your devoted disciple [the name of the supplicant]. He/She lives at [the address], and was born on [the date and time of birth in the Chinese Lunar calendar]. His/Her Chinese zodiacal animal is [one of the twelve animals]. Today he/she comes to you for your help. Are you willing to accept his/her petition?” If the answer were yes, the chair leant forward, knocked the table (prepared in advance and placed in front of the altar) and started to trace characters on the tabletop. If the answer were no, the chair would be stationary, and there would be no response. Another two assistants, known as *toh-thâu* 桌頭,<sup>12</sup> stood on either side of the table. One was in charge of translating and interpreting the tracing on the tabletop; the other, like the secretary of a court, was responsible for writing down each character as it was interpreted.

The divination chair now is used only for consulting on such matters as work, business, relationships, etc.; since 1990 governmental policy has prohibited its use for medical purposes.<sup>13</sup> Even so, that is how Great-aunt had still obtained her formula. She

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<sup>12</sup> *Toh-thâu* 桌頭, pronounced in Taiwanese. Literally, it means “the head of the table,” but has been extended to give it this meaning.

<sup>13</sup> The government policy of health care has made medication by non-physicians (anyone without a national license or valid practicing certificate for alternative medicine) illegal, especially for those using drugs from endangered species (such as tiger bones and sea turtle shells) and with intrinsic toxicity (such as realgar and sublimed arsenic). The detail will be discussed in Chapter 2 and 3.

received three times a “divine answer” 聖筊<sup>14</sup> by throwing the “*poe*” 筊 (moon blocks), and the characters inscribed on the tabletop by the possessed divination chair appeared as a set of names of herbal drugs. At length, the formula was given to my Great-aunt.

There were many examples of exception and compromise in my study of the village. In fact, they were everywhere. Many temples in the neighborhood worshiped Royal Lord Chi as well, but not everyone had a relevant divination ritual. Even when the procedure was defined, I discovered numbers of branches and variants.

Because I had not intended to work on religion before I came to my Great-aunt, I had no explicit hypotheses to test. I soon realized that my first data set had fit the initial ethnographic questions. I had to collect as much information as possible—it was not quite enough to focus only on the village.

During the first three months, I had won the interest and enthusiasm of the villagers, who made it their responsibility to help me. They invited me to participate in their daily lives and shared their views and concerns with me. Mostly the stories they shared were about how patients had been diagnosed and helped by the deities, or how people had recovered by taking certain magical herbal medicine. For the next ten-plus months, I visited the protective spirits and mysterious healers that they had mentioned. It became clear that the government’s prohibition on drug formulas obtained by divination had no

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<sup>14</sup> There are four possible answers that crescent-moon-shaped blocks, with one side flat and the other rounded (also known as “divination blocks” or “moonboards”) can produce, according to their position dropped: “divine answer” 聖筊, 允筊 (the god agrees), “laughing answer” 笑筊 (the god laughs), and “angry answer” (the god disagrees) or “standing answer” (the god is puzzled) 陰筊·無筊. This is a very common act of divination before praying in Taiwanese temples.

force.

When I visited one place, local people often recommended still other temples, people and alternative treatments to me. Eventually, I traveled hundreds of miles within Tainan, Chiayi, Kaohsiung, and Pingdong counties, and to some more remote villages, all with temples. I conducted participant observation in a range of settings: public temples and private shrines; Buddhist and Daoist rites; large- and small-scale rituals and ceremonies, such as the Daoist “Offering Ceremony” (*jiao 醮*) and the Buddhist ritual of “releasing the flaming mouth” (*fangyankou 放焰口*), and traditional Chinese herbal shops and folk herbal stores.

I also supplemented this ethnographic data with interviews with ritual masters; Daoist and Buddhist priests; spiritual mediums; mysterious local healers; village chiefs and villagers; temple managers and administrators; clients; worshipers and visitors; folk artisans who made medicinal necklaces and bracelets for deities; owners of herb shops; local herbal doctors; and so on. I also joined a group that practiced Chinese boxing (*Taiji 太極拳*) in a neighboring community, and recorded how a group of middle-aged men and women shared and exchanged information with each other on maintaining good health. I found nearly universal enthusiasm and interest from the people I met; it made my fieldwork a truly crazy journey.

### **Problems and Processes**

Obtaining and comprehending religious information was difficult, and I am not sure that I could have fitted the available data to any prefabricated hypothesis. There were at

least two problems in processing the information efficiently. First is the rapidity of social and economic change.

Over the past few decades, the village's landscape has changed dramatically, even the meaning of "village": large tracts of agricultural lands have been abandoned, and small and medium urban enterprises and factories now are prospering. Two industrial parks are located nearby. A large international employment agency and its dormitory for foreign workers are located to the east of the village. Numerous laborers from Southeast Asia live in the neighborhood and often parade through the village for daily shopping. The population dynamics has been impacted and transformed. Transportation is cheaper; individual mobility makes it possible to live in Kaohsiung city but work in the village or to take THSR ("Taiwan High Speed Rail") to Taipei for one-day visits. The village is supported by neither strong lineages nor family unity. The actual inhabitants of the village are mostly old people and children, living near the temple and along its southeast flank. As children grow up then tend to leave for the city.

Nowadays, religious practices in the village are not understood as static systems of beliefs, but rather as social activities planned and organized by a small group (that is, the village chief, the master of the burner, the chairman of the temple, and their near associates). The group arranges ceremonies daily, monthly, and yearly because of custom (such as the annual worship for the god's birthday) or invitations from other villages and temples. They decide dates and locations, plan the routes, and employ ritual specialists who have connections with them. When they encounter things they do not know about, they look for answers from the temple's documents, consult elders, other community members or the "divination chair." One of the group members told me, "I often feel



helpless and constantly frustrated. But if I don't do it, nobody else is going to do it." The group of people do not call what they are doing religion. Instead, it is simply a part of daily affairs, obligations, or respect for the gods.

Not all the villagers are interested in festivals. Some people who live beside the temple expressed their annoyance about the firecrackers, smoke from burning paper money for the gods, and donation requests. Many of the villagers do not participate in the celebrations; nevertheless, it does not mean necessarily that they dislike or disparage them. They simply are indifferent. They are not astonished at all by news such as beginning in 2014, Taipei's most popular Daoist temple *Xingtian Gong* 行天宮, will prohibit the offering of incense and other perishables due to environmental considerations. They more or less agree with the temple's policy that encourages devotees to simply put their hands together when making a prayer. "If your heart is sincere your prayer will come true," said the Temple's manager.<sup>15</sup>

In short, I did not note a "simple" religion as presented in earlier ethnographic studies, which provided valuable discussions of the religious system in rural Taiwan but has failed to reflect today's complexity. I did not observe a widespread adoption of new religious behavior in the village, nor the total abandonment of old ones.

The second problem, related to the first, was about the characteristics of the field data, which generally are miscellaneous and often equivocal. I have notes on many things, and many of them were jumbled. Analyzing ethnographic data often is oriented towards searching for their pattern and meaning; however, in this context, any attempt at trying to

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<sup>15</sup> *Formosa News*, August 24, 2014. Throwing the moon blocks is a test of a sincere heart.

restrict several meanings under a coherent framework seemed to produce contradictory results. It was not only because religious therapy means different things to different people, but also due to its hybrid quality.

When the village chief learned of my research interest, he suggested that I visit *Sidian xingjigong* 祀典興濟宮 (the government-registered “Palace for Flourishing and Aiding”) as their set of divination lots for medical formulas 藥籤<sup>16</sup> stand for the Great Emperor Who Protects Life 保生大帝. People have trusted them for centuries. Across the street was a shrine with two large signboards reading, “Three Venerable Kings of Li’s Palace, Patrolling on Behalf of Heaven” 代天巡狩李府三尊王 and “Practicing Healing and Benefiting the World” 行醫濟世.<sup>17</sup> The manager of the shrine recommended that I go to the *Pujidian* 普濟殿 (“Palace for General Aid”) and talk to Mr. Huang, the ritualist of that temple, who could read the voice of the spirits and provide health advice on food therapy 食療 by means of “incense hexagrams” 香卦, the divination figures that appear on the surface of a bunch of incense that represent the supplicant’s conditions. Mr. Huang reports the figures to the tutelary deities, listens to their counsel, and transmits it to the supplicant. In recent years, due to the governmental policy, they use food therapy as solutions, more often than not, instead of divination and drug formulas.<sup>18</sup>

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<sup>16</sup> The divination formulas are small slips of paper, displayed on a board at one side of the hall. They bear numbers from 1–60 for surgical therapy and pediatrics, and 1–120 for internal use. On the ground, next to the altar is a big vase of bamboo slips correspondingly numbered. Divination blocks are used to confirm that the one’s spiritual frame of mind is correct. One then draws a slip is then drawn from the vase. The correspondingly numbered slip of paper gave a medical formula for the patient at hand. The detail will be discussed in Chapter 3.

<sup>17</sup> That is *Xingzongong* 興尊宮 (“Palace of Aiding and Respect”).

<sup>18</sup> Field interviews, August 8 and October 10, 2014.

After my interview with Mr. Huang, he urged me to pay a visit to the temples of the Great Emperor of the Five Blessings 五福大帝,<sup>19</sup> the Medicine Emperor 藥皇 and the Medicine King 藥王. In a deep mountain in Kaohsiung county, many herbal stores adjunct to the Lord of the Three Mountains 三山國王 provide drug therapy for the temples. In Banqiao District, New Taipei city, a local healer can see one's internal organs with the naked eye because of his magic power granted by the City God 城隍爺. When visiting *Qingangong* 慶安宮 (“Palace of Celebrating [Universal] Security”) in Shanhua district, Tainan, I found a sheaf of manuscripts preserved in the temple that were full of herbal remedies and religious symbols. The temple authority led me to a Chinese herbal store nearby, whose owner explained to me that these handwritten notebooks were created by a deceased Chinese medicine doctor in Chiayi county who had studied the talisman-writing and astral incantations of the *Lüshan* School 閩山派.<sup>20</sup>

The list above is far from complete. Because therapy is a crucial function of religion, almost every temple has its own therapeutic tradition. They usually appropriate, adapt

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<sup>19</sup> Paul Katz has discussed at length the Five Blessings and its relationship with the *Wangye* 王爺 cult and with other plague deities, such as the Five Envoys of Epidemics 五瘟使者, the Lords of One Thousand Years [Who Appear on Earth Every] Five Years 五年千歲 and the Twelve Year-Controlling Kings of Epidemics 十二值年瘟王. See his “The Plague Festival of Tung-Kang: A Study of Taiwan’s Plague God Beliefs,” *Bulletin of the Institute of Ethnology, Academia Sinica* 70 (1990): 95–210, and *Demon Hordes and Burning Boats: The Cult of Marshal Wen in Late Imperial Chekiang* (New York: State University of New York, 1995).

<sup>20</sup> The *Lushan* school is a ritual tradition of southeast China, particularly in Fujian, southern Zhejiang and Taiwan, whose origins still are unclear. One of the most important sect of this school is the cult of Chen Jinggu 陳靖姑 (767–790), “The Lady of *Linshui* 臨水夫人,” known as “The Three Ladies Sect” 三奶派. The *Lushan* sect is complementary and very much connected with the Daoist *Zhengyi* 正一 tradition, although it remains specific. It also reveals certain features derived from Tantric Buddhism. The rituals are performed by *fashi* 法師 (“Ritual Masters”), who work closely together with spiritual mediums, especially in Taiwan and Penghu Islands. For more detail, see Brigitte Bapandier, *The Lady of Linshui: A Chinese Female Cult* (California: Stanford University Press, 2008) and Farbrizio Pregadio ed., *The Encyclopedia of Taoism* (New York: Routledge, 2008), 1124–1127.

and integrate other healing practices with their own creative process. The contents and forms of their healing practices are similar, even though they worship different deities or belong to different belief systems. I have recorded a case in Kaohsiung city of a small temple owned by an individual who replaced its original spirit-medium divination with a divination palanquin (carried on five poles on the shoulders of four or more bearers). According to the spiritual medium, the owner was ordered by the god in a dream to make this change. He could not choose but to send his son to learn the skills from the brotherhood temple that worships a different deity. This example illustrates the interaction and transformation of local temples, the same as popular healing. No rule exists except the will of the gods.

On the other hand, peoples' perceptions of temples vary greatly, reflecting their individual needs. For instance, a layman can go to any temple, pray to any god, worship many deities, believe in cults of different types at the same time, and take part in any ceremony. Also, one person can be in charge of many temples and affiliate with more than one religious group, even of different cults, as long as the relevant spirits approve.

A ritual specialist can be a village's administrator, the organizer of the ceremony, or the owner of a shop for divination supplies, and a practitioner of ritual healing rites, such as *shoujing* 收驚 (“recalling frightened souls”). In the Daoist Offering Ceremony (*jiao* 醮), the High Priest (*Gaogong* 高功) is not only the rank of an individual, but also a position determined by whether the *mao* 鈿 (“crest”) is on the top of his cap. He can remove it to perform popular rites. In certain funeral rites, the hiring of the ritual experts depends on personal connections and religious aim, such as universal salvation, which is

a concern of Daoist masters. Likewise, a liturgical text can be used in different rites, but the exact context might vary depending on the purpose of ritual.

The boundaries of lay religious life are permeable. The materials are miscellaneous because life is miscellaneous. People negotiate, compromise, and use whatever effective means are available to them to achieve healthier and longer lives. This sort of society, simultaneously secular and spiritual, does not flow like some vast river draining all its tributaries and heading toward some final sea, but as larger and smaller streams, twisting and turning, and now and then crossing, running together for a while, separating again.

### **Structure and Chapters**

This study reflects a process of learning. Based on my field research between 2014 and 2015, it begins with my curiosity about a secret herbal formula, then is almost overwhelmed by the richness of religious materials, and finally, as a consequence, becomes an ethnographic inquiry into the lives of ordinary people. The original motivation was simply to understand the formula and its relation with people. In pursuit of my research, I was led to numerous temples and small shrines, witnessed the diversity of healing, and learned about people's ideas for negotiating everyday health care.

Popular religion in many regions of Taiwan is not merely a religion but also a way of life. The power of the gods is immeasurable. Numerous deities and their legends constitute an essential part of the world. They are not only guardians, protectors and judges, but also doctors, counselors and psychiatrists. They are almighty. One sort of religious therapy is bound together with folk medicine—a while in trance, religious

curers act like traditional physicians, in the names of Medicine King, Emperor, Buddha or whatsoever, examine patient's pulses and tongues, check their sounds and smells, and prescribe appropriate formula. It is not only religious, but also medicinal. Does it just mimic Chinese medicine, or do the practitioners understand pulses as physicians do? How do we understand such cultural products at the crossroads of medicine and religion? This study revolves around these questions and their implication.

The principal target of this study is popular healing. A marketplace in which medicine and religion are joined together attracted me to this topic—to comprehend the diverse logic of local society pursuing health care, and to create a new perspective that could reveal the significance of the individual parts to the whole system.

Each person flows from situation to situation, improvising whatever gives them the best payoff in emotional energy. For instance, a woman without education can obtain a large fund of medical knowledge through orally transmitted information; a Daoist performing a ritual dance in the Inner Altar (*neitan* 内坛), when he is finished, also becomes a spectator with his family enjoying the public festival in the Temple courtyard. When one approaches local health care from this point of view, what attracts attention is not so much the communal customs of a great tradition—such as offering vast amounts of food and drink, burning paper money and incense, and entertainment at the “Universal Salvation” 普度 Festival—but rather culture that consists of the meanings, values, and practices that are shared by members of a society but that each uses in a unique way.

My attempt is not to organize these varied materials within an overarching theoretical framework but to interpret them, the social expressions that on their surface

are enigmatic, the reality. When Arthur Kleinman conducted his fieldwork in northern Taiwan during the period 1969–1970, he noticed that:

I found the empirical studies themselves to be confused and fragmented. They lacked discriminating theoretical frameworks and systematic methods. Even a shared problem-frame of questions considered worthy of systematic inquiry was missing. Nothing was available to integrate the different questions and research approaches abounding in this wide, unorganized, but extremely fascinating field.<sup>21</sup> (x)

If there is no intrinsic theoretical framework in existence among the people, why should we impose one and consider it unique? People rely on empirical evidence instead of definition and theory. Volker Scheid in his nuanced and thorough monograph on contemporary Chinese medicine has pointed out that the choice between systems depends on the patient's personal experience.<sup>22</sup> I have shown in the previous sections that the field data gathered from local societies generally are miscellaneous, fragmentary and often equivocal. This is because life is miscellaneous, fragmentary and often equivocal. Someone who gets sick, she considers all therapeutic options simultaneously. It is just not possible to insist on one therapy and dismiss all others for any given patient.

Moreover, in reality, the boundaries between different healing systems and their assigned functions are blurred. Very often we find that religious healing engages with herbal medicine, and Chinese medicine as popular knowledge incorporates religious beliefs and practices. It is not surprising that local practitioners mix different healing arts

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<sup>21</sup> Arthur Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry* (Berkeley: University of California Press, 1980), x.

<sup>22</sup> Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (Durham, NC: Duke University Press, 2002), especially see part 1, "Plurality and Synthesis: Toward a Multisited Ethnography of Chinese Medicine," 27-64.

simultaneously. They enforce power rather than theoretical rigor because people need, believe, and accept.

Popular healing is not a single and simple phenomenon, but a hybrid arrangement. From this point of view, this study portrays it as a chaotic system of health care placed along a horizontal axis between religion and medicine. At one end is the therapeutic use of drugs in religion and ritual; at the other is popular knowledge about Chinese medicine broadly used in local society; in the middle between the two is a heterogeneous set—I portray certain religious healing behaviors as copying that of traditional Chinese physicians and presenting a similar appearance. The tension among the three is characterized for the purposes of analysis. They are best conceived as overlapping or embedded sets. In many circumstances a member of one group becomes a member of another. In other words, it is eclectic, heterogeneous, transformed and deformed, and simulated or imitative—but it’s still a system.

In using of the term “popular religion,” I cite Nathan Sivin: “Forms of religious activity in which people of every social stratum took part, distinct in that sense from rites of worship by Buddhist and Daoist clergy, and the state’s religious activities.”<sup>23</sup> This study focuses on religious practices directly relevant to healing by means of herbal drugs or medicine, and intends to provide a view of lay health care as an integral part of a living society rather than merely as a catalog of customs. By “popular medicine,” I refer to therapy at the local level using herbal, mineral, and animal drugs. I exclude Traditional Chinese Medicine (TCM) in this study in order to avoid confusion. TCM was introduced

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<sup>23</sup> Nathan Sivin, *Health Care in Eleventh-Century China* (New York: Springer, 2015), 93.



into the West as an organized system of medicine compatible with modern science and technology by the Chinese Communist government in the 1950s.<sup>24</sup> When the Nationalist government retreated from the Mainland to Taiwan after 1949, officials and scholars maintain traditional medicine. Classical Chinese medicine practiced in Taiwan since Japanese colonization has differed from that of Mainland China, and the influence of that experience still is great today.<sup>25</sup> The relation of TCM and Western biomedicine, which has not been included in this discussion, is not binary opposition. The increasing cooperation between biomedicine and other systems of healing, despite the former's claim of hegemony, is an important aspect of health care in the present day.

In this study, the field materials of concern are both religious and medicinal. I have not included a discussion of previous studies because there are none. The field data resulting from the ubiquity of religious therapy in everyday life and from Chinese medicine as popular knowledge makes the question of whether a given material is religious or medical meaningless. I aim to demonstrate that scholarly attention worth paying to the hybrid characteristics of popular healing.

Some historical research has focused on religious healing and its therapeutic function in early China.<sup>26</sup> There are also some studies examining Chinese medicine in

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<sup>24</sup> For detail discussion, see Kim Taylor, *Chinese Medicine in Early Communist China, 1945–1964: Medicine of Revolution* (London: Routledge Cruzon, 2004) and Nathan Sivin, *Traditional Medicine in Contemporary China* (Ann Arbor: Center for Chinese Studies, University of Michigan, 1987), 3–36.

<sup>25</sup> See Chapter 2.

<sup>26</sup> Such as Michael Strickmann, *Chinese Magical Medicine* (Stanford: Stanford University Press, 2002); Edward Davis, *Society and the Supernatural in Song China* (Honolulu: University of Hawaii Press, 2001), Nathan Sivin, “Health Care and Daoism,” *Daoism: Religion, History and Society* 3 (2011): 1–16, and Lin Fushi 林富士, ed. *Zongjiao yu yiliao* 宗教與醫療 [Religions and Healing] (Taipei: Linking Publishing, 2011).

pre-modern times, looking at its emotional (or psychological) aspects as a kind of quasi religion or a supernatural practice.<sup>27</sup> A few scholars touch on the relationship between religion and medicine, such as Pierce Salguero and Michael Stanley-Baker.<sup>28</sup> The Institute of History and Philology at Academia Sinica has organized a Research Group for the History of Health and Healing 生命醫療史研究室, which has recruited scholars from different disciplines and endeavored to further the wider understanding of human societies and health care throughout the ages.<sup>29</sup>

All of these researches are aligned within historical China. I was inspired by some of their intelligent ideas and constructive discussions, although many of them are submerged in the dichotomy of religion and medicine. Nathan Sivin's *Health Care in Eleventh-Century China* is an important study concentrating on health care that I followed closely and with great interest. It comprehensively discusses medicine, religious institutions (Buddhism, Daoism and State religion), and popular religion in 11th century China, and emphasizes the interaction between them, showing that all the boundaries were blurred.

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<sup>27</sup> Donald J. Harper, *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts* (London & New York: Kegan Paul Intl., 1998), Vivienne Lo and Christopher Cullen eds., *Medieval Chinese Medicine: The Dunhuang Medical Manuscripts* (New York: Routledge Curzon, 2005), and T. J. Hinrichs and Linda L. Barners eds., *Chinese Medicine and Healing: An Illustrated History* (Cambridge, Mass.: The Belknap Press of Harvard University Press, 2013).

<sup>28</sup> Pierce Salguero investigates Buddhist monks practicing medicine in medieval China in his *Translating Buddhist Medicine in Medieval China* (Philadelphia: University of Pennsylvania Press, 2014). Michael Stanley-Baker, "Daoists and Doctors: The Role of Medicine in Six Dynasties Shangqing Daoism" (Ph.D. diss., University College London, 2013).

<sup>29</sup> The research group has published several compilations focusing on healing and its relationship with Chinese medicine and religion, such as Li Jianmin 李建民 ed., *Cong yiliao kan zhongguoshi 從醫療看中國史* [Medical Perspective on Chinese History] (Taipei: Linking Publishing, 2008), Tu Cheng-sheng 杜正勝 et al. eds., *New Perspectives on Chinese History: History of Health Care* (Taipei: Linking Publishing, 2015).

Anthropologists and historians focusing on medicine in Taiwan usually discuss aboriginal medicine, missionary medicine, Japanese colonial medicine (1895–1945) and Chinese medicine under Japanese colonialization, U.S. Aid medicine (1948–1971), new religious medical institutions, and contemporary issues of public health and hygiene policies, such as Taiwan National Health Insurance (NHI), AIDS, surrogacy and caesarean section or vaginal birth.<sup>30</sup>

Religious studies on Taiwan tend to concentrate on the origins and spread of the cults, as Randall Nadeau and Chang Hsun argue: “from David Jordan working in the 1960s to Paul Katz in the 1990s, the emphasis is the linkage of domestic and temple cults

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<sup>30</sup> For example, Chien Mei-ling’s 簡美玲 “Jibing xingwei de wenhua quanshi: Amis de yiliao tixi yu jiating jiankang wenhua” 疾病行為的文化詮釋: 阿美族的醫療體系與家庭健康文化 [The Cultural Interpretation of Illness: Health Care of Amis and its Family Health Culture] (1994) and Kaji Cihung’s 晷日羿·吉宏 “Taiyazu dong saidekequn chuantong yiliao gainian” 泰雅族東賽德克群傳統醫療概念 [Traditional Concepts of Medicine in the East Sedek Group of the Atayal Tribe] (2001) focus on aboriginal medicine and its relation with culture and society. Wang Wenji’s 王文基 article “Laibingyuan li de yixiangren: Dai Renshou yu Taiwan yiliao xuan jiao” 癩病園裡的異鄉人: 戴仁壽與台灣醫療宣教 [The Stranger in the Leprosy Sanatorium: Dai Renshou and Taiwan Missionary Medicine] (2003) has detailed discussion of missionary medicine in early Taiwan.

Japanese colonial medicine usually refers to tropical medicine and public hygiene measures in terms of imperialism, modernity and colonialism, see, for example, Li Shangren 李尚仁, *Diguo yu xiandai yixue* 帝國與現代醫學 [Empire and Modern Medicine] (2008) and Fan Yanqiu 范燕秋, “Yibing, yixue yu zhimin xiandaixing: rishi Taiwan yixueshi” 疫病, 醫學與殖民現代性: 日治台灣醫學史 [Epidemics, Medicine and Colonial Modernity: A History of Medicine During the Japanese Colonial Period] (2005). Classical Chinese medicine practiced in Taiwan during Japanese colonization has differed from that of China, see Lin, Zhaogeng 林昭庚 et al., *On the Evolution of Traditional Chinese Medicine in Taiwan Under Japanese Rule, 1895–1945* (2011) and Ye Yongwen 葉永文, “The Development and the Dilemma of Chinese Medicine During the Japanese Governance of Taiwan” (2007).

In the early post-Second World War era, U.S. aid played an important role in supporting the Taiwanese government in improving public hygiene and health, see Yang Tsui-hua 楊翠華, “U.S. Aid in the Formation of Health Planning and the Medical System in Taiwan” (2008). New religious medical institutions refer to a number of hospitals and medical centers founded by large religious organizations in postwar Taiwan. For instance, En Chu Kong Hospital 恩主公醫院 (Sanzia 三峽, Taipei) was founded by the Daoist temple *Xingtian Gong* 行天宮; Beigang Mazu Hospital 北港媽祖醫院 (Yunlin county; today’s China Medical University Beigang Hospital) was financed by one of the renowned Mazu Temples Beigang *Chaotian Gong* 北港朝天宮, and the Buddhist Tzu Chi 慈濟 medical network in Taiwan and abroad.

to their forebears on the mainland.”<sup>31</sup> These scholars’ focus is either to search for the social structure of community,<sup>32</sup> or to identify voluntary religious communities formed by its branch deities in terms of “worship circles” (*jisiquan* 祭祀圈) and “belief circles” (*xinyangquan* 信仰圈).<sup>33</sup>

Although some scholars have denoted different healing systems in the context of Taiwanese culture,<sup>34</sup> their interpretation is based largely on a dichotomy: biomedicine takes care of the acute, urgent quickly identifiable illness and injuries; while in the case of difficult-to-treat and chronic illness, patients rely on Chinese medicine; medicine treats physical disease, while religious healing takes care of spiritual or mental disease. A report published in the *New York Times* entitled “A doctor for disease; a shaman for the soul”<sup>35</sup>

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<sup>31</sup> Randall Nadeau and Chang Hsun, “Gods, Ghosts and Ancestors: Religious Studies and the Question of ‘Taiwanese identity,’” in *Religion in Modern Taiwan: Tradition and Innovation in a Changing Society*, eds. Philip Clart and Charles B. Jones (Honolulu: University of Hawaii Press, 2003), 295.

<sup>32</sup> Such as David Jordan, *Gods, Ghosts, and Ancestors: The Folk Religion in a Taiwanese Village* (Berkeley: University of California Press, 1972); Arthur Wolf ed. *Religion and Ritual in Chinese Society* (Stanford: Stanford University Press, 1974), Stephan Feuchtwang, *The Imperial Metaphor: Popular Religion in China* (New York: Routledge, 1992).

<sup>33</sup> See, for example, Okada Yuzuru 岡田謙, “Taiwan beibu cunluo zhi jisi fanwei” 台灣北部村落之祭祀範圍 [Religious Regions of Villages in Northern Taiwan], *Taiwan Wenwu* 台灣文物 9:4 (1960): 14–29; Lin, Meirong 林美容, “Cong jisiquan dao xinyangquan: Taiwan minjian shehui de diyu goucheng yu fazhan” 從祭祀圈到信仰圈: 臺灣民間社會的地域構成與發展 [From Religious Circles to Belief Circles: Geographic Composition and Development of Popular Society in Taiwan], in *Collection of the 3<sup>rd</sup> Conference on the History of Chinese Ocean Development*. 第三屆中國海洋發展史研討會論文集, ed. Zhang Yanxian 張炎憲 (Taipei: Academia Sinica, 1988), 95–125, and Chang Hsun 張珣, “Dapo quanquan: cong jisiquan dao hou jisiquan” 打破圈圈: 從「祭祀圈」到「後祭祀圈」 [Breaking the Spheres: From Religious Sphere to Post-religious Sphere], in *New Perspective and New Thoughts on the Studies of Chinese Indigenous Religion* 台灣本土宗教研究的新視野和新思維, ed. Zhang Xun and Jiang Canteng 江燦騰 (Taipei: Nantian, 2003), 63–107.

<sup>34</sup> Such as Arthur Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry* (Berkeley: University of California Press, 1980) and Chang Hsun 張珣, *Jibing yu wenhua: Taiwan minjian yiliao renleixue yanjiu lunji* 疾病與文化: 台灣民間醫療人類學研究論集 [Disease and Culture: A Collection of Essays on the Study of Medical Anthropology in Taiwan] (Taipei: Daw Shiang, 1989).

<sup>35</sup> *New York Times*, September 19, 2009.

sums up this overly simplistic scheme.

To cross the academic dichotomy between religion and medicine, and to describe the living culture, this study brings the often-overlooked role of lay people to the forefront, and ask how they receive, perceive, and spread, and in turn set in motion the processes of health care. It does not catalogue religious rites, cults or customs of a village; rather, it sees both religion and medicine as cultural products. That is, as made and consumed by the culture, and as a means through which the culture re-produces itself, its values, and its world-views. I reveal my theoretical assumptions because many of them are unintelligible without the data from which they are derived, and because many of the data are confusing without immediate interpretation.

Chapter 1 starts with responding to Arthur Kleinman's theoretical framework and analysis of health care systems in Taiwan, and expounds on certain questions that Kleinman has hinted at but neglected to present in any detail. This chapter also illustrates a story of a Taiwanese local gentleman, describes his experience of treating an eye disease with various healing methods, and argues that for most people, present or past, all treatments are respected. Their boundaries are blurred.

Chapter 2 turns to popular religion and popular medicine. This chapter examines each characteristic and development in the cultural context of Taiwan. Both are parts of most people's everyday life, rooted in their experience, growing from their effect of popular accumulation of knowledge.

Chapter 3 discusses many examples of healing using herbal remedies and drugs in temples, including divination sticks and their corresponding formulas, and drugstores affiliated with temples. Chapter 4 focuses on the role of spiritual mediums in health care.

It gives a case study of such possessed healers. Chapter 5 discusses *yaochan* 藥懺 (“medical repentance”) in both popular religion and Daoism, which uses drugs and medicines to help someone who died of disease to recover or have a better rebirth.

By analyzing these materials, this study aims to contribute to a better understanding of popular healing and its relation with culture. Local healers compete for prestige and income, and mix different healing arts to enforce power. Their work is a hybrid at the crossroads of religion and medicine.

## CHAPTER 1

### HEALING AND HEALTH CARE: A LIFE STYLE

Responding to Arthur Kleinman's theoretical framework and analysis of health care systems, this chapter expounds on certain viewpoints that Kleinman has hinted at but did not present in detail. A more pluralized picture will be presented, which fits my field observations. The stories contained in the diary of a member of the local gentry, Zhang Lijun 張麗俊 (1868-1941) of Taichung county, describing his experience of having an eye disease treated with various healing methods, can explain the overall hybrid.

#### **The Terms “Religion,” “Medicine” and “Healing”**

Before starting, it is important to clarify the terms “religion,” “medicine” and “healing.” Anthropologists and health professionals are accustomed to seeking a holistic, relativistic, and cross-cultural perspective of health care systems. The most basic distinction they make is between biomedicine and non-biomedicine (variously called ethnomedicine, alternative medicine, traditional medicine or indigenous medicine. A terminological wavering reflects a deeper uncertainty). Biomedicine is powerful and dominant; it is based on a rigorous and impartial scientific investigation of the natural world, treating all kinds of diseases and injuries. Non-biomedicine is based on common belief.

The English word “medicine” is not a precise term, but a general one. The Oxford Dictionary gives three definitions: (1) the science or practice of the diagnosis, treatment, and prevention of disease; (2) a drug or other preparation for the treatment or prevention

of disease; and (3) a spell, charm, or fetish believed to have healing, protective, or other power. Just as these types of knowledge are all “medicine” in the English-speaking world, in any culture the word “healing” deals with health, the body, illness, cause, prevention, diagnosis and treatment. All of these also are “medicine.”

In recent years, scholars have become interested in studying spirituality and religious healing. They believe that healing is a crucial function of every religious tradition, which dominates spiritual lives and contributes to wellness. Many of them also argue that religious healing involves the construction of a sacred reality, which is at the same time a clinical reality, for the healing of illness. In this sense, the fundamental meaning of “healing” is recovery of wholeness, which spiritual liberation, and physical and mental health all involve.<sup>36</sup>

Because of the general use and the expanded concepts of “medicine” and “healing,” a description such as “religion is healing for the soul when such medicine is needed” remains vague and obscure jargon. It is true that the goals of medicine and religion intersect. Both of them serve the purpose of helping individuals with transitions through the stages of living and dying. They share the aim of remedying human suffering.

To avoid confusion, and to be more exact in what I discuss, I quote Linda L.

Barnes’s distinction between medicine and healing:

In general, I intentionally avoid the term “medicine” and use “healing” instead, because the former sometimes intersects so uneasily with “religion,” and it tends to prompt associations and/or comparisons with biomedicine. Healing, on the other hand, allows for everything from the more erudite elite practices to

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<sup>36</sup> Etymologists have also explained that the words “soteriology” and “savior” are derived from the Latin verb *salvāre*, and the Indo-European root *sol-* (variant *sal-*) meaning “to make whole.” This also is the literal meaning of the Old English verbal root *hāl*, the origin of the word “heal.” See Gregory P. Fields, *Religious Therapeutics: Body and Health in Yoga, Ayurveda, and Tantra* (NY: State University of New York Press, 2001), 2-6.



talismans nailed to the door. It can include gods, goddesses, demons, and ghosts, as well as teleological and soteriological kinds of questions.”<sup>37</sup>

In this study, I do not use “medicine” to refer to religious healing. I use it to refer only to Chinese medicine, at higher or local level. I use “healing” to refer to any therapy, religious or medicinal. I will specify when discussing biomedicine (modern medicine) and TCM (traditional Chinese medicine). In contemporary Taiwan, the latter has become “biomedicalized” and differs from pre-modern Chinese medicine.<sup>38</sup>

### **The Supplements to Kleinman’s Frameworks**

Arthur Kleinman, a psychiatrist and medical anthropologist, has published extensively on illness, psychiatry, and public health care systems with particular attention on China and Taiwan. His influential work, *Patients and Healers in the Context of Culture*,<sup>39</sup> based on his fieldwork conducted in Taiwan between 1969 and 1978, has been embraced by international public health research and has become standard in the field.

A range of scholars, working from different perspectives, have discussed and borne tribute to his three “sectors” (or “social arenas”) of the structure of the society within which sickness is experienced and reacted to: the popular, the folk, and the professional.

(Figure 1)

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<sup>37</sup> Linda L. Barnes, “Teaching the History of Chinese Healing Traditions,” in *Religion and Healing*, eds. Linda L. Barnes and Ines M. Talamantez (Oxford: Oxford University Press, 2006), 98.

<sup>38</sup> More detail will be discussed in Chapter 2.

<sup>39</sup> Arthur Kleinman, *Patients and Healers in the Context of Culture*.

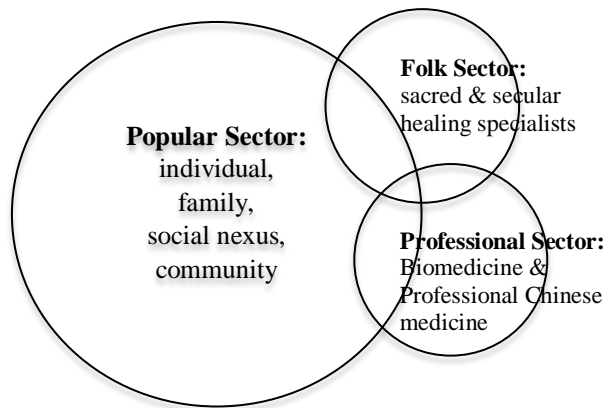


Figure 1 Kleinman's Health Care System: Internal Structure

The popular sector comprises the family care, the social network and community activities. It is:

as a matrix containing several levels: individual, family, social network, and community beliefs and activities. It is the lay, non-professional, non-specialist, popular culture arena in which illness is first defined and health care activities initiated.<sup>40</sup>

People make decisions regarding when to seek aid, whom to consult, and whether to comply along with most lay evaluations of the efficacy of treatment. Kleinman stated that in both Western and non-Western societies approximately 70% to 90% of sickness is managed solely within this domain.

The professional sector refers to simply modern scientific medicine, which “consists of professional scientific medicine and professionalized indigenous healing traditions (e.g., Chinese, Ayurvedic, Yunani, and chiropractic).”<sup>41</sup> The folk sector is composed of

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<sup>40</sup> Ibid, 50.

<sup>41</sup> Ibid, 53-59.

non-professional healing specialists. They are classified into sacred and secular parts, including not only religious healing but also herbalism, traditional surgical and manipulative treatments, special systems of exercise and symbolic non-sacred healing.

The division is often blurred in practice and the two usually overlap:

Folk medicine is a mixture of many different components; some are closely related to the professional sector, but most are related to the popular sector. In those societies lacking professionalization, the folk sector and the popular sector constitute the entire health care system.<sup>42</sup>

Kleinman concludes that the three sectors primarily interact because patients pass between them. The boundary lines between sectors function “as points of entrance and exit for patients who follow the trajectories of their illness through the intricacies of the health care system.”<sup>43</sup>

Kleinman’s framework is empirically adequate to explain the actual health care system in Taiwan. Nevertheless, there are some points worth stressing and supplementing. First of all, Chinese medicine in Taiwan is categorized into TCM and non-TCM. The former refers to professionals who must graduate from medical schools with standard curricula, passed the national examinations and obtained proper licenses. They are what people call *zhongyi* 中醫 (TCM Chinese medicine) or *zhongyishi* 中醫師 (TCM Chinese medicine physicians) in contemporary Taiwan. Because of the complexity and subtlety of the knowledge and skill required, and the consequent length and intensity of training, TCM is scientific-oriented, biomedicalized like modern medicine.

The latter refers to the Chinese medicine practitioners unlicensed. I use “popular

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<sup>42</sup> Ibid, 59.

<sup>43</sup> Ibid, 60.

Chinese medicine” to refer to them all. They are trained in a family tradition or a master-apprentice model of learning. They are “popular” not due to their lack of skill, but because they do not attend modern medical school.

The development of Chinese medicine in Taiwan is historical and political, which should not be dismissed or simply regarded as “folk.” Popular Chinese medicine is fairly widespread. It ties up with popular religion and rooted in everyday life. The intertwining of popular religion and popular medicine greatly affects health care of common people. (The details will be discussed in Chapter 2)

During my fieldwork, I have observed that popular religion and popular medicine are parts of the collective memory of Taiwan, rooted in people’s experience, growing from the effect of popular accumulation of knowledge. They are bound together. It is certain that there are some local specialists devoted to ritual or Chinese medicine; there are also many people who are quackery, know little about healing. That just shows that all the boundary lines are blurred.

Because of the blurred boundaries, anyone can do what he or she wants. People translate other healing skills into their own language: a religious healer prescribes formulas, and a traditional pharmacist is also a spiritual medium. In southwestern Taiwan, treatments and traditions often are hybrid in form, and sometimes difficult to identify. My initial primary conceptual framework of health care in Taiwan can be drawn as Figure 2:

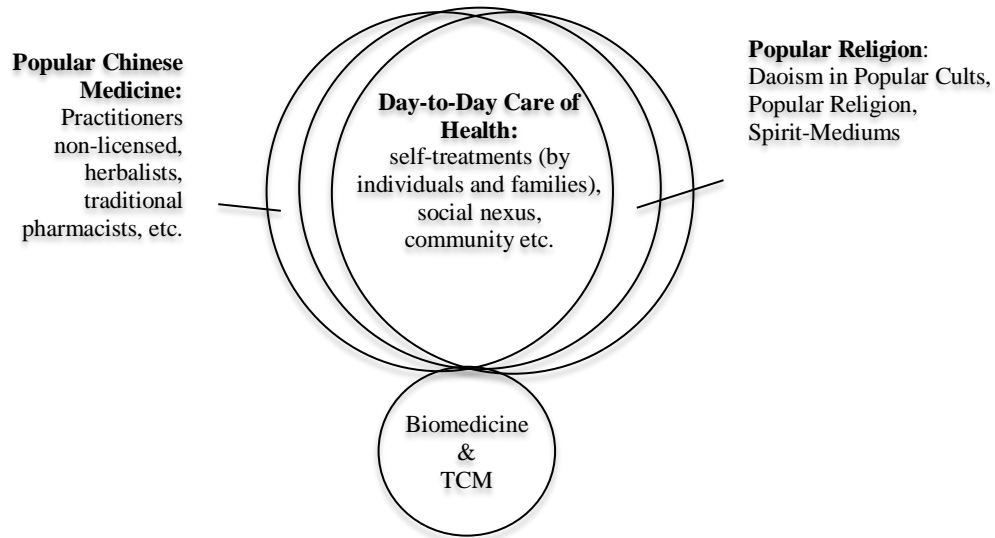


Figure 2 Health Care in Contemporary Taiwan (based on the fieldwork between 2014-2016)

The second point, related to the first, is about “common people.” Kleinman and his colleagues have developed and contributed to the “explanatory models” (Ems),<sup>44</sup> which are used to explain help-seeking behaviors and cultural construction of clinical reality. He suggests a set of questions to elicit the patient’s explanatory model, such as:<sup>45</sup>

- (1) What do you think has caused your problem?
- (2) Why do you think it started when it did?
- (3) What do you think your sickness does to you? How does it work?
- (4) How severe is your sickness? Will it have a short or long course?
- (5) What kind of treatment do you think you should receive?

<sup>44</sup> Kleinman’s explanatory models are based on the conceptual distinction between disease and illness: illness is the patients’ subjective view or experience of their health, while disease is the health care professional’s biomedical understanding of the same problem. (1980, 15) the explanatory models include patient’s model, doctor’s model, comparison of models and negotiation of shared models. See Arthur Kleinman, *Patients and Healers in the Context of Culture*, 105-110 and Arthur Kleinman et al., “Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross Cultural Research,” *Annals of Internal Medicine* 88 (1978): 251-258.

<sup>45</sup> Arthur Kleinman et al., “Culture, Illness, and Care,” 256.

However, I have noticed that a patient's role is not his primary job, and it is not learned in the way a doctor learns his profession. During my fieldwork, I often asked my interviewees Kleinman's question: "What do you think has caused your problem?" Most interviewees, including not only the elderly, farmers and laymen, but also high-school-educated, college-educated and middle-class people, could not respond.

They barely had considered the etiology or cause of their illness; they rarely attempt to interpret or understand their disease. Rather than intellectual considerations, lay people chose their health care provider on the basis of online reviews, advertisements on television or in other media, or the recommendations of friends or neighbors who "liked Dr. X so much." They simply wanted to get well and hence would try any measures offered by the providers.

The story contained in the diary of Zhang Lijun 張麗俊 (1868-1941) well explains that diversity. It provides the viewpoint on health care from the perspective of a member of the local gentry. It tells how Zhang was treated for an eye disease, and how he felt about having the disease. It gives us a glimpse inside the discursive practice of everyday life. The next section contains a lengthy discussion of the story.

### **A Picture of Health Care in Early Taiwan**

Zhang Lijun's diary, *Shuizhujū zhuren riji* 水竹居主人日記 ("The Diary of the Owner of the Aqua Bamboo Hut"),<sup>46</sup> covering the period between 1906 and 1937, is a window into his life. Zhang was born in 1868 in Huludun 葫蘆墩 district, Taichung

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<sup>46</sup> Zhang Lijun 張麗俊, *The Diary of the Owner of the Aqua Bamboo Hut* 水竹居主人日記 (Taipei: Institute of Modern History, Academia Sinica, 2000).

County. He was a neighborhood leader in the *baojia* 保甲 collective responsibility system,<sup>47</sup> and a core member of the Oak Poetry Society 櫟社.<sup>48</sup> He also served as chairman of the league of the nineteen *bao* 保 (“neighborhood”) of Huludun district, a member of the Fengyuan Street Council, the permanent director of three local credit unions, the manager of the *Ciji gong* 慈濟宮 (“Temple Palace for Compassion and Aiding”), and so on. In his spare time, he taught classical Chinese composition writing at a night school. Zhang was involved deeply in local affairs and contributed to neighborhood administration.

Zhang wrote in his diary, started on March 20, 1909 (Jap. Meiji 42) about his experience of having an eye disease treated with various healing methods. He said, “after dinner and a bath, I felt a sudden pain in my left eye, as if some foreign matter had fallen into it. The situation got worse as night deepened. I tossed and turned, sleepless, all night” 飯畢浴罷，左眼忽然起疔，夜愈深而疔愈甚，左翻右覆，寢不成寐。（159）

In the early morning of the next day, his eye became worse. He asked his family to scrutinize the eye and sought help from a relative, but the effort was ineffective :

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<sup>47</sup> The Japanese administration continued to employ the traditional Chinese *Baojia* system 保甲系統 to help suppress crime and dissent. It was a neighborhood organization as a supplementary police control in the context of Japan’s colonial rule in Taiwan. The head of the system, called *baozheng* 保正, had responsibility for over a group of households, like today’s manager of the civil administration of a village or a neighborhood. For detailed discussion about this system, see Tsai Hui-yu 蔡慧玉, “One Kind of Control: The Hokō System in Taiwan under Japanese Rule, 1895-1945” (Ph.D. diss., Columbia University, 1990), and Denny Roy, *Taiwan: A Political History* (Ithaca: Cornell University Press, 2003), 36-45.

<sup>48</sup> The Oak Poetry Society, found in 1902, was one of the most important literature and poetry organizations of Taiwan during the period of Japanese. It played an important role in connecting Taiwanese literati and the Japanese ruling class. See Liao Chen-fu 廖振富, “Two Traditional Poetic Organizations in Taiwan in Twentieth Century: The Comparison and Contrast Between ‘Li’ and ‘Ying’” 百年風騷，誰主浮沉？二十世紀台灣兩大傳統詩社：櫟社、瀛社之對照觀察, *Journal of Taiwan Literary Studies* 9 (2009): 205-248.

[March 21] . . . I woke up in the early morning and asked my family to inspect my left eye. The eye socket was swollen, and the eye was full of red veins. I could not rest, whether sitting or lying down. Everyone said it was “flying wires” [*feisi* 飛絲], which is why the symptoms were acute. We thus called Cousin Mei at Dun Street to “remove the flying wires” [*qifeisi* 起飛絲], but it did not work. We tried different treatments, but no medicine was effective. All my family was terrified.

晴天。清晨早起，令人視察左眼，則眼眶浮腫，眼內紅根罩滿，坐臥不安。人咸謂係著飛絲故如此其急，遂請墩街美姐來起飛絲，依然罔效。又多方治療，藥石俱是無靈，舉家甚是惶恐焉。(159)

Zhang’s family claimed that the eye disease was “flying wires,” which has been described in many Chinese medical classics,<sup>49</sup> and the methods of removal (called *qifeisi* 起飛絲) are various, such as cover the eyes with a piece of new cloth and rubbing *qicao* 蠚蟥 (larvae of scarab beetle) on top of the cloth;<sup>50</sup> crush Chinese cabbage, wrap it in a handkerchief, and squeeze 2-3 drops into the eyes;<sup>51</sup> drip dandruff into the eyes; drip the sap of cudrania trees into the eyes and then use a chopstick bound with cotton at the top, moistened in water to wipe away the eye-discharge toxin from around the eyes; and pound and smash hempseeds (*fructus cannabis*), mix with well water, and then put the

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<sup>49</sup> For example, Fu Renyu’s 傅仁宇 *Shenshi yaohan* 審視瑤函 (“Precious Classic on Careful Examination [in Ophthalmology],” 1644 A.D.), juan 6, describes the symptom of the disease “flying wires in the eyes” 飛絲入目: “due to carelessness, occasionally the eyes are invaded by wires. When this happens, the eye suddenly becomes swollen, watery, and the vision becomes blurred. The eyes are sensitive to light and tears feel like hot water. The head and the eyeballs are terribly painful.” 偶被游絲入目，皆緣沒意提防，模糊睜子淚如湯，澀急壅瘀腫脹，那更羞明怕熱，頭疼珠痛難當 (Taipei: Wuzhou, 1984), 249. There are many other sources.

<sup>50</sup> Sun Simiao 孫思邈, *Qianjin fang* 千金方 (“Formulas Worth a Thousand in Gold,” 625 A.D.), juan 6 (Beijing: Renmin weisheng chubanshe, 1997), 212-213.

<sup>51</sup> Chen Jie 陳杰, *Huisheng ji* 回生集 (“Collection of Formulas for Bringing Back to Life,” 1789 A.D.) (Beijing: Zhongguo guji chubanshe, 1992), 5.



tongue in the water.<sup>52</sup>

It seems the disease was common and easily diagnosed, but Zhang did not tell us what method he was treated with, or whether his cousin Mei was a doctor. Since the ingredients of the procedures are easily obtainable, and the process is simple and quick, it seems that people can “remove the flying wires” without sophisticated knowledge or skill.

But the eye pain was unchanged, so Zhang turned to two Chinese physicians for help:

[March 22] . . . My eye still hurt. We asked a Chinese medicine physician, Lin Xiulin, to examine me. He wrote a prescription but it was not effective. I could only lie in bed all day.

眼疾依然，請醫生林秀麟來診察，處方依然罔效，終日只臥床舖。

[March 24] . . . The eye disease is unchanged. We invited [the Chinese medicine physician] Liu Guobiao, to examine my eye. I took the medicines he prescribed, but all were ineffective.

眼疾依然，請劉國標來診視，處方服藥俱是無靈。(160)

Zhang’s eye pain got worse every day. The Chinese physicians were shocked at the ineffectiveness of all the treatments. People urged Zhang to go to a “public doctor” 公

醫。<sup>53</sup>

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<sup>52</sup> These three formulas are described in Ni Weide’s 倪維德 *Yuanji qiwei* 原機啟微 (“Revealing the Subtleties of the Causes and Mechanisms [of Disease]”), 1368-1377 A.D., juan 6, “Various Causes” 諸因 (Taipei: Xinwenfeng, 1987), 98-99.

<sup>53</sup> The public doctor system in Taiwan was founded by Goto Shinpei 後藤新平, the head of the civilian affairs of Taiwan under Japanese rule. It was used to spread modern medical care throughout Taiwan. The public doctors not only took care of the inhabitants but also cooperated with the police for censorship and improvement of environmental hygiene. for more details about the public doctor system in colonial Taiwan, see Suzuki Tetsuzou 鈴木哲造, “The Opening of Sanitary Policies in Early Japanese Taiwan: From the Public Health Physician Reports,” *Bulletin of Historical Research, National Taiwan Normal University* 臺灣師大歷史學報 37 (2007): 143-180; and Fan Yen-chiou 范燕秋, “Rizhi qianqi Taiwan gonggong weisheng zhi xingcheng 1895-1920” 日治前期臺灣公共衛生之形成

[March 27] . . . The pain in my eye was more severe. A circle of white encircled the pupil of the eye. I again asked the Chinese medicine physician Liu Guobiao to come and examine me. He was astonished: "I am prescribing liuweijia [six ingredients modified formula] for you again. Take it today. If it does not work, please go to see a public doctor."

眼痛更劇，瞳精圍一白圈，再請劉國標來診視，驚曰：今再服一方六味加，如不效可就公醫診視焉。

After noon, the police officer Mr. Yugeu 弓削氏 came to take the papers for Baojia and the agency fee for published news. He saw my eye, said it was dangerous and that I should go to see a public doctor immediately.

午后，巡查弓削氏來取保甲用紙並新聞代金，見予眼痛，則曰眼疾危險，急宜往公醫治療焉。

At the same time, I received a letter from my friend Bingxiu 炳修, in which he explained to me: "from the perspective of Western medicine, eye pain is a disease caused by external factors. Washing and applying medicine to the eyes often bring good results. Taking too much Chinese medicine may make the body cold, and the spleen and stomach may be hurt. Why not just go to the public hospital, and [have them] wash and apply medicine to the eye?"

並接炳修君來書云，眼痛據西醫言係外感，每以敷洗見功，若多服漢藥，清涼恐傷脾胃反為不美，曷若就公醫處敷洗可也。(160-161)

Hearing suggestions, Zhang was deeply convinced. He therefore went to Baoshun Hospital with his son Qinglian. The public doctor Tsuzi Kanzou 辻貫造 washed his eye and applied medicine to it. But his was painful. He went to the hospital twice, and felt that the public doctor seemed to be confused about the diagnosis.

The Western medicine had not resolved his problem. Zhang's relatives started to look for helpers outside the neighborhood who might be able to help Zhang find out what was really wrong with his eye:

[March 29]. . . Bingxiu's mother went to Wayaozai Village and asked Lin Fengyuan [local gentry] to check my eye disease, but he gave an excuse. She turned to Lin's young brother Lin Qihui. They arrived in the late afternoon. He

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1895-1920 [Taiwan's Public Health and Hygiene in the Early Japanese Colonial Period, 1895-1920], *Thought and Words: Journal of the Humanities and Social Sciences* 思與言 33, no. 2 (1995), 215-258.

examined my eye and said it was the disease of *shuixia yingri*. I took the medicine he prescribed. After dinner, he went to Bingxiu's house and stayed the night there.

炳修君庶母往瓦礫仔村請林逢源來診視眼疾，他辭。乃請其弟林奇輝，傍晚乃至。視曰眼疾係水蝦映日之症，遂處方服焉。晚飯畢，他遂往炳修家住宿。(161)

Lin Qihui was a Chinese literati physician (educated elite studying the Chinese medical classics as part of his general education). His diagnosis, “*shuixia yingri*” 水蝦映日, cannot be identified in any Chinese medical text. The early Chinese medical classic on ophthalmology, *Yinhai jingwei* 銀海精微 (“Essentials from the Silver Sea”) contained a description of “*hongxia yingri*” 紅霞映日, which refers to red, dry, swollen eyes.<sup>54</sup> “*Shuixia*” 水蝦 may be Zhang's scribal error or Lin's incorrect memory.

It was not easy to travel, so the Zhang family usually hosted a party for him. Lin came to check Zhang's eye often, and even introduced a geomancer to him. The pain was unchanged.

After carrying out Lin's treatments several times but without success, Zhang turned to another Chinese physician, Gao Mayuan, who lived further in the Dajia region, about 30 kilometers away from the Huludun district.

[April 2] Struggled with the eye disease. No medicine was working. Lin Qihui came to see me again, but I remained quite worried. I am afraid the eye will not be able to see the light again. I asked brother Jiali to go to Eastern Dajia and invited the Chinese medical physician Gao Mayuan, a specialist in ophthalmology, to come to me. They arrived in the evening. Gao prescribed a formula brighten eyes and promote the flow of *qi*. I drank the medicine, but felt

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<sup>54</sup> *Yinhai jingwei* 銀海精微, author unknown, 1368-1644, in *Qinding siku quanshu* 欽定四庫全書, zi bu 子部, juan xia 卷下, first symptom “*Hongxia ying'ri*” 紅霞映日: “People asked: the eyes become red, dry, swollen, painful; the pupil is covered by a red film, watery as red clouds reflecting the sun's light. What is it?” 問曰: 人之患眼赤澀腫痛, 年深有紅翳於烏睛上, 濃淚如紅霞映日者何也?” (Beijing: Beijing chubanshe, 2005), 2.

just the same...

眼疾纏綿，藥石無靈，林奇輝仍來診視，但予心甚憂，恐此眼不能再見天日。又煩家禮兄往大甲東請專治眼科醫生高媽愿，傍晚乃至，施一劑目明流氣，飲服之似乎平平。(161-163)

The formula “*muming liuqi yin*” 目明流氣飲 can be found in *Taiping huimin heji jufang* 太平惠民和劑局方 (“Beneficial Formulas From the Taiping Imperial Pharmacy;” 1151 A.D.),<sup>55</sup> which was used to treat the insufficient *qi* in the liver circulation that permits the viscera to be attacked by wind-heat 肝經不足內受風熱上攻. Zhang felt no better after drinking the medicine.

On the next day, a tonic soup was prepared for him, in which Korean ginseng was stewed with the Four Agents Decoction. We have no idea whether Zhang’s family suggested the soup, but it seemed to be working. The eye socket was black and sunken. His temples hurt, but the white opacity was dissipated slightly.

Zhang’s friend Lin Shixin 林式新, also a Chinese medical doctor, came to visit him and examined his eye. Lin suggested that Zhang should stop taking the *yin* medicine, which would result in the eye getting darker and more sunken. He prescribed a new formula.

Zhang consulted Doctor Gao, showed him the formula and inquired about his opinion. Gao just smiled without providing any answer. It seemed that he disagreed, so Zhang put it away.

Zhang’s family wanted Doctor Gao to remain longer because “many local people with eye troubles came to see him” 此處之人來請媽愿先視眼疾者多矣。(165) Ten

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<sup>55</sup> *Taiping huimin heji jufang* 太平惠民和劑局方, 1151 A.D., in *Siku quanshu* 欽定四庫全書, zhi bu 子部, juan 7 (Beijing: Beijing chubanshe, 2005), 6-7.

days later, Gao had to leave. He had designed several formulas beforehand, and encouraged Zhang: “take these formulas one after another, fully relax, and you will get back your health soon.” (165)

However, the state of the eye remains the same; day after day, it was not getting better. As the Buddha of Chenping Village 陳平庄 visited Zhang’s village, Zhang’s wife and his sister-in-law went to pray and invited the Buddha [statue], with its healing power, into Zhang’s home for the ritual of averting calamities 禳災 in the evening. The ritual continued for two days. Meanwhile, Zhang took Doctor Gao’s another formula, *zhengan fang* 鎮肝方 (“the formula for sedating the liver”), and felt a little bit better for about a week.

Although his red eye was better, the white opacity and black eye socket remained. He wrote a letter to Doctor Gao and asked him to come and check his eye again. Doctor Gao went back and forth between the two towns. Zhang’s eye felt good at times, but bad at other times.

Worse was yet to come. In May, the pain returned. Zhang had been unable to transact business. His son took over all the *baojia* affairs. Zhang started reviewing the Chinese medical knowledge that he had studied earlier; he discussed these with Doctor Gao. Zhang said, “I have heard that according to the medical book, prescribing medicine is like commanding military troops. It is really true!” 聞醫書云用藥如用兵，此語誠乎哉。 (170)<sup>56</sup>

It was a war, he claimed. When a face-off occurred, each team stayed on the

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<sup>56</sup> This refers to a famous essay by Xu Dachun 徐大椿 in *Yixue yuanliu lun* 醫學源流論 (“Topical Discussions of the History of Medicine,” 1757 A.D.), 185-86.

sidelines, waiting and estimating the enemy's strength. When one side attacked, the other would order stronger troops to respond. Eventually, an even stronger military force was needed, or else the fortress would be overrun. Zhang believed this was equally true of his eye trouble. From this point of view, he asked for stronger medicine, but Doctor Gao smiled and rejected his request.

His doctor friend Lin Shixin came to comfort him. Lin discussed his point of view on the disease as well as his theory of balancing the visceral systems of functions 臟腑 organs. Lin replied:

[May 5]. . . I don't understand your eye pain, however, according to your pulse, a static fire is in your liver. Liver is wood [in the five phrases]. Static wood blocks the circulation, causing your black eye socket and induce the white opacity. I believe we should promote yang in order to strengthen the liver wood. Here is the formula, zhiji er'chen tang ("Two matured ingredients decoction plus bitter orange and platycodon"). You can try it.  
君之眼痛，僕雖未諳，君之脈係鬱火在肝，肝主木，木鬱不能條暢，故致眼  
眶黑陷，根翳難開。自吾思之，宜昇陽以暢肝木。僕擬一方曰只 [枳] 吉 [桔]  
二陳 [湯]，君試服之。(171)

The next day, Doctor Lin examined the eye, and added ephedra 麻黃 and asarum 細辛 into the medicine to make up his prescription 加減方. Zhang was surprised, because Doctor Gao said these two might cause danger and shouldn't take them. Lin asked to just give it a try.

Zhang's brother invited a Daoist ritual master from the Shekou 社口 region (about 5 kilometers away) to conduct a ritual to promote wealth and good fortune. The ritual master performed the ritual, "Submitting [paper] Treasury Money and Supplementing One's Fate," 進錢 for the whole family. (172)

Zhang consulted yet another doctor, Xiong Rong 熊容, but nothing changed. People

had heard from somewhere that egg yolk would make the patient's lunch more nutritious, and this was especially helpful for eye trouble. Friends and relatives brought him eggs. Zhang eventually received hundreds of eggs.

Two weeks later, Zhang accompanied Uncle Chaojun 朝君 and went to pray for a formula prescribed by the dead Liao Fu's 廖福 spirit for eye disease. This would be the ritual of summoning the spirit of the dead back. Through the use of mediums, living people can talk and receive messages from the dead. This practice has been immensely popular in Taiwan for centuries.

Zhang went on taking medicine from Doctor Lin, as he considered Lin's treatment more effective than others. Another day, Doctor Lin modified the principal recipe *wumei wan* 烏梅丸 (“mume pill”)<sup>57</sup> with *xiaoyao san* 逍遙散 (“Free Wanderer Powder”).<sup>58</sup> This greatly improved the control of the disease.

After two months of treatment in early June, the Zhang's eye trouble was eliminated completely. Zhang documented the entire healing processes, with all details included, from the moment he felt uncomfortable to the time his eye was healed. He sent his documentation to Doctor Gao, because Zhang hoped it could prove useful in treating other patients.

During his period of suffering, Zhang had been treated by over thirteen kinds of therapies, including Chinese medicine, modern medicine (public doctor), family and community care, pre-modern technology (geomancy and divination), religious healing (a

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<sup>57</sup> The recipe first was documented in Zhang Zhongjing 張仲景, *Shanghan zabing lun* 傷寒雜病論 (“Treatise on Cold Damage and Miscellaneous Disease,” 200-210 A.D.), juan 3 (Hebei: Kexue jishu chubanshe, 1994), 23.

<sup>58</sup> This recipe originated from *Taiping huimin heji jufang* 太平惠民和劑局方, juan 9, 287.

charismatic Buddha image and its power, the soul of a dead person, and the Daoist ritual). It is certain that he sought aid from various healers, instead of choosing or intellectually agreeing with any healing system.

Volker Scheid has explained that the choice between systems depends on the patient's experience.<sup>59</sup> A patient's knowledge of illness is determined by what turns to be effective in treating his ailment and relieving his pain. In his diary, Zhang gave the details of the last formula, the only one that had a positive effect, prescribed by his doctor friend Lin Shixin: how he learned about the features of the herbs in the formula he was prescribed, the imbalance of *yin* and *yang* in his body and how heat and cold disorder affected his organs. (186-187) Likewise, I imagine, if it had been the Buddha who had cured him, he would have included a lengthy description of its healing.

Looking for effective medical treatment therefore became an adventure. A patient would try one thing and then other, again and again, one after another until the problem was resolved. It is not an either/or choice. There was no hierarchy or authority superior to the body of the sufferer. Medical anthropologists remind us that health is not a purely physical matter, nor is the healthy or unhealthy body a purely physical object. It is a cultural, social, religious, traditional, intellectual, and technical hybrid. Zhang's story exemplifies the hybrid.

Zhang was a literate, minor official, able to think complex thoughts. Many people today would not be able to analyze relevant social customs, or to develop his or her own health plan. They more likely just want to get healthy again and get back to work.

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<sup>59</sup> Volker Scheid, *Chinese Medicine in Contemporary China*.



## Conclusion

Illness, pain and death are universal human experiences. Healing is lifelong and concerns us all. Health care is about healing in all its various forms. Different healing services are not used to the exclusion of each other, but in a complementary way.

As Roberta E. Bivins has pointed out, no medicine can be “alternative” until orthodoxy has been established,<sup>60</sup> let alone in the early twentieth century China, biomedicine was alternative medicine. In contemporary Taiwan and elsewhere, modern hospitals often provide spiritual care to patients that need it. For example, the hospital where my father stayed has a Buddha Hall on eighth floor, a Christian chapel on seventh floor, and a Muslim prayer room on sixth floor.

Pluralism and synthesis form the core of health care. Kleinman’s sophisticated analyses of health care systems in Taiwan have shed light on the cultural aspects of the relationship between patients and healers. This study intends to portray a more ambiguous social reality—popular healers often across the healing spectrum in each of the systems, and the systems themselves are often hybrid.

In his epic *The Social System* (1951), sociologist Talcott Parsons brought the role of “common sense” to the forefront in discussing its function in the social structure and dynamic healing practices of modern medicine. This study, with an analogous ambition, seeks a language to describe the common sense at the center of popular healing and popular health care. It is like the last dish of Taiwan’s unique roadside banquets, caiweitang 菜尾湯 (“Taiwanese ribollita”), where all the leftovers are mixed together with new spices and ingredients to become the richest and most luxurious-tasting dish.

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<sup>60</sup> Roberta E. Bivins, *Alternative Medicine? A History* (New York: Oxford University Press, 2007), 1-59.

The next chapters focus on this point of view.

## CHAPTER 2

### POPULAR RELIGION AND POPULAR MEDICINE

This chapter focuses on popular religion and popular medicine. The overlap of the two is the larger concern of this study. In my fieldwork, I observed a great deal of data, religious and medicinal, mixed together. Why are popular religion and popular medicine joined? What makes them coexist? How do people receive and perceive them? This chapter considers these questions.

#### Popular Religion

Popular religion in Taiwan refers to the worship of gods and ghosts; it has absorbed elements from Buddhism and Daoism, and mixed these with traditions of the ancestor cult. It is a form of religious activity in which everyone can participate, whether literate or illiterate; for practically anyone it is part of everyday life. Local temples, tutelary deities and popular worship play key roles throughout this account.

Popular religion differs from the rites of worship by Buddhist and Daoist clergy, and other institutional religions. Ritual performers vary, including red-headed and black-headed Daoist priests and ritual masters, spirit mediums, and, in the Tainan region and Penghu islands particularly, the minor rite groups (*xiaofa tuan* 小法團).<sup>61</sup> Their

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<sup>61</sup> Minor Rite Group, also known as *santan xiaofa* 三壇小法 (minor rite for the Altar [of the] Three [Clarities]) or *huat-á kóo* 法仔鼓 (Taiwanese: the drum for the minor rite), mainly popular in Tainan regions and Penghu (Pescadores Islands). It is a type of religious troupe, usually consisting of 4 to 12 singers and drum players, and 1 or 2 gong or bells players. They usually follow the divine palanquin, chanting the Spells for Petitioning the Deities 請神咒 with drums, waving the Black Command Flag 黑令旗 and the Golden Whip Saint 金鞭聖者 (i.e., the Daoist *sanke* whip, magic rope 法鞭). The group is also in charge of rituals for space cleaning, deployment of the military 調營放兵, recalling

functions often overlap. For most Taiwanese people, popular religion is an experienced reality instead of a structural system, and it has had the greatest number of participants in postwar Taiwan.

During the Ming dynasty (1368-1644), popular religion was brought to Taiwan by immigrants, mostly from Fujian and Guangdong. During the 50 years that Japan occupied the island (1895-1945), the local religion interacted with Japanese popular religion (Shinto),<sup>62</sup> and was reformed and transformed by the rapid economic changes in postwar Taiwan. This was not a simple process; rather, it was the sum and result of a great deal of social accommodation and assimilation.

Beginning in the late 1980s, particularly after Taiwan's martial law was lifted in 1987, a number of syncretistic new religions, known as *xining zongjiao* 新興宗教 ("New Religion"), blossomed on the island. I have not included them in this study as they are organized as corporations under the leadership of boards of directors who have formal legal control over corporate assets.

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soldiers and rewarding 收兵犒賞, exorcism, etc. Red-head and Black-head types are distinguished according to lineage and provenance. Some Taiwanese scholars use *fajiao* 法教 or *fapai* 法派 to distinguish it from Daoism. See Liu Zhiwan 劉枝萬, "Taiwan zhi *Fajiao*" 臺灣之法教 [*Fajiao* in Taiwan], *Taiwan Historica* 58: 3 (2006): 1-8; Lin Chengwei 林承緯, "Fajiao yu minsuxue: cong minjian chuancheng de shiye chufa" 法教與民俗學: 從民間傳承的視野出發 [*Fajiao* and Folklore: From the Perspective of Heritage], in *Fajiao yu minsu xinyang xueshu yantaohui lunwenji* 法教與民俗信仰學術研討會論文集 [Collected Essays of the Conference of *Fajiao* and Popular Religion] (Taipei: Wenjin, 2009), 17-36; and Dai, Weizhi 戴瑋志 et al., *Tainan chuantong fapai jiqi yishi* 台南傳統法派及其儀式 [Traditional *fapai* and Its Ritual in Tainan City] (Tainan: Cultural Affairs Bureau, Tainan City Government, 2013), 1-20.

<sup>62</sup> Two articles provide rich accounts of Japanese influence on Taiwan's popular religion, see Obara Hitomi 尾原仁美, "Taiwan minjian xinyang li dui ribenren shenming de jisi jiqi yiyi" 台灣民間信仰裡對日本人神明的祭祀及其意義 [The Worship of Japanese Deities and Its Meaning in Taiwan's Popular Religion] (M.A. thesis, National Cheng-chi University, 2007) and Hsieh Kuo-hsing 謝國興 "Taiwan minjian xinyang zhong de riben jiyi" 台灣民間信仰中的日本記憶 [Japanese Memories in Taiwan Popular Religion] (paper presented at the International Conference on Comparative Colonialism and Culture 比較殖民主義與文化國際學術研討會. Taiwan Research Institute of Xiamen University, November 5-7, 2016).

The Chinese term for popular beliefs and practices used by scholars in Taiwan and China is “*minjian xinyang*” 民間信仰. Scholars who write English, including those in Hong Kong, use “popular religion” to refer to the same thing. The term “*minjian xinyang*” (*minkan shingyo* in Japanese) first appeared in 1897, in an article, “Chūoku no minkan shinkō” 中奥の民間信仰 (“Popular Religion in the Central Northeast”) by the Japanese scholar Anesaki Masaharu 姉崎正治 (1873-1949),<sup>63</sup> and has been widely accepted in China since the 1930s.

Most Chinese researchers agree that *minjian xinyang* includes two parts: popular belief and popular religion. The former refers to traditions, customs and folklore that everyone does, takes part in, accepts and lives by. It is based on the regulation of individual behaviors in order to facilitate communal living, instead of relying on religious leaders, scriptures or teachings. It is sometimes considered a remnant of primitive religion and animism, such as the worship of nature deities and demons. Popular religion refers to smaller organized religious groups (compared to orthodox Buddhism, Daoism and Christianity, etc.), formed in a hierarchy, with each sect maintaining its own ranking system. It is often confusingly known as a “secret society” (*mimi shehui* 祕密社會) or “popular secret religion” (*minjian mimi zongjiao* 民間祕密宗教).

Questions about whether popular belief is religion remain contested. The term “religion,” as a Western paradigm, has its own historical and academic context. Moreover, the Chinese word for religion, “*zongjiao* 宗教,” is repurposed from a Japanese

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<sup>63</sup> Anesaki Masaharu 姉崎正治, “Chūoku no minkan shinkō” 中奥の民間信仰 [Popular Religion in the Central Northeast], in *Minshūshi no isan 11: minkan shinkō* 民眾史の遺産第十一卷: 民間信仰, ed. Tanigawa Ken'ichi 谷川健一 (Tokyo: Daiwa Shobo, 2017), 81-100.

neologism (*shūkyō*) created at the end of the 19th century specifically to translate the Western concept of “religion”.<sup>64</sup> *Zongjiao*, therefore, is the translation of the translation of German “religion.” Its original religious landscape differed from today’s.

Scholars have argued that it was Westerners coined the phrase “Chinese popular religion,”<sup>65</sup> and pointed out its problematic use in Chinese.<sup>66</sup> There have been many efforts to redefine “*minjian xinyang*” or “*minjian zongjiao*,” or to create a new term more appropriate in Chinese culture. One author’s “popular sects” is another’s “local cults,” “medium cults,” “local and ethnic cults,” “popular Daoist movements,” “common religion,” “popular cult worship,” and numerous others. In addition, there is a new term, “*minsu zongjiao*” 民俗宗教 (“folk religion”), used by Chinese folklorists. Again, this was adopted from the Japanese study of Chinese religion during the 1980s. The results of this diversity is a nomenclatural tangle.

Nathan Sivin has criticized scholarship that could not agree even on what to call “popular religion,” asserting that “this lexical extravaganza refers to a single phenomenon and (to an unspecified extent) its subphenomena.”<sup>67</sup> The core of the single phenomenon is what ordinary people have created. I simply use “popular religion” in this study, to cite Sivin again, “because what it describes was not restricted to rural, illiterate ‘folk,’ but was

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<sup>64</sup> Vincent Goossaert gives a very detailed discussion about the history of the modern Chinese terminology of “religion” in “1898: The Beginning of the End for Chinese Religion,” *Journal of Asian Studies* 65:2 (2006): 307-336.

<sup>65</sup> See Meir Shahar and Robert P. Weller, “Introduction: Gods and Society in China,” in *Unruly Gods*, ed. Meir Shahar and Robert P. Weller (Honolulu: University of Hawaii Press, 1996), 1.

<sup>66</sup> See Sun Yinggang 孫英剛, “Lost in Translation: Intercultural Review of ‘Popular Religion,’” *Academic Monthly* 學術月刊 42, no. 11 (2010), 21-27; Li Junling 李俊領, “Theoretical Reflections on the Study of Folk Beliefs in Modern China,” *Social Science in Nanjing* 南京社會科學 1 (2015), 150-156; and Zhou Xing 周星, “Folk Belief and Cultural Heritage,” *Journal of Cultural Heritage* 文化遺產 2 (2013), 1-11.

<sup>67</sup> Nathan Sivin, “Old and New Daoisms,” *Religious Studies Review* 36, no. 1 (2010), 32.

part of everyone's experience. 'Common religion' and other English labels are equally satisfactory, but what matters is setting on one for non-specialist writing."<sup>68</sup>

It is the masses who have given popular religion its vitality, strength and leadership. They have enshrined hundreds of gods and natural forces of popular, Buddhist, Daoist, and other origins, and made offerings to whatever deity they believe has the power to influence their lives. Their beliefs and practices are compounded; their worship is practiced in a correlated "secular" social setting. Because it is part of everyone's experience, it is flexible and changeable, rather than a set of rules that must be followed. It is the religion of the masses.

The development of the study of popular religion on Taiwan helps to explain how dynamic it is. The development often is divided among three generations of scholars; for each, different issues and concepts led to the study of different choices and, hence, results.

The first generation of scholars were the Chinese archaeologists at the Academia Sinica in Nanjing (founded in 1928, often known as "the southern school").<sup>69</sup> Motivated by the threats of internal dissolution among the social chaos of the 1920s to 1940s in China, these scholars mainly focused on aboriginal religious culture on Taiwan, and argued for its Chinese origins in a single pan-Asian and pan-Pacific culture. Their academic interest in the ethnology of minority groups was more or less aligned with state sponsorship of census work on Taiwan, and the ideological objective to establish cultural

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<sup>68</sup> Ibid, 46.

<sup>69</sup> In the meantime, "the northern school" based at Yanjing University in Beijing also dominated the research landscape. It moved to Yunnan during the war, and, following the Communist victory in China, virtually ceased to exist. See Randall Nadeau and Chang Hsun, "Gods, Ghosts and Ancestors," 283-284.

links between the island (a Japanese colony) and the mainland.

Since 1915, after the largest military resistance by the Taiwanese was quelled, the Japanese colonial government had conducted several large-scale religious surveys on the island. Japanese folklorists and anthropologists were engaged in island-wide investigations of Taiwanese customs and local religious practices. The declared purpose of the survey was to “promote security and peace.”<sup>70</sup> After 1945, Chinese scholars from the Academia Sinica in Nanjing retreated from the mainland with the Nationalist armed forces to Taiwan. In 1965, they established the Institute of Ethnology at the Academia Sinica in Taiwan.

The second generation worked from around 1965 to the 1980s, when Communist China was isolated from the rest of the world, and the KMT government in Taiwan represented itself as “the last bastion of authentic Chinese culture.” A number of Western anthropologists came to Taiwan to seek a better understanding of “Chinese religion,” while religion in Taiwan, as Shih Fang-long states, “was written as a sign of Chineseness and thus as a window through which a greater China and a pan-Chineseness could be brought into view.”<sup>71</sup>

There was also a growing awareness among local anthropologists of shifting the focus away from ethnology to cultural anthropology, from aboriginal religion to the local Han people’s ritual traditions and beliefs. Chen Qilu 陳奇祿, a prominent Taiwanese anthropologist and historian, encouraged a new trend towards religious studies on

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<sup>70</sup> For Japanese research on religious Taiwan before the war ended, see Chapter 4.

<sup>71</sup> Shih Fang-long, “Rewriting Religion: Questions of Translation, Context, and Location in the Writing of Religion in Taiwan,” in *Re-Writing Culture in Taiwan*, eds. Shi Fanglong, Stuart Thompson and Paul-Francois Tremlett (London and New York: Routledge, 2009), 19.



Taiwan:

We can see an overemphasis on ethnology [*minzuxue* 民族學] at the expense of social anthropology [*shehui renleixue* 社會人類學]. In the ethnographic work that has been done, the least attention has been paid to religion. Moreover, for the most part, there has been a preponderance of shallow quantitative research, with little in the way of in-depth analysis.<sup>72</sup>

Chen spoke admiringly of those American and European anthropologists, such as Bernard Gallin and Arthur Wolf, for their fieldwork focusing on single villages and neighborhoods of the Taiwanese and Hakka-speaking majority, identifying the patterns of religious belief and practices as the specific characteristics of the communities they studied, and describing a system of gods, ghosts, and ancestors that closely mirrored the social bureaucracy of imperial China.

Inspired by such ideas, local researchers shifted their attention away from the study of aboriginal tribes to the study of Han-Chinese society; they concentrated on family and kinship structures, as well as religious principles and community organizations.

This was the first time that Western and Chinese scholars had a dialogue. Popular religion in this period was treated as a static, conservative force, supporting and preserving social cohesion, rather than a dynamic process. It was carried out by a closed set of social groups in which there was shared identity and values, a mutual belonging and responsibility.

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<sup>72</sup> Chen Chi-lu 陳奇祿, "Taiwan renleixue yanjiu he Zhong-Mei xueshu hezuo" 臺灣人類學研究和中美學術合作 [Anthropological research in Taiwan and Chinese-American scholarly cooperation], *Bulletin of the Department of Archeology and Anthropology, National Taiwan University* 臺灣大學考古人類學刊 15-16 (1961), 152.

Since the 1980s, the third generation emerged, particularly when the lifting of martial law (1987) made new ideas less risky. Political and economic developments played roles in the new freedom of expression in religion and elsewhere. The liberalization of government controls and the growing national support for research in the humanities and social sciences made popular religion far more fluid and dynamic than the previous scholars had observed from the vantage point of their village studies.

One of the notable observations focused on the debates concerning Chinese and Taiwanese identity. Beginning in the mid 1970s when China reopened itself to the outside world, foreign scholars were allowed to study religion in China. Religion on the island also was influenced by the new ability to make contact with individuals and religious organizations in the PRC. With the growing Taiwanese identity—responding to the threat that the Mainland would incorporate Taiwan province—treating Taiwanese religion as part of Chinese culture lost its academic attraction. Scholars increasingly opposed Taiwan’s “uniqueness” to the typical social and cultural forms of southeast China, as Randall Nadeau and Chang Hsun argue:

From the idealized perspective of southeast China’s “model” lineages, Taiwan has never enjoyed strong lineage organization, and the already-weak family system has become weaker still in the postwar period owing to urbanization and social mobility, economic liberalization, and the increasing emphasis on the nuclear family as an economic unit over multigenerational and complex agnatic ties.<sup>73</sup>

Despite the basis of early settlers’ places of origins on the mainland in the Ming and Qing dynasties and the kinship organizations that later descendants established, most

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<sup>73</sup> Randall Nadeau and Chang Hsun, “Gods, Ghosts and Ancestors,” 289.

incense burners of Mainland temples delivered to Taiwan by soldiers, officials, immigrants, laborers, peasants and other travelers were not supported by a strong lineage. As a result, the principal form of popular religion has been the common worship of gods in temples rather than the worship of ancestors in family shrines or ancestral halls. Even family-based worship in a handful of small clan-based communities of Taiwan was often public and included the worship of popular deities, such as Mazu or the Royal Lords.

Moreover, popular cults and beliefs in Taiwan also differed essentially and were quite varied from the start. For example, the cult of Mazu that became prevalent in Taiwan resulted from the transformation of the cult of the Dark Heaven. That cult had been ordered by the Qing government as a move against Koxinga (1624-1662, the Ming loyalist and pirate, who drove the Dutch out of Taiwan in early 1662 and intended to establish it as a base to reconquer China from the Manchus); the cult of the God Yimin 義民爺 (literally, “righteous people”) among Hakka people derived from the Hakka settlers who volunteered (recruited by government to fight against a Taiwanese uprising) in order to survive in the Hokkien-based society in early Taiwan.<sup>74</sup> The transmission of popular religion was never a straightforward process. It was oral, emotional, and spontaneous, a matter of choice and adaptation to the environment. It was both bottom-up and also top-down transference of influence.

Furthermore, after successfully and speedily going from an agricultural society to highly industrialized nation in the 1980s, Taiwanese society had become far more open, far more Taiwanese, far more materialistic and postmodern. Rapid modernization made

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<sup>74</sup> Luo Fenmei 駱芬美, *Beiwujie de Taiwan shi: 1553-1860* 被誤解的臺灣史 [The Misunderstood History of Taiwan: 1553-1860] (Taipei: Shibao, 2013), 162-180, 220-238.

people realize their position and allowed them to form an identity with their culture, race and language; but it also left people feeling lost, insecure and without a clear idea of their identity and the meaning of life.

One example of this “contradiction” commonly was observed during my fieldwork. In contemporary Taiwan, the Ministry of Culture and Cultural Affairs Bureau of local governments supported and promoted popular religious activities as sources of Taiwanese identity. Large-scale pilgrimages and ceremonies have become nationwide events; small-scale activities also have been widespread, promoted through advertisements and social network sites, such as Facebook and Twitter.

On the other hand, religious groups commonly go to the mainland to “seek the root and origin” by establishing lineage and legitimacy, as if to guarantee their status in Taiwan. These exchanges are often a token gesture and somehow political. It is ambivalent that the island people feel superior in being “Taiwanese,” but at the same time maintain a sense of inferiority that leads them to need acceptance and recognition from their cultural ancestors.

Although memory and imagination produce identity, Taiwan’s particular history and political development evoke a kind of cultural schizophrenia that grips the country. Taiwan was, in turn, a Dutch colony, a Ming loyalist stronghold, a prefecture of China’s Fukien province, a province of China, and a Japanese colony before Chinese Nationalists took over the island in 1945, and with considerable American support and a reformed Nationalist regime, it began to develop into an economic success. The rapid social changes and impacts, as well as the environment of modernization, urbanization and political liberalization, in a way broke down the social norms and traditional values. This

was greatly affected by the ongoing tension between Taiwan and China after the war.

The historical and conceptual history of popular religion on Taiwan is separated from that of China. Looking back to the past for development and acquiring momentum to advance from the essence of traditional culture marks Taiwan as a symbiotic society. All of the historical and cultural experiences have set in motion new logics of identity—empathy, mutualism, and plurality. Popular religion, therefore, is part of Taiwan’s cultural dynamic, a fully embedded cultural system.

In responding to the diversity and variants of religion practiced by people in Taiwan, current scholars focus on microscopic, interdisciplinary studies of local temple organizations, deity cults, pilgrimages, volunteer associations and the interactions among people. They treat popular religion as an open-ended dynamic interplay of unity and difference.<sup>75</sup> Their different perspectives, approaches and emphases result in different conclusions. Their work is dedicated to making these discourses their own, shaping their own meanings and believing that identity is mediated, chosen, and performed within the discourse rather than given and fixed.

Because the term “popular religion” is too vague to fit a large research area, and also because the boundaries of popular religion itself are unclear, it is not surprising that popular religion can be understood only through the lens of various scholars who have used these materials for their own political and intellectual purposes. Nevertheless,

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<sup>75</sup> See, for example, *Religion in Modern Taiwan: Tradition and Innovation in a Changing Society*, edited by Philip Clart and Charles B. Jones (2003) collects 11 articles dealing with various aspects of popular religion and its relation with contemporary sociocultural life, such as Barbara E. Reed, “Guanyin Narratives—Wartime and Postwar,” Lee Fong-mao, “The Daoist Priesthood and Secular Society: Two Aspects of Postwar Taiwanese Daoism,” and Paul R. Katz, “The Cult of the Royal Lords in Postwar Taiwan.”

popular religion is dynamic in itself, and also dynamic as an object of definition, formulation, and reformulation. In the process of the creation of culture, popular religion always is lived and continues to flourish.

### **Popular Medicine**

By popular medicine, I refer to Chinese medicine at the local level, performed by anyone non-licensed. Today in Taiwan, accreditation is mandatory for all Chinese medicine practitioners; however, it seems that local people have their own criteria for what *zhongyi* 中醫 (“Chinese medicine” and its practitioners) is, based on memory, tradition and convention.

Officially, a legal Chinese medicine physician (*zhongyishi* 中醫師) should graduate from a seven-year program or five-year post-baccalaureate program in medical school, fulfill the course requirements in both Western and Chinese medicine, pass the two-stage national examination (“Senior Professional and Technical Examinations for Chinese Medicine Practitioners” 專門職業及技術人員高等考試中醫師考試), and be fully qualified for the proper license.

It is more complicated to be a legal Chinese medicine pharmacist. Since there is no department of Chinese pharmacy in present-day Taiwan, the education and regulation of Chinese medicine pharmacists are subordinated to Western-based pharmaceutical training. That is, a legal Chinese medicine pharmacist (*zhongyaoshi* 中藥師) should study in the department of pharmacy (biomedicine-oriented), take an additional 16 course units in Chinese pharmacology—including pharmacognosy, herbal pharmacology, Chinese

medicine prescription and herb processing—and pass the national licensing examination (“Senior Professional and Technical Examinations for Pharmacist” 專門職業及技術人員高等考試藥師考試). After successfully receiving an official license as well as a certificate of credits for Chinese pharmacology, it is permissible to practice in a traditional Chinese drugstore.

Such integration combining Chinese and Western medicine is known in contemporary Taiwan as *zhongyi* 中醫 (“Traditional Chinese Medicine;” TCM) or *kexue zhongyi* 科學中醫 (“scientific Chinese medicine”), whereas traditional practitioners have no specific name. Local people used to call them also *zhongyi*, a confusion with scientific Chinese medicine. Some call them *hanyi* 漢醫, influenced by the Japanese colonial government’s language and education policies. Scholars often use “popular Chinese medicine” (*minjian zhongyi* 民間中醫); those opposed to the practice are accustomed to label them as secret physicians (*miyi* 密醫), mediocre physicians (*yongyi* 庸醫) and other such epithets; they look down on them and stigmatize them as quackish.

Popular Chinese medicine practitioners are unlicensed; this is not due to their lack of skill, but because they do not attend modern medical school. They gain medical knowledge and training from family traditions, a master-apprentice model of learning, or self-study. Lower-quality practitioners may use only inexpensive and easily applied therapeutics as well as common medical knowledge transmitted among the people for generations. There is no denying the fact that their quality is uneven and sometimes leads to medical disputes, but many of them are excellent and struggle in their chosen profession. Because no standard exists for them, they are not organized. They are popular

among local inhabitants, but are often neglected by scholars. Little has been done to organize their practice or clear up misunderstandings.

A formal educational and training institution for Chinese medicine practitioners is not part of the tradition. In 1966, the first Chinese medicine department in Taiwan for the purpose of integrating Chinese and Western medicine was founded.<sup>76</sup> Before that time, all Chinese medicine practitioners in Taiwan acquired their knowledge and skill through apprenticeship, self-study, or a combination of both. Moreover, there was no medical school nor any type of medical system until 1899, when the first modern medical school was founded in Taipei.<sup>77</sup> Although some British and Canadian missionaries were physicians and trained Taiwanese physicians or assistants to practice modern Western medicine, the providers of medical care were predominantly Chinese medicine practitioners.

Since the Nationalist Government takeover of Taiwan in 1945, Chinese medicine in Taiwan has been modernized in order to integrate the anatomical and pathological notions of modern scientific medicine.<sup>78</sup> Before that, the practice of medicine was not regulated.

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<sup>76</sup> The first Chinese medicine department was established at the China Medical University 中國醫藥大學 (Taipei) in 1966 by intellectuals and Chinese literati-physicians, who had withdrawn from China to Taiwan along with the Nationalists in 1949, followed the KMT government's medical policies and was supported by local gentry. For Chinese medical education in postwar Taiwan, see Ye Yongwen 葉永文, "The Medical-Political Development of Chinese Medicine at the Post-War in Taiwan (1945-1949): An Analysis of Its Connecting and Breaking Relationship with Its Previous Status," *Formosan Journal of Medical Humanities* 台灣醫學人文學刊 12, no. 1/2 (2011), 66-88.

<sup>77</sup> In 1897, the "Medical Training Center for Native Taiwanese" 土人醫師養成所 was established in Taipei as the beginning of modern medical education, while the first official medical school was "Medical School of Taiwan Government-General" 臺灣總督府醫學校 in 1899. See Zhuang Yongming 莊永明, *Taiwan yiliaoshi: yi Taidayiyuan wei zhuzhou* 台灣醫療史: 以台大醫院為主軸 [History of Medicine in Taiwan: with the Taiwan University Hospital as the Axis] (Taipei: Yuanliu, 1998), 237-244.

<sup>78</sup> When retreating to Taiwan, the Nationalist Government continued its attitude on Chinese medicine in China. A more comprehensive study of the policies of Chinese medicine in Mainland China before



According to a survey made by the Japanese colonial government in 1897 (see Table 1), there were a total of 1,046 Chinese medicine physicians at the time, including *liangyi* 良醫 (“excellent physicians”), those who broadly comprehended Chinese medical classics and were proficient in the art of pulse diagnosis; *ruyi* 儒醫 (“literati-physicians”), educated elites studying the Chinese medical classics as part of their general education, translating their doctrines into medical practice; *shiyi* 世醫 (“hereditary physicians”), possessing empirical knowledge transmitted through family lines; and *shiyi* 時醫 (“time-serving physicians”), barely educated with no particular skill, but because experienced and lucky, their therapy cured a certain number of people.<sup>79</sup>

County/Hall	Western-trained Physician 洋醫	<i>Hanyi</i> 漢醫 (Chinese Medicine Physicians)				Total
		<i>Liangyi</i> 良醫	<i>Ruyi</i> 儒醫	<i>Shiyi</i> 世醫	<i>Shiyi</i> 時醫	
Taipei County 臺北縣	5	194				199
Taichung County 臺中縣	5	6	3	229		273
Hsinchu County 新竹縣	1	5	11	77	69	163
Tainan County 臺南縣	9	14	40	20	83	166
Fengshan County 鳳山縣	4	4	7	136		151
Chiayi County 嘉義縣	0	38				38
Yilan Hall 宜蘭廳	0	62				62
Penghu Islands Hall 澎湖島廳	0	17				17
Taitung Hall 臺東廳	0	1				1
Total	24	1046				1070

Table 1 The Number of Native Taiwanese Physicians in 1897 臺灣土人醫生人員數.<sup>80</sup>

1949 is Ye Xiaoqing’s “Regulating the Medical Profession in China: Health Policies of the Nationalist Government,” in *Historical Perspectives on East Asian Science, Technology and Medicine*, ed. Alan K. L. Chan et al. (Singapore: Singapore University Press, 1999), 198-213; Volker Scheid’s *Chinese Medicine in Contemporary China* also gives insightful accounts about the development of Chinese medicine in 20th century China.

<sup>79</sup> I particularly appreciated Professor Nathan Sivin’s advice and suggestions for the comprehension of each category of Chinese medicine practitioners.

<sup>80</sup> Zhang Xiurong 張秀蓉 ed. *Rizhi Taiwan yiliao gongwei wushinian* 日治臺灣醫療公衛五十年 [Fifty Years of Health and Hygiene in Taiwan During the Japanese Colonial Period] (Taipei: National Taiwan University Press, 2012), 388.

According to Table 1 above, it is evident that elite physicians were quite rare, most Chinese medicine physicians came from family-based training or self-study. Because no strict standard or regulations were applicable, their operations were irregular and varied in quality. As time passed, their function was expanded to embrace ultimately the basic needs of health care.

It should be noted that before modernization and urbanization, the great majority of settlers in Taiwan were rural, uneducated and indigent peasants and poor workers who had no access to elite physicians. According to the first census of Taiwan done by the Japanese authorities, the population in 1905 was about 3 million people.<sup>81</sup> Following the survey of native Taiwanese physicians in 1897, each physician took care of an average of 2800 islanders. It is obvious that the ordinary people could not rely solely on them.

Additional lay physicians and popular healers in an indistinct genre were not categorized or included in the survey. They were itinerant physicians (*lingyi* 鈴醫), healers who walked the streets (*zoujie yi* 走街醫),<sup>82</sup> herbal-drug masters (*caoyao xian* 草藥仙), and others without classification. Ritualists of popular religion, spirit mediums, and Daoist and Buddhist priests (less often) were also health care providers. All of them shaped a vulgar but dynamic health care market.

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<sup>81</sup> See *The Temporary Investigation of Household in Taiwan* 臨時臺灣戶口調查要計表 (Taipei: Provisional Household Census Bureau, Office of the Taiwan Governor-General 臺灣總督府官房臨時臺灣戶口調查部, 1908). Also see Lin Pei-hsin 林佩欣, "The Unfolding and Significance of the Temporary Taiwan Household Investigation in Japanese Taiwan, 1905-1915" 日治時期臨時臺灣戶口調查之開展及其意涵, *Cheng Kung Journal of Historical Studies* 成大歷史學報 45 (2013), 87-128.

<sup>82</sup> See Li Wenxu 李文旭, "Zoujie huixinlu yu Qing chu mintai zoujie yixue" 走街會心錄與清初閩台走街醫學 [Itinerant Medicine in Fujian-Taiwan in Early Qing Dynasty and *The Record of Understanding the Itinerant Medicine*], *Zhonghua yishi zazhi* 中華醫史雜誌 25, no. 1 (1995), 52-54.

An article by a Japanese public doctor (*gongyi* 公醫)<sup>83</sup> published in the *Journal of Taiwan Medical Affairs* (the first medical journal in Taiwan, 1899-1901) illustrated how native healers worked:

A patient asked: “Is there any medicine good for my foot pain?” The doctor immediately applies medical plasters made of herbs and hog manures, to his nose and foot. The smell from the abscess under the plasters is disgusting. Any Japanese physician would be angry at this. The doctor with an expressionless face asked the patient: “Did it happen before?” That was rude and greatly surprised me, but it is a habit of Taiwanese doctors...<sup>84</sup>

Yamaguchi Hidetaka 山口秀高 (1866-1916), the president of the Hospital of the Taiwan Government-General 臺灣總督府醫院, expressed their quality at the time:

Are the island’s doctors really “doctors”? Can people entrust these doctors with their lives? The answer is clear; I don’t need to explain what I mean. In fact, they know nothing about physiology and pathology. The worst are even illiterate. They listen to a patient and give grass roots or tree barks as medicine. They look like Japan’s Han medicine physicians, but cannot be compared with them. Their knowledge about curing people is clumsy and botched. They are merely quacks.<sup>85</sup>

Indigenous people also suspected the same. A Taiwanese proverb says, “if you can’t bring yourself to study, you should to be a fortune-teller or a doctor” 讀書不成，相命醫生, echoing people’s distrust and dissatisfaction toward the health care services they received.

The social status of native Taiwanese doctors was quite low even before Western

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<sup>83</sup> Initially, *gongyi* only referred to Japanese doctors for Japanese settlers in Taiwan. After 1908, there were also Taiwanese public doctors serving the common people in the Taiwanese community. For more detail, see Chen Ya-ling 陳雅苓, “The Localization of Taiwan Public Physician System during Japanese Era,” (M.A. thesis, National Chi Nan University, 2009).

<sup>84</sup> Zhang Xiurong 張秀蓉 ed. *Rizhi Taiwan yiliao gongwei wushinian*, 389.

<sup>85</sup> Zhuang Yongming 莊永明, *Taiwan yiliaoshi*, 172.

medicine came to dominate the delivery of medical solutions. Only a few Chinese medicine practitioners were members of prosperous families and became powerful. Most of them came from impoverished backgrounds—they were not strong enough to work as skilled workers, nor were they wealthy enough to do business; they had read a little about medicine and decided to become doctors.

The local medical practitioner depended on a patient's "red envelope" (*hongbao* 紅包; money given in a red envelope) for his fee, usually 10 Taiwan dollars (about \$0.25 USD).<sup>86</sup> Patients did not always pay on time; they often waited until they received their own wages or other earnings. There were no kickbacks from the drugstores that a doctor utilized. The only benefit for him was to get free medicine when he himself was sick. Healers frequently lacked necessities and had difficulty making a living. They never held an important position in public ritual or ceremonies, and won little respect from ordinary people.<sup>87</sup>

Since the 16th century, when early Chinese immigrants brought Chinese medicine to Taiwan, the practitioners were forced to compete for income, acceptance and prestige in various forms. It was not unusual to combine Chinese medicine with aboriginal medicine, common medical herbs, and other therapies.<sup>88</sup> Religious healers also provided simple formulas prescribed by a god's words. Because there was no direct regulation over the healing practices, different healers translated Chinese medicine into their own languages.

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<sup>86</sup> Before the 1980s, the USD to TWD exchange rate was about \$0.025.

<sup>87</sup> Zhuang Yongming 莊永明, *Taiwan yiliaoshi*, 389-399.

<sup>88</sup> See Chen Chih-chung 陳志忠, "Qingdai Taiwan zhongyi de fazhan" 清代臺灣中醫的發展 [The Development of Traditional Chinese Medicine in Qing Dynasty Taiwan] (M.A. thesis, Tung Hai University, 1998).

It was not reasonable to say that one form of healing was “better” than another because they were all hybrid.

Consequently, “doctor” at the local level was an elastic term. For common people, it referred to anyone whose healing techniques could help them. Going to see a doctor meant visiting any health care provider that the patient could access and afford. Their criteria were based on memory, experience and conviction.

The situation is not so very different today. During my fieldwork, I observed that many local people, particularly older people, used the term *zhongyi* vaguely. Some of my interviewees told me that they often go to a Chinese drugstore to see a “doctor” and “grab drugs” (Taiwanese, *thiat ioh* 抓藥). This meant the owner of the drugstore would take a patient’s pulse, diagnose the illness and write a prescription.

When I inquired about whether the owner was a *zhongyi*, the answer usually was equivocal: “He knows about Chinese medicine [he practices Chinese medicine], but he is not a Chinese medicine doctor. This is Chinese medicine.” (他會中醫, 但他不是中醫師, 這就是中醫) When I probed further, my questions often confused them.

Professionalism is not always accessible and affordable. It has always been like that. The very idea of professionalism was influenced by biomedical ideology and government propaganda. People do not include *zhongyi* 中醫 in the medical classification system. When I asked them where I could find one, they would only answer, “I don’t know where there is a professional *zhongyi* in the neighborhood. If you need one, I can ask my friend for you.”<sup>89</sup>

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<sup>89</sup> When I was in the village, I formally and informally interviewed as many of the villagers and their neighbors as I could meet, and requested their ideas about *zhongyi*. The answers often were evasive,

Early Taiwan was described as the “miasmatic land” (*zhangli zhi di* 瘴癘之地), its unhealthy environment full of bad *qi*. The prevalence of epidemics threatened people around the island. The lack of health care infrastructure made it difficult to separate the effects of poor health from those of disease.

Such dangers and risks still are experienced in today’s Taiwan. Numerous outbreaks of infectious diseases, such as dengue fever and enteroviruses, continue to affect people. The transnational spread of viruses, such as SARS (2004), MERS (2015), and Zika (2016), has caused panic around the world. The limitations of modern medicine are evident. Early people relied on an assortment of healing techniques, often with inadequate training and knowledge, to survive such hardships. The great diversity of health care remains even now because of a similar fear of death and the imagination of disease.

Another term, *zhongyao* 中藥 (“Chinese drug,” “Chinese pharmacy”), also is used vaguely by many people and is often confused with *zhongyi*. On the one hand, this could be the result of Japanese colonial medical policy. To improve prevention services and sanitation conditions among the local population, the Japanese government established more modern hospitals and health care facilities in nearly every township, funded modern medical education, and issued regulations to limit the growth of Chinese medicine.

For example, in 1896, the Regulation for Practicing Medicine in Taiwan 臺灣醫業規則 began to replace Chinese medicine practitioners with physicians trained in Western medicine. Also, in 1901, the Regulations for Exempting Native Taiwanese Doctors 臺灣

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implying that they acknowledge the health care system they rely on every day.

醫生免許規則 required all native traditional medicine practitioners had to obtain valid licenses, and to register in police stations. They were licensed as “Class C” professionals, and were to be replaced gradually by fully qualified “Class A” physicians who were graduates of a medical college. Many other official health care policies, regulations and laws were promulgated throughout the colonial period. All were structured exclusively after the modern Western medical paradigm.<sup>90</sup>

The colonial government did not ban Chinese drugstores, however, as they brought in substantial extra tax revenue. Despite their exclusion from registered Chinese medical services, the number of Chinese drugstores grew from 767 in 1900 to 3,087 in 1928.<sup>91</sup> By 1945, when the defeated Japanese government left Taiwan, there were fewer than 20 licensed Chinese physicians.<sup>92</sup> Scholars suggest that during the intervening period numerous Chinese medicine physicians had changed their occupation to Chinese pharmacist to avoid the regulations,<sup>93</sup> and since then drugstores have played a much bigger role in the Chinese health care scheme.

On the other hand, in Chinese material medica classics, such as *Shennong bencao jing* 神農本草經 (“Shennong’s Classic on Herbal Medicine”) and *Bencao gangmu* 本

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<sup>90</sup> For full discussion about Chinese medicine during the colonial period, see Lin, Zhaogeng 林昭庚 et al. *On the Evolution of Traditional Chinese Medicine in Taiwan Under Japanese Rule (1895-1945)* 日治時期の臺灣中醫 (Taipei: China Medical University Press, 2011), and Chen Zhaohong 陳昭宏, “Rizhi shiqi Taiwan huanghan yidao fuhuo yundong” 日治時期臺灣皇漢醫道復活運動 [Revival Movement of Imperial Chinese Medicine in Taiwan During the Japanese Colonial Period] (M.A. thesis, National Cheng-chi University, 2015).

<sup>91</sup> Lin, Zhaogeng 林昭庚 et al., *On the Evolution of Traditional Chinese Medicine in Taiwan Under Japanese Rule*, 96-97.

<sup>92</sup> Chi Chun-huei et al., “The Practice of Chinese Medicine in Taiwan,” *Social Science & Medicine* 43, no. 9 (1996), 1330.

<sup>93</sup> Lin, Zhaogeng 林昭庚 et al., *On the Evolution of Traditional Chinese Medicine in Taiwan Under Japanese Rule*, 94-98.

草綱目 (“Systematic Materia Medica”), *yao* 藥 (“drug”) refers to not only herbs and plants, but also to animals, fishes, grains, fruits and vegetables, most of which are easily accessible. Elites and literati physicians have produced theoretically sophisticated language to express the ideas and understanding of *yao*—the four *qi* 四氣, the five flavors 五味, and the three grades of classification 三品分類 and so on—but common people express their understanding of *yao* through food, drink, memory, common knowledge transmitted for generations, and so forth.

Like popular religion and popular medicine, Chinese *yao* is also the accumulation and transformation of experiences over centuries.<sup>94</sup> Hence, it is not surprising to see many herbal stalls selling medicinal herbal tea (i.e., cooling tea) 青草茶 on the streets: Chinese medicine soups are popular in the cooler weather. Many parents even harvest Chinese febrifuge herbs (*jishiteng* 雞矢藤) from roadsides to fry with egg for their children with a persistent cough. It is also not unusual for people to go to a Chinese drugstore and request simple drugs for minor symptom relief after self-diagnosis. Lastly, people frequently disregard the distinction between *zhongyi* and *zhongyao* as the boundary is not clear.

In 1993, an amendment to the Pharmaceutical Affairs Act of 1970 started to incorporate the study of Chinese pharmaceutical practices into advanced medical

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<sup>94</sup> It is hard to imagine that the Chinese drug theory is prior to its application. The ancient Chinese legends have told that Shennong tasted the hundred herbs and out of his experience developed certain theories. Mostly, the Chinese materia medica classics between the Western Han and Southern dynasties also were based on experience instead of the generally accepted and validated calculation methods. See Chen Yuanpeng 陳元朋, “Juzhu changru fuyao: bencaoshi yu yinshishi shiyexia de yaoshi ruyi bianqianshi” 舉箸常如服藥：本草史與飲食史視野下的“藥食如一”變遷史 [Raising Chopsticks Has Always Amounted to Taking Medicine: Changes in the Integration of Drug and Food from the Perspectives of the History of Chinese Material Medica and the History of Food] (Ph.D. diss., National Taiwan University, 2005), 147.



education, but allowed Chinese drugstores with an operating license obtained in that same year to continue in business. In 2011, an amendment to the Physicians Act of 1943 was designed to tighten the qualification requirements so as to ensure and promote professionalism in practicing Chinese medicine. Since 2015, the Ministry of Health and Welfare has taken several steps towards drawing up changes to the Pharmaceutical Affairs Act again that would allow those traditional Chinese pharmacists who gain their knowledge from family tradition or the master-apprentice model to take the national examinations. The plan, however, has been met with fierce resistance from scholars, Western-trained doctors and licensed Chinese medical physicians, that forced the Ministry of Health and Welfare to halt the process. The debates are ongoing.

### **Conclusion**

Today, the Taiwanese government has recognized traditional Chinese medicine as professional, scientific and modern, while pushing people's affections, memories and imaginations further and further away. Nevertheless, they are still visible. Although the regulations provide professional criteria for medical practice, popular medicine and popular religion are well and vibrant as a part of most people's everyday life.

Indeed, to avoid the risk of violation, popular Chinese medicine practitioners may decide to change their vocational interests, such as running or being employed in a traditional drugstore, turning their attention to work with popular religion, sowing their medical knowledge among devotees in temples, or teaching their healing practices to others. Popular religious practitioners, who possess basic knowledge of medicine to diagnose patients, prescribe a simple formula, and create popular drugs and medical

plasters, may go underground, hide in rural areas or elsewhere, or proclaim that they are carrying out the orders of a god.

This does not mean, however, that Chinese medicine has invaded popular religion, or vice versa. These are two explicit cultural phenomena. But to ordinary people, they appear as a unity, permeating each other and sharing a common boundary that often blurs and becomes indistinct.

Popular religion and popular medicine are parts of the collective memory of Taiwan, rooted in people's experience, growing from the effect of popular accumulation of knowledge. It is laymen who have given them vitality and strength. It has become clear that the dichotomy of professional and amateur, legal and illegal, is not capable of fully analyzing the dynamics of culture. The government's desire to control unregulated activity is influential, but the response from the populace is persuasive too. It is a mutually bottom-up and top-down transference of influence. The health care system is hybrid and interactive, shared as well as in competition, and retains all its dynamic properties up to now. Popular healers' information, stories and activities still are transmitted orally, used and evaluated. That is what I have witnessed in local society.

## CHAPTER 3

### MEDICINE IN THE TEMPLES

There are few records about the lives of popular healers because they are regarded as amateurs, even as outlaws. Their stories are transmitted orally, if at all. There is much evidence to be found in the temples, however, that details the role of popular healers in maintaining the health and wellness of the population. The integration of the roles of temples, herbal drugs, Chinese medical practice, and traditional drugstores creates a dynamic health care system beyond the Western medical system. This chapter focuses on that integration, and explains its role in the lives of local people.

#### **Herbal Drugs in the Temples**

As noted before, common people use the term “Chinese medicine” in a vague, broad and local sense. The distinction between the two has no effect on laypeople’s lives. Anyone can be a *yi* (“doctor”) regardless of what kind of medicine he or she practices, either physical or spiritual. A *yao* is, in a way, like an amulet—any product claiming to have medicinal efficacy by containing Chinese herbs and drugs.<sup>95</sup> One example is “medicinal incense sticks,” the sticks with Chinese drugs mixed in as they are manufactured. The smoke from burning medicinal incense sticks not only represents the prayers of the believers reaching up to the gods but also the therapeutic healing sent from the gods to the believers by means of the smoke and scent.

Another example is “medicinal prayer beads” 藥珠, religious objects consisting of

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<sup>95</sup> On the literal use of drugs as amulets and vice versa, see Nathan Sivin 2015, 113-17.

the powders of sandalwood or agarwood, and dozens of Chinese drugs. The cost of Chinese drugs vary; the higher the price, the better the drug quality. In Taiwan, a chain of medicinal beads usually is placed around the neck of a god's statue. These beads absorb the god's power and divinity. In earlier days, locals who came to pray for recovery from sickness were offered one of the beads to take home. They would scrape or cut a small slice from the surface of the bead and to take it as medicine.<sup>96</sup> There are also many other varieties of efficacious medicine: Chinese drugs in hot springs, in black tea, in the water from a humidifier; or the drugs used as one of the ingredients in menstrual pads, in soap, in wine, in food, and so forth.

As the center of religious life, and in many ways the focus of all aspects of life in a community, the temple plays a role in disseminating knowledge of herbs and drugs. Although a more orthodox modern health care system has become accessible in an effective way among the island's residents, the temple still serves to deliver medical assistance and promote hygiene.

During my fieldwork in temples, I often observed a stack of papers enumerating a set of Chinese drug formulas and instructions placed alongside morality books (*shanshu* 善書). These *minjian yaofang* 民間藥方 (“popular medical formulas”), although widely circulated in society, have not been approved by any official medical authority. Their authors could be anyone who had been cured, or who had friends or relatives who had

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<sup>96</sup> Mr. A-tong, a skillful craftsman living near the *Puji* Temple in Tainan, has been a handicraft worker making medicinal beads for over forty years. A-tong is withdrawn and solitary. His friends and neighbors enthusiastically introduced me, as they hoped I would record the production process and passed it down to younger generations. Mr. A-tong refused even to tell me his name and would not describe his method because he believes the government has banned the beads for medicinal use. In any case, we had a find informal conversation, and he gave me a small chain of medicinal beads as a gift. (Fieldwork, October 31, 2014)

been cured by using them. These people often vowed to do good deeds and thought that disseminating these popular formulas would be helpful to their community. Temples, as a result, had become a major vehicle for medical information that reaches a broad audience.

I also saw that in many temples free medicinal drinks were available. Such voluntary medical services were organized or supported by the temple's authorities. This duty helped the temple's presiding deity to "aid the world." It was part of the public charity of the community.

On a balmy day, I arrived at the Temple of the Highest Emperor of the Dark Heaven 玄天上帝 in Degaocuo township 德高厝 in Tainan city. A big banyan tree stood in front of the main gate of the temple, and many old men were sitting under the tree, leisurely chatting. This was a typical scene of everyday life in the city.

In the temple, a small group of people were busy preparing and cooking herbal drugs, and pouring the medicinal liquids into bottles. An old man slowly came in, people called him *sian-sinn* 先生 (Taiwanese; "doctor," "master"). "Patients" began queuing up in the side room and waited for their diagnosis.

The "outpatient services" started at two o'clock every afternoon. The old man sat down at the table and waited for the deity to arrive (on weekdays, it was the Great Emperor Who Protects Life 保生大帝; and on the weekend, it was Guanyi Buddha). The "doctor" first fingered a patient's pulse and checked his or her tongue, and then explained the cause of the illness and the treatment. A small cup of hot medicinal liquid was delivered to the doctor by his assistants. He drew a talisman in the air above the cup and asked the patient to drink it. A moment later, he started prescribing the appropriate

medicine and the number of bottles of the herbal liquid made by the volunteers. He also started writing talismans on small yellow piece of papers, and gave detailed instructions for using them. If necessary, the doctor performed a minor ritual to calm the soul of the patient. There was no fee. A donation box was placed in the temple where patients could put the sum they deemed appropriate for their treatment; all the proceeds went to funding the temple's public medical services in the temple.

I did not get a chance to interview the “doctor,” but I did queue up with the patients twice for my chronic skin problems.<sup>97</sup> Each time I visited, there were at least 20 patients in the side room awaiting examination. I received the same prescriptions for both treatments, one was three bottles of medicinal sugar-cane tea 藥蔗茶, the other was seven bottles of the same herbal liquid. I also was prescribed two kinds of talismans, which I burned and then placed the ashes in water. One was used as bath water; the other was drunk before breakfast and again at night before bed.

Another temple, *Chaohuang gong* 朝皇宮 (“Temple of Worshipping the Emperors”) in the Haiwei area, Tainan city, about 3 km from my village, offered courses in Chinese herbal culture (medicinal plants and their cultivation). They also provided classes in *yangsheng* 養生 (“nurturing life”), including massages, breathing exercises, dietetics, and so on. The classes have been running for ten years and are locally well-known. People of all ages and from all over can attend them.

The students also teamed up to form an herbal cooperative for production and marketing of herbal produce. Every month the temple authorities hosted a charitable feast

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<sup>97</sup> January 10 and December 12, 2015.

using these medicinal herbs and plants for the underprivileged in the community. During my interviews, the members of the classes identified the herbal materials they studied as *qingcao* 青草 (“fresh grass”) or *yaocao* 藥草 (“medicinal grass”). There seemed to be no difference between the two names.

At any rate, these herbs are cheap and easy to get locally. Unlike a highly purified chemical substance (e.g., plant extract), they are not produced using sophisticated pharmacology; instead, they draw upon popular religion and elementary knowledge of herbal lore. If a patient benefits from these herbs and drugs, they share the information with their family and neighbors. In this way, word spreads across town and beyond.

By official definition, common, fresh herbs are not considered Chinese pharmacology; they are designated as “popular raw drugs” 民間生藥,<sup>98</sup> and not regulated in any way. As mentioned in Chapter 2, since 1975 when the Physicians Act was issued, the government constantly has stated the intention of monitoring drug safety; so far nothing has been done. The use of herbs and raw drugs are accepted everywhere, both appropriately and inappropriately.

The situation is ambiguous. Because the government encourages the values of custom and heritage, the herbal healers can proudly say that they embody traditional culture and skills. Modern medicine is maintained by its legitimacy, while people think of customs as life-giving and not life-diminishing. This in some ways explains the multiple functions of the temple, and the ubiquitous role of popular religion in Taiwanese society.

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<sup>98</sup> This is based on the definition of *zhongcaoyao* 中草藥 (“Traditional Chinese Medicine and Herbal Medicine”) in the Pharmaceutical Affairs Act and The Taiwan Adverse Drug Reaction Reporting System (TADRRS) for Herbal Medicine 中草藥不良反應通報系統, Ministry of Health and Welfare (<https://adr.fda.gov.tw/Manager/WebLogin.aspx>).



Figure 4 The diagnosis and the prescription. (Temple of the Highest Emperor of the Dark Heaven, Degaocuo township 德高厝上帝廟, Tainan city; January 10 and December 12, 2015).





Figure 5  
Fresh herbal drugs were wilted on the ground; Volunteers were busy selecting herbs, and preparing and cooking medicinal herbal liquids. (Temple of the Highest Emperor of the Dark Heaven, Degaocuo township 德高厝上帝廟, Tainan city; January 10 and December 12, 2015).

## Chinese Medicine as Ritual

Besides simple, cheap herbal drugs, the more delicate and subtle aspects of Chinese medicine also survive in diverse forms of popular healing. A good instance is *yaoqian* 藥籤, the divination lots and the medical formulas they are used to look up (hereafter, “divination formulas”). With the increase of academic interest in medical anthropology, since the 1980s much scholarly attention has been paid to the study of *yaoqian*. Investigators have conducted nationwide research surveys usually focusing on the contents of formulas and the drugs utilized. There also has been research comparing the formulas from different temples, trying to detect a pattern.<sup>99</sup>

Their conclusions are interesting in many respects. For example, Yoshimoto Shoji 吉元昭治 examined 16 temples’ formula collections and argued that “no complete report of *yaoqian* can be made;”<sup>100</sup> Sung Jin-shiu’s 宋錦秀 evaluated 34 *yaoqian* collections and concluded that “there is no absolute correlation between the patterns and versions of divination formulas given by a temple and the key deity venerated in that temple;”<sup>101</sup> and Chen Tai-sheng 陳泰昇 analyzed the species of drugs contained in 244 temples’ divination formulas and asserted that *yaoqian* is “an invaluable treasure of Taiwan’s traditional medical documentation” without giving a clear interpretation.<sup>102</sup>

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<sup>99</sup> There are numerous writers and scholars devoted to this topic. A detailed review could be found in Sung Jin-shiu 宋錦秀, “Authority, Practice and History: Adoption and Re-creation of *Yaoqian* in Taiwan,” *Taiwan Historical Research* 19, no. 3 (2012), 153-155.

<sup>100</sup> Yoshimoto Shoji 吉元昭治, *Taiwan simiao yaoqian yanjiu* 台灣寺廟藥籤研究 [A Study of *Yaoqian* in Taiwan’s Temples] (Taipei: Wuling, 1990), 118.

<sup>101</sup> Sung Jin-shiu 宋錦秀, “Authority, Practice and History,” 185.

<sup>102</sup> Chen Tai-sheng 陳泰昇, “Taiwan yaoqian diaocha yu yanjiou” 臺灣藥籤調查與研究 [Field Survey and Studies on the Temple Pharmaceutical Logs in Taiwan] (Ph.D. diss., China Medical College, Taiwan, 2003).

If there were no pattern, why would a researcher desire to arrange *yaoqian* (or anything else from folk culture) into a pattern? It is obvious that the number and diversity of *yaoqian* examined do not determine the value of the study, but rather show that variation and irregularity are most important. I have noted that an attempt to determine solid principles without a basis in popular culture makes it impossible to describe *yaoqian* properly.

*Yaoqian* is accessible, flexible and adaptable, influenced by social milieu and collective experience. In Tainan city, the most prestigious temple that worships *Baosheng dadi* 保生大帝 (“Great Emperor Who Protects Life”), the *Sidian xingji gong* 祀典興濟宮 (“Temple of Flourishing Aids, Officially registered”), retains an additional rite for requesting a divination formula: A supplicant first must place three incense sticks on his or her wrist, which is interpreted as the placing of the god’s fingers over the radial artery, feeling the patient’s pulse as a means of diagnosis. When the first ashes drop from the burning incense sticks, the diagnosis is considered complete.

After this, the general part of the ritual proceeds, including shaking a bamboo container that holds bamboo lots, each marked with a different number; number of the lot that falls from the container is exchanged for a drug formula marked with the same number, printed on a slip of paper or listed in the reference book. After successfully casting a pair of moon blocks and their showing one *yin* (the curved side) and one *yang* (the flat side) three times, the worshipper knows that the deity approves the formula.

The special incense-burning rite identifies the temple and enhances its prestige; other temples borrow and apply it. The more followers, the more powerful and successful the temple becomes. We have no idea whether the *Sidian xingji gong* initiated the ritual;

it may have been adopted from another temple. Such is the condition of things.

In fact, no one knows exactly the origin of *yaoqian*. Some scholars argue that it is related to the tradition of Daoist talismans and registers 符籙;<sup>103</sup> some believe it is part of Daoist medicine;<sup>104</sup> and the most common statements is that the *yaoqian* is derived from the “wizard” tradition; that is, popular religion.<sup>105</sup> A more comprehensive interpretation is that *yaoqian* was popular since the Song dynasty. Poor people had no access to elite physicians; they relied on religious healing and popular medicine.<sup>106</sup> Temple’s authorities adapted Chinese medicine to compete for incomes and clients during the Ming and Qing.<sup>107</sup> In the south of China, a folk saying: “every temple in every village has its own collection of the divination formulas” 一廟一村一藥籙 implies its widespread use in local society.

Many studies suggest that *yaoqian* is a relic from a time before there was universal health care, when there were few options for treatment. These suggestions are inadequate because *yaoqian* is still practiced in many temples today. Although since the early 1990s,

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<sup>103</sup> Sung Jin-shiu 宋錦秀, “Authority, Practice and History,” 160. Lee Fong-mao 李豐楙 has argued that there is no connection between *yaoqian* and the Daoist *fulu* school 符籙派, see his “Nothing between Medicinal Divination and Daoist Talismans and Registers,” *China Times*, December 27, 2000.

<sup>104</sup> Yoshimoto Shoji 吉元昭治, *Taiwan simiao yaoqian yanjiu*.

<sup>105</sup> This is the most common statement. There are many references to this point, such as Yen Mei-chih 顏美智 and Su Yi-chang 蘇奕彰, “Preliminary Literature Review of Traditional Chinese Medicine: An Example of Prescription Divination in Taiwan Temples,” *Journal of Chinese Medicine* 中醫藥雜誌 25, no. 2 (2014), 275-293.

<sup>106</sup> Chen Tai-sheng 陳泰昇, “Field Survey and Studies on the Temple Pharmaceutical Logs in Taiwan,” 1. Nathan Sivin’s “Therapy in Popular Religion,” in *Health Care in Eleventh-Century China*, 93-124, discusses in more detail the relationship between religious healing and local people in eleventh-century China; also see his “Health Care and Daoism” (2011).

<sup>107</sup> Lin Guoping 林國平, “Fujian chuantong shehui de minsu liaofa han simiao yaoqian” 福建傳統社會的民俗療法和寺廟藥籙 [Folk Therapy and Temple’s Divination Formulas in the Traditional Society of Fujian], *The Yilan Journal of History* 宜蘭文獻雜誌 37 (1999), 47-89.

a phased ban on the use of *yaoqian* was issued, according to official statistics calculated by the Ministry of the Interior in 1998, roughly 400 temples dispensed *yaoqian* to the faithful.<sup>108</sup> In 2014 when I traveled around southwestern Taiwan and collected information, *yaoqian* is vividly alive and well.

Of course, there are some temples which prefer to avoid the danger of fines and possible imprisonment, and no longer use *yaoqian*; their *yaoqian* simply is displayed in the main hall as cultural heritage for tourists. Some big temples with sufficient financial resources, commission scholars to undertake organizing the formulas and publishing collections of them.<sup>109</sup> One of the largest temples of *Baosheng dadi* in Dalongtong 大龍峒, Taipei city, has started selling reproduced collection of their *yaoqian* for \$100 NTD each.

Scholars have carefully examined the formulas and claimed that they are canonical formulas 經方, effective formulas 驗方, *jingyan fang* 經驗方 “whose effectiveness was demonstrated through testing and being confirmed,”<sup>110</sup> and simple formulas 單方. They emphasize scientific qualities for them, and eulogize *yaoqian* in its various clinical categories: internal medicine, pediatrics, surgery, obstetrics/gynecology, ophthalmology

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<sup>108</sup> See Zhang Yongxun 張永勳 et al., *Taiwan diqu simiao yaoqian xiankuang zhi diaocha yanjiu* 台灣地區寺廟藥籤現況之調查研究 [An Investigation of the Current Situation of *Yaoqian* Used in Taiwan's Temples], *Annual Report of Chinese Medicine and Pharmacy* 中醫藥年報 18, no. 3 (2000): 412. The statistic, however, is open to debate as there are no further details about the locations and kinds of temples they studied.

<sup>109</sup> For example, the temple *Bao'an gong* in Dalongdong Area, Taipei city 台北大龍峒保安宮 has published their *yaoqian* collection, compiled by Lu Zhao-lin Lu 魯兆麟: (Taipei: Taipei Dalongdong *Bao'an gong* Press, 1998); *Xuejia ciji gong* 學甲慈濟宮 in Tainan city also has their own collection, edited by Qiu Nianyong 邱年永: *Taiwan simiao yaoqian kaoshi* 臺灣寺廟藥籤考釋 [The Exegesis of *Yaoqian* in Temples in Taiwanese] (Taipei: National Research Institute of Chinese Medicine, 1996).

<sup>110</sup> The definition is quoted in Lei Hsiang-lin 雷祥麟, “How did Chinese Medicine Becomes Experiential? The Political Epistemology of *Jingyan*,” *Positions: East Asia Cultures Critique* 10: 2 (2002), 334.

and so on. Perhaps this is in the hope that society will stop stigmatizing *yaoqian*.

Types and numbers of *yaoqian* vary. For instance, the temple *Xuejia ciji gong* 學甲慈濟宮 has 120 formulas for adults, 60 formulas for children and 60 formulas pertaining to surgery. Its affiliated minor temple *Xingzun gong* 興尊宮 has 60 formulas in internal medicine, 131 formulas in obstetrics, 60 formulas in pediatrics and 60 formulas in ophthalmology. The latter does not copy the former; they use a more effective *yaoqian* collection, they believe.

Each temple has its own *yaoqian* collection; each collection has its own meaning. People keep trying until they have what seems to be what they need and find their own meaning in it. The formulas dedicated to *Baosheng dadi* contain more herbal remedies for wounds and inflammation because it was brought to Taiwan by Koxinga's military surgeons and soldiers in the 17<sup>th</sup> century. During the Japanese colonial period, some new formulas were created by literati physicians to treat people for opium addiction by religious means. Some formulas and drugs were available for only a limited time based on a specific need, for example, the herbal drug *jinsuochi* 金鎖匙 (“Indian aeginetia”) was used in *yaoqian* around 1866 due to a diphtheria epidemic that swept through the island. The formula collection of *Yanhang Tianhou gong* 鹽行天后宮 (“Temple of Mazu in Yanhang township,” Tainan city) was written by a Chinese literati physician from Quanzhou 泉州, Fujian, in the 1920s, and given to an elementary teacher living nearby, who donated the collection to the temple in the 1960s.<sup>111</sup>

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<sup>111</sup> Fieldwork interviews with the chairman of the temple *Yanhang tianhougong* 鹽行天后宮, Huang Guolong 黃國隆 (October 22, 28, and December 26, 2014) and the chairman of the temple *Sidian*

An interview casts light on the transmission of drug formulas in temples, and the interaction between popular religion and Chinese medicine:

It was the time when my daughter was three years old. One day, she was crying and her face was red. Her nose was swollen and her voice became raspy. She had severe diphtheria that had killed many people at the time. I took care of her day and night; my husband did his best to look for doctors across the city to help his little daughter. But all we could do was a sigh. **Eventually, Chengma [one of their relatives] reminded us of a handwritten medical book passed down from our ancestors.** With a desperate attempt, we asked a reliable Chinese apothecary to fill the prescription and forced my daughter to drink the medicinal decoction. Soon she recovered. That was amazing.

**My husband and I vowed to help more people.** We made the medicine and shared it with other patients also suffering from diphtheria. The ingredients were expensive; but, strangely, the more medicine we shared with others, the more our grocery business grew. This made me believe that good fortune is based on the benevolent thoughts in our hearts.

Because the medicine was very efficacious, more and more people from other cities came to us. Even some quack doctors and Chinese pharmaceutical companies came, and expressed their desires to buy the formula. **We were determined not to sell it.** We were deeply convinced that “not from money does virtue come, but from virtue comes money.”

One day, I went to the temple nearby to pray for prosperity for our family and also to seek for a sign. I quickly got a divination lot. The correspondent divination poem said that our charitable behavior had won the praise of the god. We should keep “aiding the world” as the god always did. I told my husband and we both felt that it was so touching, tender and sweet. Accordingly, **he decided to donate the formula to the temple, to benefit more sufferers in this country.**<sup>112</sup>

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*datianhougong* 祀典大天后宮, Ceng Jilian 曾吉連 (October 28, 2014). The two chairmen were friends; they introduced each other to me.

<sup>112</sup> Fieldwork interview with grandmother Liao Xumei (91-year-old) on July 10, 2014 in the old Yancheng area, Kaohsiung city.



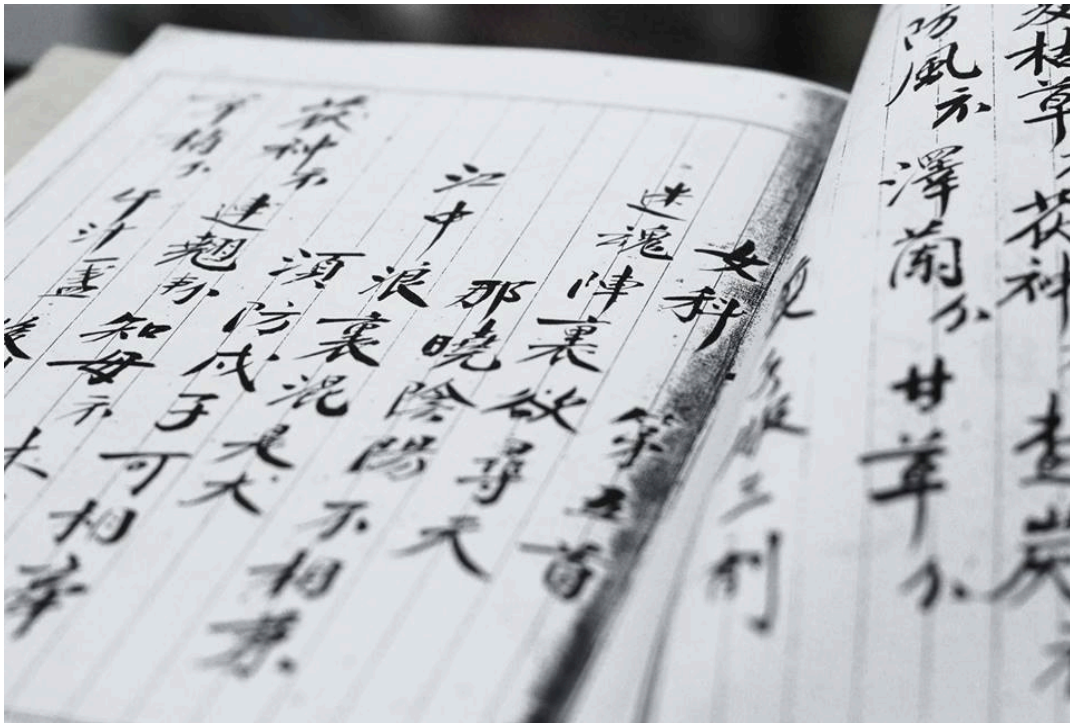


Figure 6 Above: The Divination Lots in the Temple Xidian xingji gong 祀典興濟宮 (Oct. 26, 2014); Below: the Collection of Divination Formulas in the Temple Yanhang Tianhou gong 塩行天后宮 (Oct. 22, 2014.)



### **The Three-in-One Temples**

Temples always serve multiple purposes and play many roles in society. During my fieldwork, I found several temples with a “three-in-one” function: religious space, healing room, and drugstore. Instead of economic or trade interests, these temples are the consequence of local environment, geographic segregation and socio-cultural needs.

I paid a visit to a temple in the neighboring community of Meinong 美濃, a Hakka township located at the northeast side of Kaohsiung city. It is surrounded by mountains. From downtown Tainan city, it is about an hour’s drive along the Formosa Freeway. When I first came to the temple *Guowang gong* 國王宮 (“Temple for the Kings of the Three Mountains” 三山國王), the temple manager was vigilant and did not welcome my visit. Local people sitting at the main gate stared at me in an odd way; no one would speak to me. I felt as if I were an intruder. I explained my research goals and left my contact information. Finally, about a month later, I received a phone call from the temple telling me that the Kings would allow me to do research at the temple.

My initial plan was to document the drugstore in the temple: how it functioned and how it related to the temple’s religious rituals. The temple manager opened the small side room next to the main hall; it was full of dust and cobwebs. It had been abandoned for many years. More than 30 small wooden drawers were sitting on shelves, each with a label indicating the names of the drugs in the drawer. Each drawer was divided into three or four compartments. The medicines seemed to be all unwanted and discarded. On the second floor, I discovered many bags containing dry plants and herbs purchased from Chinese apothecaries in the downtown and distribution markets. In the kitchen, numerous fresh herbs were arranged on the ground, and a huge pot of herbal tea was cooking on the

stove.

The temple manager was knowledgeable about wild medicinal plants and basic Chinese medicine. He had not been taught by any pharmacist or specific professional; rather, he had benefited from the collective knowledge of the village. In fact, almost everyone in the region knows about herbs that can be used to cure common diseases such as malaria, fever, headaches, diarrhea, and colds. Although the village was 9353 square kilometers, the population was only about 1000. The villagers have a very close relationship—they came to the temple regularly to share stories with each other, exchange information and advice, and purchase general drugs to use at home.

The manager was also the spirit medium of the temple, the mouthpiece of the Kings of the Three Mountains, who served the needs of local people. In earlier times, when a supplicant came to the temple for treatment, he or she would be diagnosed and treated by the deity; receive a prescription from the spiritual medium; and take drugs in a side room, the “semi-drugstore.” The three-in-one temple made it convenient for people to be diagnosed through divine intervention, receive treatment and get the necessary drugs, all in one location.

In the temple, there was an item called *dansha* 丹砂 (“elixir”) that had become the most popular drug in the area. The temple manager proudly showed me the process of making it. He used the term “*liandan*” 煉丹, literally “to refine the elixir,” which misled me to believe something entirely different than its true meaning. I thought it should be an elixir of immortality and was eager to see the alchemical process—the heating of the elixir ingredients in the crucible. But the truth was different.

It was brook gravel (*xisha* 溪砂), washed and rinsed, cooked with Chinese medicinal drugs for 49 hours (7 x 7, a mystical Chinese number); drained and sun dried; separated into small packages containing about 5g each wrapped in red paper; placed in front of the statue of the deity for another 7 days. When taking the drug, the patient put the gravel into a cup and poured the boiling water over it.

Obviously, it borrows the term, but not the concept, from alchemy. The villagers' folk knowledge about the use of wild plants and herbal drugs looks rather weak and questionable, but, despite the opinions of medical and official authorities, the villagers themselves considered it reputable. As Nathan Sivin has pointed out, "popular therapies succeeded in China (and elsewhere) mainly because their power over meanings affected people and the relations between them,"<sup>113</sup> while ritual and religious healing, by incorporating herbal drugs, come to look like Chinese medicine. It thus conveys greater powers to cure.

A supplicant came from the temple with a bag full of fresh medicinal plants and told me:

When I was a child, we experienced only a few types of diseases. It was a simple life, not like today. Today, viruses, like this modern society, have been transmuted and have become more complicated. That people have died of common cold and flu is not news. Although biomedical doctors are more easily available than before, and all Taiwanese people have National Health Insurance, we know nothing more than the deity who has protected us for generations. The prescription made by the Kings of the Three Mountains in this temple has absolute proof of its efficacy. Moreover, these herbs purchased in the temple are rather cheap, [pointed at the bag], it only costed me a few dollars.<sup>114</sup>

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<sup>113</sup> Nathan Sivin, "Health Care and Daoism," 1.

<sup>114</sup> Fieldwork interview, the interviewee requested to remain anonymous. June 23, 2014. One NT dollar= about 0.03 US dollar.

I inquired about the herbal plants. He said it was used to improve his eye vision. I would have liked to ask further questions, but he said “I am ignorant, you should ask the temple manager.” During my fieldwork, that often happened.

Patients are usually vague in describing their symptoms. The medical consultation and treatment they seek makes no distinction between particular diseases. The supplicant believes in sincerity and a relationship with divinity, and this need not be their only method of treatment. Sometimes, the popular ritual associated with more complicated procedures earned more respect, and the folk medication labeled with a certain famous and professional brand would gain more trust, although it might be dangerous.

### **Conclusion**

In his intriguing book, *Chinese Medicine in Contemporary China*,<sup>115</sup> Volker Scheid has made it clear that we have to comprehend Chinese medicine in many dimensions, as its dynamics greatly outweigh its notions of structure. He emphasizes a synthetic and pluralistic perspective in which biomedical theory, modern mechanism, classical diagnostic skills, personal frustration at the Chinese *guanxi* network, patient’s choice, physician’s thoughts and actions, and so on, are facets of the same process and should be simultaneously considered. It is, quoted Nathan Sivin, a “natural, technological, intellectual, and sociocultural hybrid.”<sup>116</sup>

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<sup>115</sup> Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (Durham, N.C.: Duke University Press, 2002).

<sup>116</sup> Nathan Sivin, “Book Review: Volker Scheid’s *Chinese Medicine in Contemporary China*,” *China Review International* 15, no. 3 (2008), 421.

Local healers compete for money and prestige rather than for intellectual novelty of interpretation. The structure of popular healing is random, without any regular pattern; it depends on local need, preference and circumstance. Several examples have been discussed. It is easy to observe that popular healers adopt willy-nilly whatever seems useful to them, while traditional practitioners incorporate countless new elements. Some famous and effective formulas will be used in future medical textbooks and become classic in turn. There are different integrations of popular religion and medicine. The line between different cures is a hybrid itself.

There is general agreement that medicine is non-unitary. Different practices produce different kinds of knowledge, and medical knowledge of all kinds is created in particular contexts and in changing arrangements of power.<sup>117</sup> Power is artificial, historical, sociocultural, and, to quote Volker Scheid again, “forever changing and transforming origins in the whirlpool of their simultaneously present pasts and futures.”<sup>118</sup>

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<sup>117</sup> The discussion of the relationship between medicine and power among Foucauldians in Shirley Lindenbaum and Margaret Lock eds. *Knowledge, Power, and Practice: The Anthropology of Medicine and Everyday Life* (Berkeley: University of California Press, 1993) is worthy of further research attention.

<sup>118</sup> Volker Scheid, *Chinese Medicine in Contemporary China*, 263.



Figure 7 Herbal Drugstore Affiliated with Guowang Temple 國王宮. Above: The Drugstore. Left: The discarded drugs. Right: The Drug storage on the 2nd Floor. (Meinong 美濃, Kaohsiung, Oct. 12, 2014)

## CHAPTER 4

### POSSESSED HEALER AND FORMULAS FROM THE GODS

Spirit mediums serve as the mouthpieces for the deities that possess them. This chapter focuses on possessed healers who practice medicinal healing and prescribe herbal formulas. A case study of the God and Buddha Altar (*shenfotan* 神佛壇) in Tainan city, as well as other sources collected from different temples and other places, illustrate the topic.

Although the God and Buddha Altar is privately owned, it is rather public and active. It is dedicated to the worship of the Great Medicine Emperors 藥皇大帝, along with the Lords of the Five Prince's Palaces who Reign for a Thousand Years 五府千歲 (Zhang 張, Li 李, Mo 莫, Lei 雷, and Bai 白) and other subsidiary deities. I spent more than six months conducting ethnographic observation in the shrine—regularly attending séances, videotaping over thirty performances of therapeutic ritual, conducting formal and informal interviews with the temple's leader and his family members, and also participating in the events conducted by their affiliated minor rite group 小法團.

That spirit mediums play a role in health care is not surprising, as therapy is a crucial function of popular religion and they are practitioners. Much attention has been paid to their healing rituals such as calling lost souls back, exorcism and purification; yet, little interest has been focused on the medicine they provide. In part, it is perhaps because scholars on Chinese religion find nothing worth saying—they usually understand that these potions are not made in a scientific way and therefore assume that they are not

effective. Another reason is because of the government prohibitions on non-licensed healers. Fewer spirit mediums can be found, and many have gone underground. It seems that only Lin Fushi 林富士 has a one-paragraph description of the spirit mediums' medicinal practices, in which he writes of them as shamans;<sup>119</sup> Yoshimoto Shoji 吉元昭治 has a one-page analysis of the cooperation between spirit mediums and local drug stores;<sup>120</sup> Michael Strickmann's half-page account of "pharmacological oracles," refers to another work by Yoshimoto Shoji regarding Daoism and Daoist medicine.<sup>121</sup> In fact, during my fieldwork, it was not uncommon to hear people commenting on what and how they had obtained an herbal formula from the gods by means of spirit mediums; this was especially true in areas of old Tainan city. In a few cases, however, the informants and interviewees were wary and cautious, questioned my research intention and rejected to meet with me.

This chapter concentrates on mediumistic healing, at the same time religious and medicinal. I see it as a dynamic complex of local beliefs and traditions, which allowed the transformation of medicine into a discipline shaped by popular religion. Examining the Altar's healing practices and medicinal formulations can lead to a better understanding of how people variously comprehend and respond to this dynamism.

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<sup>119</sup> Lin Fushi 林富士, "Healers or Patients: The Shamans' Roles and Images in Taiwan," *Bulletin of the Institute of History and Philology, Academia Sinica* 76:3 (2005 a), 533.

<sup>120</sup> Yoshimoto Shoji 吉元昭治, *Dokyo to furochoju no igaku* 道教と不老長壽の醫學 [Daoism and Longevity Medicine] (Tokyo: Hirakawa Shuppan, 1989), 112–113.

<sup>121</sup> Michael Strickmann, *Chinese Poetry and Prophecy: The Written Oracle in East Asia* (Stanford: Stanford University Press, 2005), 32; Yoshimoto Shoji 吉元昭治, "Dokyo to Chugoku igaku" 道教と中国医学 [Daoism and Chinese Medicine], in *Dokyo, vol. 2: Dokyo no tenkai* 道教の展開 [The Development of Daoism], ed. Fukui Kojun 福井康順 et al. (Tokyo: Hirakawa shuppansha, 1983), 296–297.



### **Some Clarifications of Terms**

I shall clarify some of terms I use and translate here prior to proceeding further. First is the Chinese character *wu* 巫. It has been customary for writers on Chinese studies to translate *wu* as “shaman,” but it is contentious and baffling. “Shaman” is a term that originally was used in a very small and clearly defined area among the Tungus in Northern Siberia; people of these societies believed that a specialist could communicate with the powers that govern the world, distribute health or withhold a successful hunt. He does so by an ecstatic journey to the realm of these powers with the help of spirits that he had acquired during his initiation. The writings of Mircea Eliade, the prominent historian of religion, broadened this narrow definition of shaman to encompass almost all religious specialists that combine ecstasy and healing with the underlying notion that shamanism is a cultural phenomenon that was shared by most human societies.<sup>122</sup>

Such assumptions and its evolutionary assumptions rob the term of its specificity. Some scholars have noticed the difference between Central Asian shamanism and Chinese religion. For example, Victor Mair mentions that the role of the *wu* in ancient China was “closely associated with the courts of various rulers and who were primarily responsible for divination, astrology, prayer, and healing with medicines,” which is in contrast to the Tungus shaman.<sup>123</sup> Edward Davis, while discussing eleventh-century

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<sup>122</sup> See especially his famous *Shamanism* (1951), in which Eliade attempts “to cover the entire phenomenon of shamanism and at the same time to situate it in the general history of religion.” (xi) With great skill and learning, he surveys what his own definition identifies as shamanism the world over, from Siberia and Central Asia to North and South America, Tibet, China, Indonesia, and beyond.

<sup>123</sup> Victor Mair, “Old Sinitic ‘MyAG,’ Old Persian ‘Magus,’ and English ‘Magician,’” in *Early China* 15 (1990), 35.

Chinese religion, clearly distinguishes shamanism and spirit-possession:

The analysis of the central funerary rituals of the Gold of Manchuria reveals that the Tungus shaman is master of the spirits in his journey to the underworld. He employs his auxiliary spirits as his guides, his servants, his means of transportation, his interlocutors. He converses with them and occasionally even imitates them, yet in all cases the subject of trance—the shaman—coexists with the guardian spirits.

Possession, in contrast, is a trance of identification in which the persona of the divinity is substituted for, and does not coexist with, that of the subject. The possessed subject does not converse with or imitate the divinity; he (or she) is the divinity!<sup>124</sup>

He goes a step further using Hong Mai's (1123–1202) *Yijian zhi* (“Record of the Listener”), which includes close to 200 descriptions of spirit possession, to examine the spirit medium and the interaction with Daoism and Buddhism. He explains that by the Song Dynasty, it had become complicated to talk about the relation of Chinese religion to the social, economic, political changes that had occurred in middle period China. Spirit-possession was a social experience: “if there is a common basis of Chinese religious practice, then that basis has more to do with forms of trance associated with spirit-possession than with Shamanism.”<sup>125</sup>

Nathan Sivin reminds us that *wu* became a negative term used by officials and literati as “an epithet.” He defines that word as “a characteristic that the speaker or writer is using to describe someone. A common negative example is ‘lazy’ for someone who is not willing to do what the speaker wants in the way he wants, but whose own reasons are not worth knowing about.”<sup>126</sup> Many early Taiwan gazetteers documented

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<sup>124</sup> Edward Davis, *Society and the Supernatural in Song China*, 2-3.

<sup>125</sup> *Ibid*, 1-2.

<sup>126</sup> Sivin *Health Care in Eleventh-Century China*, 16.

spirit-possession and related healing practices (see below), and use *wu* as a term of contempt—ong with such phrases as “vulgar customs” 鄙俗, “depraved habits” 陋習, “never come to their senses until they die” 至死不悟. I translate *wu*, to express this contempt, as “wizard,” and use “spirit medium” as an impartial term for a possessed healer in the context of Taiwan society.

The second clarification is about “spirit medium” in Chinese/Taiwanese. In Taiwan, a spirit medium is called *jitong* 乩童 in Mandarin, and “*tâng-gi*,” “*tâng-ki*” or “*danggi*” in Taiwanese. Some authors transliterate Taiwanese into Mandarin as *tongji* 童乩. The conversational meaning of *tong* 童 is boy, lad or child, which implies that only young males are possessed; in my fieldwork, however, spirit mediums were mostly elderly men or women. John Lagerwey remarks that there is a long Sinitic tradition of *tong* having to do with mediumship:

“...the fact it is a ‘child’ is very significant both as regards how such persons are regarded and with respect to the long tradition of spirit mediumship in China. I personally suspect that the Han-era *tongyao* child rumors were in fact the product of such spirit mediums. Also, their “garb,” in Taiwan and all along the Southeastern coast, has them dress like very young boys. There is even an idea I’ve encountered several times that a young child before it’s been potty trained is a kind of conduit for ‘heavenly truths,’ in effect a medium.”<sup>127</sup>

Much of the recent linguistic research on Chinese language and dialects has recognized that the phoneme *tong* is used in more than one Austroasiatic language with a definition that refers to the phenomena of spirit possession. Jerry Norman and Tsu-lin Mei, however, argue that, “it is hard to see what relationship the two words [phoneme

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<sup>127</sup> The quote came from personal correspondence between Victor Mair and John Lagerwey. I particularly appreciate Victor Mair’s help in discussing the term’s etymology and its connotation in both Taiwanese and Mandarin.

*tong* and character 童] have, since a shaman is always an adult never a young boy.”<sup>128</sup>

There are also alternative explanations of the word 童, but they are even less persuasive.

For example, Dong Fangyuan 董芳苑 proposes that 童 is “childish ignorance” 童昏,

童朦, which refers to the situation when a spirit medium goes into a trance or begins

channeling a spirit.<sup>129</sup> Gary Seaman suggests that 童 refers to “son,” as the relation of

spirit medium to his/her spirit guide is similar to that of son to father.<sup>130</sup>

These discussions offer no clue to a final answer. At least it is clear that the phoneme *tong* is written with the Chinese character 童. This may connote no ideographic meaning, only serving as a phonetic symbol to transcribe the sound of *dang*. To avoid confusion, I do not use pinyin in this chapter.

One more point should be made clear. There are two types of spirit mediums in Taiwan: *jitong* 乩童 and *wangyi* 尪姨 (*ang-î* in Taiwanese). The most common (but not the most correct) distinction between the two is that *jitong* refers to a male spirit medium and *wangyi* is female;<sup>131</sup> whereas in reality, female *jitong* and male *wangyi* are not

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<sup>128</sup> Jerry Norman and Mei Tsu-lin, “The Austroasiatics in Ancient South China: Some Lexical Evidence,” *Monumenta Serica* 32 (1976), 296; also see Jerry Norman, Norman, Jerry. “The Mǐn Dialects in Historical Perspective,” *Journal of Chinese Linguistics Monograph Series, no. 3, Language and Dialects of China* 中國的語言與方言 (1991), 332–334. Their generalization, however, is incorrect.

<sup>129</sup> Dong Fangyuan 董芳苑, *Taiwan minjian zongjiao xinyang* 台灣民間宗教信仰 [Popular Religions and Beliefs in Taiwan] (Taipei: Changqing wenhua, 1984), 252.

<sup>130</sup> Gary Seaman, “In the Presence of Authority: Hierarchical Roles in Chinese Spirit Medium Cults,” in *Normal and Abnormal Behavior in Chinese Culture*, eds. Arthur Kleinman and Tsung-yi Lin (Dordrecht, Holland: Springer, 1981), 70.

<sup>131</sup> The references are many and varied. For example, Liu Zhiwan 劉枝萬 makes such assertions in many of his works, see his “Taiwan’s Shamanism,” *Taiwan Historica* 臺灣文獻 54, no. 2 (2003), 1-32 and “Taiwan zhi *Fajiao*” 台灣之法教 [*Fajiao* in Taiwan] (2006); also see Peter Nickerson, “Attacking the Fortress: Prolegomenon to the Study of Ritual Efficacy in Vernacular Daoism,” in *Scriptures, Schools and Forms of Practice in Daoism: A Berlin Symposium*, eds. Poul Andersen and Florian C. Reiter (Wiesbaden, Germany: Harrassowitz Verlag, 2005), 138 and 145; Wu Chia-rong, *Supernatural*

difficult to find. Thanks to modern scholars, we now have enough definitions of who they are and what they are doing, but they do not clearly describe what actually happened.

This made their work more difficult than it needed to be. For example, Arthur Kleinman believes that Taiwan's *jitong* is a “shaman” and *wangyi* is a “spirit medium,” inasmuch as the former are “divinely inspired or possessed healers” and the latter functions “solely as mediums for communicating with ancestral spirits... frequently women... do not engage in healing and usually cannot be described as divinely inspired or possessed.”<sup>132</sup> This typological distinction is untenable.

Lu Lizheng's 呂理政 point is more precise and reliable—a *jitong* is possessed by deities, and a *wangyi* is possessed by ghosts.<sup>133</sup> This summarizes the key finding that goes beyond gender, makes it clear that both serve the same purposes: to preserve human harmony, health and wealth. In this chapter, I only focus on spirit mediums possessed by gods and deities. So far, I have not found any ghost-possessed practitioner using drugs or employing medicine.

### **“Wizards” in Taiwan**

The study of spirit mediums in Taiwan started as early as the era of Japanese occupation (1895–1945), when it was mainly supported by the colonial government (Office of the Taiwan Governor-General 台灣總督府) and thought of as a contribution to controlling society. The government claimed that *The Survey of Religions in Taiwan*

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*Sinophone Taiwan and Beyond* (New York: Cambria Press, 2016), 65.

<sup>132</sup> Arthur Kleinman, *Patients and Healers in the Context of Culture*, 211.

<sup>133</sup> Lu Lizheng 呂理政, *Chuantong xinyang yu xiandai shehui* 傳統信仰與現代社會 [Traditional Beliefs and Modern Society] (Taipei: Daoxiang, 1992), 157.

臺灣宗教調查報告書 (1919), compiled by Marui Keijiro 丸井圭治郎 (1870–1934), was the first comprehensive account of religions in Taiwan, including Daoism, Zhaijiao 齋教 (vegetarian sects), Buddhism, popular religion, and non-temple-based devotional and ancestral practices.<sup>134</sup> Later on, the religious scholar cum colonial official, Masuda Fukutaro 増田福太郎 (1903–1982), based on Marui’s survey, published *Indigenous People’s Religion of Taiwan* 臺灣本島人の宗教 (1935), together with an appendix on “Spirit Mediums” 童乩. This publication is considered as the first devoted to the subject.<sup>135</sup>

Since 1949 after the KMT moved to Taiwan and Chiang Kai-shek declared martial law, as a result of social and political subjugation and cultural oppression of the Taiwanese people, little scholarship in mediumship appeared. It was not until the 1960s that folkloristic and anthropological investigation of the subject revived. Japanese folklorists, such as Kokubu Naoichi 國分直一 (1908–2005)<sup>136</sup> and Suzuki Mitsuo 鈴木

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<sup>134</sup> Marui Keijiro 丸井圭治郎 was appointed to head the Interior Ministry’s Shrine Bureau (*Shajika* 社寺課) in 1918 as a sequel to the 1915 Tapani Incident 噶吧年事年 or 西來庵事件, one of the biggest armed uprisings by Taiwanese Han people and Aborigines against the colonial powers. This event forced the Governor-General to reconsider completely relations with ordinary people. He soon realized that the incident was rooted in the millenarian fanaticism of some of Taiwan’s “old religious customs”; people gathered and promoted the rebellion. The government immediately started the first surveys of all shrines and temples in its jurisdiction, but hastily implemented, this failed in March 1916. The second large-scale survey was conducted by Marui Keijiro in 1918.

<sup>135</sup> The essay encompassed hundreds of cases of spirit medium’s activities based on the reports by the colonial Tainan Prefectural Government 台南州廳. These cases were regarded as criminal investigations by colonial police as, during the period, the government cracked down on religious activities.

<sup>136</sup> Kokubu Naoichi 國分直一 had developed his research interest in Taiwan’s spirit mediums before World War II. In the 1960s, he went to Taiwan, continued his investigation on spirit mediums and published several significant works. See his “Tanki no kenkyū I” 童乩の研究 [A Study of Spirit Medium in Taiwan I], in *Minzoku Taiwan* 民俗台灣 [1941].

滿男 (1926–),<sup>137</sup> returned to Taiwan and restarted their scholarly work on spirit mediumship and old customs. Western anthropologists and ethnographers, following the theoretical fashion of the time (as I have discussed in Chapter 2) went to Taiwan to conduct fieldwork on religion, and published numerous accounts of spirit mediums.

Early writers, such as David Jordan (1972), Gary Seaman (1981) and Donald Sutton (1990), focused on the social role of spirit medium—how they function in a village, reconcile the conflicts between the individual and community, and serve as a tool of harmony and social order. Some medical anthropologists, such as Emily Ahern, Katherine G. Martin and Arthur Kleinman, concentrated on faith-healing and its relationship with spirit medium.<sup>138</sup> A few recent studies have shed some light on the subject. For example, Avron Boretz recounts new stories of Taiwanese temple procession troupe performers and spirit mediums that reveal the “symbiotic relationship between exorcistic, martial cults and *jianghu* society,”<sup>139</sup> and Wu Chia-rong, by examining Li Ang’s 李昂 novels of ghosts and spirit mediums, discusses femininity in religious Taiwan.<sup>140</sup>

Likewise, native anthropologists Li Yiyuan 李亦園 and Liu Zhiwan 劉枝萬 were

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<sup>137</sup> Suzuki Mitsuo 鈴木滿男, “Taiwan kanjin shakai to tangka no kouzouteki renkseki” 台湾漢人社会とtangkiの構造的連關 [The Relation Between Taiwan’s Han Society and the Structure of Spirit Mediumism], in *Shāmanizumu to wa nani ka* シャーマニズムとは何か [Shamanism in the South], ed. The Intercultural Research Institute of Kansai GaiDai University (Tokyo: Shunjūsha, 1983), 72-89.

<sup>138</sup> Emily Ahern, “Sacred and Secular Medicine in a Taiwan Village: A Study of Cosmological Disorders,” in *Medicine in Chinese Culture: Comparative Studies of Health Care in Chinese and Other Societies*, ed. Arthur Kleinman (Washington: National Institutes of Health, 1975), 91-113.; Katherine Gould-Martin, “Women Asking Women: An Ethnography of Health Care in Rural Taiwan” (Ph.D. diss., Rutgers University, 1976); Arthur Kleinman, *Patients and Healers in the Context of Culture*.

<sup>139</sup> Arvon Boretz, *Gods, Ghosts, and Gangsters: Ritual Violence, Martial Arts, and Masculinity on the Margins of Chinese Society* (Hololulu: University of Hawaii Press, 2011), 120.

<sup>140</sup> Wu Chia-rong, *Supernatural Sinophone Taiwan and Beyond*, 65-68.

early pioneers in the study of Taiwan's spirit mediums.<sup>141</sup> Later, Taiwanese scholars have continued the effort to uncover the spiritual world from different disciplinary perspectives—linguistics, sociology, psychology and ethnography. Some of the current research by young scholars and postgraduate students reflect interdisciplinary perspectives on the subject. For example, Cai Peiru 蔡佩如 talks about female spirit mediums in terms of gender and body,<sup>142</sup> and Chen Szu-hua 陳思樺 provides case studies of melancholic patients who approach the spirit mediums for healing and assistance.<sup>143</sup>

It is evident that scholars studying popular religion cannot avoid examining spirit mediums. It is not only because spirit mediumship is the most popular form of ritualized possession and commonly engages with the spirits of human beings in need of counseling and healing, but also because of their cultural context supports a belief in supernatural forces that intrude into daily life.

Therapy, again, is the crucial function of the religion. A spirit medium's concepts of disease, as quoted in Lin Fushi's 林富士 classification, which is more comprehensive and better integrated, can be divided into eight kinds:<sup>144</sup> (1) disaster and misfortune due

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<sup>141</sup> Li Yiyuan 李亦園, "Shamanism in Taiwan: An Anthropological Inquiry." In *Culture-Bound Syndromes, Ethnopsychiatry, and Alternate Therapies*, edited by William P. Lebra, 179-188. Honolulu: University of Hawaii Press, 1976.

<sup>142</sup> Tsai Pei-ru 蔡佩如, *Chuanshuo tianren zhiji de nuren: nutongji de xingbie tezhi yu shenti yihan* 穿梭天人之際的女人：女童乩的性別特質與身體意涵 [Flying Women: Gender and the Body of Female Spirit Mediums] (Taipei: Tangshan, 2003).

<sup>143</sup> Chen Szu-hua 陳思樺, "Wo youyu yinwei wo kayin: youyuzheng huanzhe jieshou Taiwan minsu zongjiao yiliao de liaoyu jingyan" 我憂鬱因為我卡陰：憂鬱患者接受台灣民俗宗教醫療的療癒經驗 [Experience of Melancholic Patients by Popular Religious Healing in Taiwan] (M.A. thesis, Tzu chi University, 2006).

<sup>144</sup> Lin Fushi 林富士, "Healers or Patients."



to ghosts and deities 鬼神降禍, (2) that due to malicious spirits 厲鬼 making mischief, (3) offence due to demons and fiends 沖犯凶神惡煞, (4) haunting by ancestors 祖先作祟, (5) harassment by evil talismans and shamanic arts (*wushu* 巫術, more literally “the methods and arts of the spirit mediums”), (6) the Cause-Effect Retribution 因果報應 in the Buddhist sense, (7) fright syndrome 靈魂受驚, and (8) body and life disorder. A spirit medium’s therapeutic activities include: exorcism and elimination 禳除, offering and prayer 祭禱, converting ghosts to benevolent spirits 歸依, drug and herbal formulas, massage, and referral of the patient to hospital. Historians and folklorists have spent far too much time investigating the skills and techniques of ritual and spirituality, whereas most researchers did not attribute any significance to the drugs and herbal formulas that the spirit mediums provide.

In fact, people commonly seek medication from spirit mediums. In a time when there were few Chinese physicians, it was unavoidable. Official documents of Qing Taiwan (1683-1895) recorded many descriptions and evaluations of such therapeutics:

“people who live in Taiwan... believe in wizards and ghosts. Patients used to request drugs from deities.” (d. 1807)<sup>145</sup>  
居台灣者...俗信巫鬼，病者乞藥於神。

“[people are] obsessed with ghosts, believe in praying. When ill one should go to the doctor, but they used to request drugs by means of spirit writings and divination chair, recruit wizards to avert calamity by using talismans and burning spirit papers. They never wake up until they die.” (d. 1882)<sup>146</sup>  
惑鬼神、信禳祥，病雖用醫，然扶鸞擡神問藥、延巫覡禳符燒紙，至死不悟。

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<sup>145</sup> *Xuxiu Taiwan xianzhi* 續修臺灣縣志 [Supplementary Gazetteer of Taiwan County], edited by Xie Jinluan 謝金鑾 and Zheng Jiancai 鄭兼才, 1807 (Taipei: Taiwan Jingshi shubao she 臺灣經世書報社, 1922), vol. 1, 124.

<sup>146</sup> *Jinmen zhi* 金門志 [Gazetteer of Kinmen], eds. Lin Kunhuang 林焜熿 and Lin Hao 林豪, 1882 (Taipei: Economic Research Office, Bank of Taiwan 臺灣銀行經濟研究室, 1963), vol. 15, 11a.

“there are spirit mediums carrying the palanquin, jumping and leaping, presumptuously prescribing formulas and drugs. They brandish swords, with disheveled hairs, vigorously strike their foreheads, in order to summon the spirits (d. 1894)<sup>147</sup>  
有為乩童，扶輦跳躍，妄示方藥。手持刀劍，披髮剖額，以示神靈。”

Similar descriptions also appear in many other local gazetteers, such as the *Gazetteer of Danshui Hall* 淡水廳志,<sup>148</sup> *Gazetteer of Yuanli* 苑裏志,<sup>149</sup> and *Gazetteer of Shuqilin* 樹杞林志.<sup>150</sup> Some literary works, notes and texts written by local gentry also describe their use of “divine formulas.”<sup>151</sup>

Apparently, exorcism and drug formulas were the two main sorts of therapy employed by spirit mediums. Ordinary people “revere wizards, when people get sick they have wizards drive out the disease” 尚巫，疾病輒令禳之，<sup>152</sup> “[southern people] revere spirits, particularly in Taiwan. They do not believe in medicine when sick, but rather in wizards” 南人尚鬼，臺灣尤甚，病不信醫，而信巫。<sup>153</sup> To date, such “vulgar customs” still pervade society, and critiques of them never cease.

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<sup>147</sup> *Miaoli xianzhi* 苗栗縣志 [Gazetteer of Miaoli County], ed. Shen Maoyin 沈茂蔭, 1894 (Taipei: Economic Research Office, Bank of Taiwan 臺灣銀行經濟研究室, 1962), vol. 7, 119.

<sup>148</sup> *Danshui tingzhi* 淡水廳志 [Gazetteer of Danshui Hall], ed. Chen Peigui 陳培桂, 1871 (Taipei: Economic Research Office, Bank of Taiwan 臺灣銀行經濟研究室, 1963), 304.

<sup>149</sup> *Yuanli zhi* 苑裏志 [Gazetteer of Yuanli], ed. Cai Zhenfeng 蔡振豐, 1897 (Taipei: Economic Research Office, Bank of Taiwan 臺灣銀行經濟研究室, 1959), 89.

<sup>150</sup> *Shuqilin zhi* 樹杞林志 [Gazetteer of Shuqilin], eds. Lin Baichuan 林百川 and Lin Xueyuan 林學源, 1898 (Taipei: Economic Research Office, Bank of Taiwan 臺灣銀行經濟研究室, 1960), 104.

<sup>151</sup> Lin Fushi 林富士, “Healers or Patients,” 517-520.

<sup>152</sup> *Zhuluo xian zhi* 諸羅縣志 [Gazetteer of Zhuluo County], ed. Chen Menglin 陳夢林, 1717 (Taipei: Economic Research Office, Bank of Taiwan 臺灣銀行經濟研究室, 1962), vol. 8, 136.

<sup>153</sup> Ding Shaoyi 丁紹儀, *Dongying shilue* 東瀛識略, 1848 (Taipei: Economic Research Office, Bank of Taiwan 臺灣銀行經濟研究室, 1957), vol. 3, 35.

Both Imperial Japan and the KMT government cracked down on divination and medium healing. In March 1999, the Ministry of Health and Welfare and the Ministry of the Interior of Taiwan jointly promulgated a decree against any medicinal drug promotion in religion. After 2000, national health policy has banned the use of “secret medicine,” referring to any medication provided by quacks, entranced healers, and everyone else without a legal license. In consequence, local temples and shrines have either canceled their drug-service or replaced it with other ways of promoting health care. For instance, the *Puji* Temple’s 普濟殿 (Tainan city) enshrined deity, Royal Lord Chi, informed his medium that he had decided to no longer give drug formulas, but instead would provide suggestions of food and dietary patterns.<sup>154</sup>

It is true that, on the surface, fewer and fewer spirit mediums practice drug therapy, but the therapy, in reality, is still an active component of life. The number of spirit mediums in Tainan in 1918 was 1114 (and Daoists was 1091 at the time). Even in the most severe religious suppression during the Japanese colonial time, in 1937, police in Dongshi 東石 village (Chiayi county) investigated 329 ecstatic activities that they found illegal. In 1941, there were 578 reported cases in Tainan city.<sup>155</sup> When Arthur Kleinman went to Taiwan in the 1970s, he observed, “by estimates that I made in the field, there must be at the least 800 spirit mediums in Taipei alone.”<sup>156</sup> After 1987, when Taiwan’s Martial Law was lifted, a conservative estimate of the spirit mediums in all of Taiwan was more than ten thousand. It seems things are not so different.

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<sup>154</sup> Interviews with the manager of the *Puji* Temple, Tainan city (Aug. 18 and Oct. 10, 2016).

<sup>155</sup> Kokubu Naoichi 國分直一 1941, p. 90–102.

<sup>156</sup> Arthur Kleinman and Tsung-yi Lin eds., *Normal and Abnormal Behavior in Chinese Culture* (Dordrecht, Holland: Springer, 1981), 211.

In order to understand the therapeutics of spirit mediums, asking why modern people still turn to “vulgar customs” is not likely to be helpful. The survival of mediumship is the result of market supply and demand. In terms of folklore, it is the consequence of old customs being extended and altered by oral transmission to serve the diffusion of local knowledge.

One of my interviewees, a possessed herbal healer, once told me that he is permitted to practice medicine because of his prestige, charisma and the effective formulas he prescribes (otherwise people would go to the police and report him). I suspect that popular Chinese medicine, at the local level, is common knowledge shared by ordinary people. It is a powerful, versatile tool in the hands of spirit mediums. In the remainder of this chapter, I will discuss the God and Buddha Altar, focusing on the interrelationship between folk medicine and popular religion. The entranced drug healer embodies the functions of ritual and medicine, and works through faith to help the individual and the community achieve a sense of harmony and healthy functioning.

### **A Case Study, and Others**

#### **(1) Possessed Drug Healer: Mr. Gong**

Becoming a spirit medium seems random. A god or spirit may call the individual selected to be a spirit medium in various ways. Some of my interviewees grew up in a neighborhood near a temple and were summoned by the temple’s god. Others just passed by a temple. Some people attended religious activities, such as pilgrimage procession or a ceremony of offering incense 進香 (for which many deities gather), suddenly felt dizzy, fainted and were entranced. Certain others were chosen by elderly spirit mediums that

knew them. All candidates must receive *jin* 禁 (“observance of prohibitions”): remain in a sealed room (usually the space under the altar table) for seven to forty-nine days, or longer, alone with his immediate spirits, and be trained and taught during meditation or in dreams. I rarely heard that anyone volunteered to be a spirit medium; someone willing must first be tested by the gods.

Some were chosen to be a spirit mediums when they had retired and returned to their hometown, while some were selected during their teenage years. Mr. Gong, the owner of the God and Buddha Altar, is an example of the latter. Born in 1954 in old Tainan city, Gong has served as the possessed healer to the Altar for almost fifty years. The spirit that possesses him is the Great Medicine Emperor 藥皇大帝; he was “caught” by the Third Medicine Emperor 藥皇三大帝 at the age of fourteen. As a young child, Gong often went to the temple to watch his favorite Chinese hand puppet theater 布袋戲<sup>157</sup> and sometimes assisted in temple events. On the last day of his thirteenth year, he had a dream informing him that the next day he would become the Medicine Emperor’s spokesperson. Gong was frightened; he hid at home all day and the next day, afraid to go out. By midnight, nothing had happened. Gong was relieved and walked down to the main street. While passing by a shop, Gong suddenly found that the actual time was eleven-thirty—his watch’s battery was dead. He started feeling faint and weary and ran home as fast as he could. While he was in a state of semi-ecstasy, the Medicine Emperor appeared to him again and told him that there was no way to escape. Gong praised his

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<sup>157</sup> In large-scale festivals or ceremonies, the temples usually recruit theater groups, including Chinese hand puppet troupes 掌中戲團 and Taiwanese opera troupes 歌仔戲團, for thanksgiving performances 酬神.

power and surrendered to become His disciple. That began his training, which took the next three years.

At first, Gong did not take it very seriously. He had a job during the day in a factory and enjoyed drinking with friends after work. He often was absent from the mediumship training; this caused the Emperor to be upset. As punishment, Gong began experiencing strange incidents at home or in public—suddenly dancing or singing in trance, rolling on the ground or even sleeping in a pigpen. Gong dared not to offend the Emperor again; he became docile to the god.

During the period of mediumship training, every day from nine o'clock at night to five in the morning, Gong had to sit in meditation under the altar-table, sense the impulse of the Spirit, and learn to control the spiritual power interacting with the energy of his body. The First Medicine Emperor taught him basic diagnostic skills such as pulse-taking, listening, inquiring, and smelling, etc. The Second Medicine Emperor was responsible for the techniques of ritual healing. The Third Medicine Emperor was in charge of “boxing” (martial arts) to keep his body in balance.

Gong had to memorize large quantities of detail, take numerous examinations and tests (in meditation of course), avoid alcohol and tobacco, work hard by day and study even harder at night. If lazy or refractory, again, various punishments were inflicted, e.g., falling down the stairs, bloodying his nose, and breaking his bones. “It was sometimes too severe for me as I performed poorly in school and had scored in the lower ranges on group intelligence tests. But I overcame all difficulties that the Emperors granted me!”

said Gong.<sup>158</sup> At the age of seventeen, Gong finally obtained his “degree”——the Emperors’ permission that he could open an Altar and practice medicine 開壇行醫.

## (2) Medicine Kings and Medicine Emperors

The Altar is located in the old region of the Five-Canal Basin 五條港, the largest and most important merchant quarter of Taiwan during the 18th century.<sup>159</sup> As one of the earliest developed area of Tainan city, there are numerous temples and shrines on the streets and alleys. The old saying that Tainan is “the city of hundreds of temples” 百廟之城 mainly refers to this area. Just about twenty steps away from the Altar, the First Medicine King Temple 開基藥王廟 is at the western end of the narrow *Shennong* street 神農街 (original, *Beishi* street 北勢街), one of the oldest and the most traditional streets in the old city.

The Medicine King Temple was founded in 1685; it gained official recognition in 1961 from the historical committee of the government, and has been selected as one of the most prestigious “Eight Temples” 八廟.<sup>160</sup> At the eastern end of the street is the Water Immortals’ Palace 水仙宮, dedicated to the five water lords of ancient Chinese

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<sup>158</sup> Field interview, November 29 and October 15, 2014.

<sup>159</sup> This area is now known as the Five Canals Cultural Preservation Zone 五條港文化園區, covering most parts of the Central and Western District of Tainan city today. Its five waterways played an important role in the local economy as a connection to the external world for the import and export of goods to or from southeastern China and the countries of southeastern Asia. The canals are long gone.

<sup>160</sup> There are fifteen officially selected temples known as the “Seven Buddhist Temples and Eight Popular Temples” 七寺八廟, which all were founded in the 17th and 18th centuries. They became the most famous and oldest religious centers for residents in the old Tainan area. See Guo Ruiyun 郭瑞雲 1993, *Fucheng qisi bamiao* 府城七寺八廟 [The Seven Buddhist Temples and Eight Popular Temples in Old Tainan City] (Taipei: Daojiao tansuo, 1993), 1-7.

tradition,<sup>161</sup> surrounded by a sea of meat and vegetable stalls of the Water Fairy Temple Market 水仙市場. There are many herbal shops in the Market and stalls in the neighborhood selling herbal tea (i.e., cooling tea) 青草茶. There is not sufficient evidence to define the relationship between the Medicine King Temple and the local pharmaceutical industry or consumer culture.

Historians have written that the nature of Medicine King varied over the dynasties. The term *yaowang* 藥王 (“Medicine King”) first appeared in Buddhist canonical translations. During the Song dynasty, Wei Shanjun 韋善俊 (595–694; Daoist priest) was considered the Medicine King; in the Ming, Wei Cizang 韋慈藏 (664–741; an imperial court physician) came to be accepted as the *yaowang*; during the late Ming and Qing, people identified this god with Sun Simiao 孫思邈 (alive 673).<sup>162</sup>

Others have also been worshipped as the Medicine King, such as the legendary physician Bian Que 扁鵲, the Eastern Han physician Han Kang 韓康, and the legendary emperor Shennong 神農. The most popular other curing deity in Taiwan and other Minnan areas is Baosheng dadi 保生大帝 (“Great Emperor Who Protects Life”).

The description of the Medicine King Temple of Tainan in the *Chongxiu Taiwan xianzhi* 重修台灣縣志 (1752), mentioned the “Three Emperors” (*sanhuang* 三皇, i.e.

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<sup>161</sup> The five water lords include the flood-controller as a legendary ruler in ancient China, Yu the Great 大禹; the “God of the Waves” Wu Zixu 伍子胥; the poet and minister Qu Yuan 屈原, who committed suicide by wadding into the Miluo River; the poets Wang Bo 王勃 (650–676) and Li Bai 李白 (701–762), both of whom died from drowning. The five have been long considered together, particularly in Taiwan, as “Revered Lord of Water Immortals” 水仙尊王.

<sup>162</sup> Zheng Jinsheng 鄭金生 “Zhongguo lidai yaowang ji yaowang miao tanyuan” 中國歷代藥王及藥王廟探源 [An Exploration of the Origins of the Medicine Kings and the Shrines of the Medicine Kings in Chinese History], *Zhonghua yishi zazhi* 中華醫史雜誌 24, no. 2 (1996), 65-72.



Huangdi 皇帝, Shennong 神農 and Fuxi 伏羲). They were worshipped as part of the imperial cult under Mongol rule (1279-1368). In the Ming, after 1371, all localities were ordered to end this sacrilegious worship. Between 1521 and 1566, the *sanhuang* cult was rebranded.<sup>163</sup>

In her *Medicine and Society in Late Imperial China* (2009), Chao Yuan-ling investigated the establishment and decline of medical orthodoxy in from the late 13<sup>th</sup> century on. The Yuan dynasty (1279-1368), the rule of Mongol conquest, did not value an exclusively Chinese creation, and diluted the prestige of the classically trained Chinese scholars and elites. In the Ming, popular religion fell from favor:

The disapproval by the Ming court of provincial worship of the Three Emperors meant the cessation of funding for the *sanhuang miao* in the local districts. This contributed to the decline of many *sanhuang miao*, but, at the same time, allowed for the transformation of this physical space into a site that could be shaped by local traditions... One of [the gods worshipped] was the *yaowang* [Medicine Kings] who became increasingly popular throughout the country as the importance of the Three Emperors declined.<sup>164</sup>

Chao also uses many examples of Medicine King Temples in the city of Peking identified by Susan Naquin and claims that:

Due to the changing nature of the *sanhuang miao* in the Ming and Qing, many temples gradually came to be patronized by the medicinal herb sellers and also common people who were seeking treatment for illnesses. The success of the temples thus depended upon the perceived efficacy of the healing powers of the deities. Although efforts such as the Suzhou medical students to restore the *sanhuang miao* showed that there were attempts to re-establish the importance of the medical orthodoxy and thereby elevating the status of the physicians, temples

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<sup>163</sup> *Chongxiu Taiwan xianzhi* 重修台灣縣志 [Recompiled Gazetteer of Taiwan County], ed. Wang Bichang 王必昌, 1752 (Taipei: Economic Research Office, Bank of Taiwan 臺灣銀行經濟研究室, 1961), vol. 6, 177.

<sup>164</sup> Chao Yuan-ling, *Medicine and Society in Late Imperial China: A Study of Physicians in Suzhou 1600-1850* (New York: Peter Lang, 2009), 70.

in late imperial China increasingly came to be localized.<sup>165</sup>

One should keep in mind that there was no orthodox medical tradition in Taiwan; most of the records from early periods reported healing by wizards. The Medicine King Temple in Tainan city was commanded by Yaoguang, 姚廣, a lieutenant at a small military camp 道標千總 during the reign of Qing emperor Kangxi. I do not agree that the cult of Medicine Kings in Taiwan was as a result of “the transformation of many *sanhuang miao* into *yaowang miao* [which] could be seen as an acceptance of the cultural authority of the elite tradition in medicine, as many of the figures worshipped were famous physicians.”<sup>166</sup>

Initially, the worshippers at the Medicine King Temple had believed that the deity enshrined was Shennong, as the figure of the statue has two horns on the top of his head (an ancient legend tells that Shennong was a human being with a buffalo head). His torso was bare, adorned only with leaves, and in his hand he held a rice panicle symbolizing the harvest that was to come.<sup>167</sup> A government-appointed investigation, however, judged that the deity was Bian Que. This identification was based on two reasons: in his daily reports of his tour of Taiwan, Gao Shiqi 高士奇 (1644–1703), vice director of the Ministry of Rites 禮部侍郎, remarked that “The Medicine King Temple commonly worshipped Bian Que” 藥王廟專祀扁鵲. The investigators declared that if the deity was

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<sup>165</sup> Ibid, p. 71.

<sup>166</sup> Ibid, p. 71.

<sup>167</sup> Shennong is known universally as the legendary originator of Chinese herbal medicine, said to have developed herbal medicine by tasting hundreds of herbs 嚐百草 and selecting those suitable for health care. Legend also says that Shennong helped people transition from a diet of meat and wild fruits to one based on grains and vegetables.

the legendary emperor Shennong, the Temple would have been named Medicine Emperor Temple 藥皇廟 instead of Medicine King.<sup>168</sup>

As a result, the Temple's managers were divided into two factions; one wanted to follow up on the findings, and the other rejected them. The latter insisted that the deity was an Emperor (whether Bian Que or Shennong) because the descended spirit called himself Emperor. There was a growing rift between the two groups. In 1969, when the rear hall of the Temple was demolished due to urban renewal, only the main hall survived. The supporters of the official report decided to end mediumship and healing in line with the government's promotion of anti-superstition.

At the time, Mr. Gong's father ran a grocery store about four blocks from the Medicine King Temple. He personally worshiped Royal Lords Lei 雷府王爺 and Bai 白府王爺 at home, and also sometimes assisted the spirit medium of the Medicine King Temple in recording oracles before the mediumship was ended. One day, the Third Medicine Emperor appeared to Gong's father and told him to help "aid the world." According to legend, Royal Lords Lei and Bai had received help from the Third Medicine Emperor, so they decided to be His disciples and study medicine with Him. Gong's family believed that this was one of the reasons that they had been selected.

Soon after that, the Medicine Emperor's "golden body" 金身 (i.e., the image) was invited into Gong's house and seated at the altar. The Medicine Emperor later bestowed the title of *Shenfo tan* 神佛壇 ("God and Buddha Altar") on it. Meanwhile, supervised

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<sup>168</sup> See Hong Minlin 洪敏麟, *Tainan shiqu shiji diaocha baogaoshu* 台南市市區史蹟調查報告書 [Investigation Report of the Historical Relics in Tainan City] (Taichung: Taiwan Historica 臺灣省文獻委員會, 1979), 164.

by the Third Medicine Emperor, Gong was studying mediumship.

One year later, the Third Medicine Emperor again appeared to Gong's father and said he wanted to move back to the neighborhood of the Medicine King Temple. In 1971, the Gong family relocated to Shennong street. Gong had completed his mediumship training and started working with the Medicine Emperor, "practicing healing to aid the world" 行醫濟世. The Altar originally was just an individual family altar, but when Gong had become a mediumistic healer it was opened to the public. In 1982, the Altar was removed from Gong's house and became an independent religious "clinic."

Not only is Gong the mouthpiece for the Medicine Emperor, but he also possesses the power of the Emperor. The mediumship training ensured Gong's comprehension of the Medicine Emperor's diagnoses, prescriptions and divination. At present, the Altar is controlled by Gong and his two sons. Its construction is not more elaborate than that of the public temple; it is simply a room with about fifty statues of deities and spirits, large and small. No one guards it; it usually is open when the séance starts at night. The Altar also has its own minor rite group 小法團 (a religious troupe, usually four to twelve people, following the divine palanquin during the procession to protect its deity from harassment by evil spirits, see Chapter 2). This group belongs to Xin Nuo 辛諾 branch, one of the most important red-head minor rite lineages 紅頭小法, which participates in boisterous religious celebrations and other activities.

The Medicine Emperor of the God and Buddha Altar seems to have more affinity with the cult of the Royal Lord (*wangye* 王爺), the most popular belief and practice in Taiwan, than with that of the Three Emperors. The next section focuses on the legends

and stories of the spirits of the God and Buddha Altar, and depicts the relationship between the Medicine King and Royal Lords, as well as the interaction between the Altar and local society.

### **(3) Legends and Stories**

Legends and folktales are created by people as a way to explain things that happened in their lives. Temple legends and folktales of numerous deities in Taiwan can add immensely to an understanding of popular religion in daily life. Rather than dealing with religiosity (doctrines, devotees, and sacred scriptures), people of the God and Buddha Altar enjoy recounting heroic deeds—how a deity saved someone’s life, cured a tough disease, solved a difficult problem or helped someone out of trouble—as part of their life experience. When a deity descends, people usually warily and respectfully seek advice and are diagnosed and prescribed a formula. When they become familiar with each other, the patient and the possessed healer even sometimes ridicule, mock and tease each other with dirty words, just as friends do.

These anthropomorphized deities reinforce a belief in spiritual power and the possibility of miracles. The divine family of the God and Buddha Altar includes not only the three Medicine Emperors, but the five major Royal Lords as well as numerous minor deities and guest spirits 客神. This social network helped the Altar gain fame. Gong repeatedly has stressed that they differ from the denizens of the Medicine King Temple. Comparing their supernatural networks supports his claim.

In the Altar, according to Gong’s description, the First Emperor is Medicine Buddha 藥師佛, the Second Emperor is Fuxi 伏羲 and the third is Shennong 神農. We have no

evidence to substantiate that this is the Three Emperor belief of late imperial China. It is evident that the people who worship at the altar do not care who the Medicine Emperor is.

As for the Royal Lords, known as *wangye* 王爺,<sup>169</sup> the five in the Altar are: Lords Zhang (Zhang Xun 張巡), Li (Li Bo 李白), Mo (Mo Xie 莫邪), Lei (Lei Wanlong 雷萬龍) and Bai (*Baihe tongzi* 白鶴童子; “Lad of White Crane”).<sup>170</sup> The incense of Lord Lei is derived from the Palace of Lingzhou in Tainan 台南菱洲宮, and that of Lord Bai is transferred from the Palace of Heaven and Harmony 天和宮 (Tainan) and the Palace of Shaduo 沙多宮 (Kaohsiung).<sup>171</sup> Both of them were disciples of Medicine Emperors. Lord Bai is well known particularly for his healing powers in the Palace of Shaduo, where I met an elder who told me that he wanted to pass on his legacy to me—the way of cultivating *qi* and *tanglangquan* 螳螂拳 (Mantis Boxing), which was gradually

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<sup>169</sup> According to Paul Kaze, *wangye* refers to a wide variety of demons and deities, including plague spirits 瘟神, kings of epidemics 瘟王, all manner of vengeful ghosts 厲鬼, and the spirits of historical figures such as Koxinga 鄭成功. (See Paul Katz 1997) I tend more to agree with Liu Zhiwan’s 劉枝萬 classification of *wangye*: (1) deities: not plague spirits, but spirits with names and common appellations; (2) historical figures; (3) persons with fine behaviors, brave and honorable men; (4) vengeful ghosts; (5) plague spirits; and (6) others: such as gods of theater, gods of materials, and gods of nature etc. See Liu Zhiwan, *Taiwan minjian xinyang lunji* 臺灣民間信仰論集 [Essays on Folk Belief and Folk Cults in Taiwan] (Taipei: Linking Publishing, 1983), 227.

<sup>170</sup> Royal Lord usually is worshipped as a group of gods: *sanfu qiansui* 三府千歲 (“The Lords of One Thousand Years of the Three Prince’s Palaces”), *wufu qiansui* 五府千歲 (The Five Lords) and *qifu qiansui* 七府千歲 (The Seven Lords). The five (*wufu* 五府) is the most common set.

<sup>171</sup> “Dividing incense” 分香 is important because it links a shrine to its ancestral temple 祖廟 devoted to the same deity. Each time a new group is formed, it collects ashes from the incense burner in the ancestral temple to add into a new burner which belongs to the new community. This division expresses the tie between the two communities—a tie of economic and cultural exchange, and the duty of mutual aid. See Kristofer Schipper, *The Taoist Body* (Berkeley: University of California Press, 1993), 23; Fabrizio Pregadio, *The Encyclopedia of Taoism*, 585–586.

disappearing!<sup>172</sup>

The coming of Lords Zhang, Li and Mo to the Altar was a series of chance encounters. In the early 1970s, one day the Altar was invited to help out at the annual incense meeting 會香 at the *Taixi Anxifu* 台西安西府 (Hall for Pacifying the West in the Taixi region, which worships Lords Zhang, Li and Mo) from Tainan city to Yunlin county. Arriving at the Hall, the Altar's people found a peach tree in the backyard, whose branch was perfect for the pole of a Black Command Flag 黑令旗 that they had been seeking for a long time. They immediately set up a simple altar facing south (the direction of the Altar), reported to the Emperor of Medicine and soon received approval (by means of divination blocks). They asked if they could have a branch of the peach tree, and the committee of the Hall delightedly agreed; they proposed an exchange for the incense fire 香火 to establish a mutual bond.

Without delay, the Altar people started preparing the implements and substances for the “dividing incense” 分香 ritual, and arranged a date to pick up the branch. When the date came, however, some elderly villagers opposed the ritual. They insisted that the divinity of the peach tree was indivisible—unlike matter which was divisible—and was one in every aspect of unity. The standoff between the Altar and the villagers seemed likely to continue, until the management of the Hall suggested that they toss the divination blocks and watch how they land, which would indicate the god's will.

The opposition agreed only if the Altar constantly could gain the “divine answer” (agreement or permission; one moon-shaped block landed flat-side up and the other down)

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<sup>172</sup> Fieldwork on January 2, 2016. The *Shaduo* Temple 沙多宮 worships Royal Lords Chi 紀, Fan 范, Lei 雷, Bai 白 and Wu 伍 as a team specialized in exorcism and healing.

twelve times. Gong's father, the leader of the delegation, held up the incense burner in his hand and silently recited the Medicine Emperor's name for help. As a result, the Altar gained the approval by having thirteen successful throws of the blocks. The elders, dumbfounded, stopped objecting.

Due to financial constraints, the Altar could make only one statue (Lord Zhang) with the incenses of the three Lords; the Hall installed an incense burner of the Medicine Emperor in front of a new statue of the Great Emperor of Shennong 神農大帝. The trading relationship bound the two religious communities together in a peer-to-peer network that influenced each other's beliefs and cults.

Eventually, the group system of Lords Zhang, Li and Mo was divided into two: the northern system is Zhang Xu, Li Bi 李泌 (official of the Tang dynasty) and Mo Ying; the southern system is Zhang Xu, Li Bai 李白 (of the Tang dynasty) and Mo Xie. If you wonder why the famous poet Li Bai is involved here, I have raised the same question to the Altar. "Because he descended and identified himself," laughed Gong.

#### **(4) Séances, Formulas, and Medical Book**

The Altar holds its séances on days 3, 6, 9, 13, 16, 19, 23, 26 and 29 of the lunar month; no matter the weather or holidays. The séances started at 8 pm. and usually end at 11 pm., depending on the number of "clients." Although the Three Medicine Emperors and the five Royal Lords were major deities of the Altar, numerous guest deities, brotherhood gods, friend's friend spirits have visited the Altar. Sometimes they came to assist the descended healer, exchange views about medicine or advance their healing skills. Since each deity has his/her own characteristics, Gong's assistants have to identify



carefully who descends into Gong's body. To keep things relatively orderly, the Altar makes a clear rule: The Medicine Emperors and the relevant deities take precedence in even-numbered months, and the priority for Royal Lords and the related spirits is in odd-numbered months.

The principal function of the séances is “aiding the world” 濟世, which is ordinarily done in the Altar through two ways: “asking about diseases” 問病 and “asking about affairs” 問事. Before the séance starts, people go to the registration table (next to the main gate of the Altar), identify their needs or problems in one or the other category; provide their names, birth dates and ages; and then wait outside the Altar for their appointments. A huge, powerful Black Command Flag 黑令旗 with talismans and spells in white characters on it is placed at the door. The flag is not only used in the Altar's minor rite ritual 小法儀式, but protects the séances from the attacks of evil demons. A row of plants next to the Flag, such as horsetail grasses and crossostephiums, serves the same purpose and provides medicine.

One of Gong's sons takes charges of issues outside the Altar, such as new visitors' inquiries, maintaining order, etc. The other son is responsible for issues inside the Altar, serving as an assistant to Gong. He stands at his father's right side, and is in charge of delivering ritual materials and interpreting what the descended deity says to the person. Another assistant, standing at Gong's left side, is in charge of registration, reporting at the beginning the total number of visitors for the day (including how many for managing affairs, and how many for managing diseases) and calling the name of the person when it is time to get ready. The third assistant sits at a small table near Gong; she is responsible

for writing down the formula the deity prescribes. Many years ago, Medicine Emperor cured a continuous tingling in her left arm, which no doctor could diagnose. She dedicated her life to volunteering at the Altar. She studies herbs and spices at home, which ensures she understands exactly what the first assistant says. There are also two or three helpers around, usually neighbors or Gong's friends, doing some temple chores. Assigning specific duties and a good level of cooperation make the Altar run well.

An incense burner with smoke is placed on the top of a stool. Gong enters at 8 p.m., walks barefoot (to connect earth and heaven), and uses *kóo-á-tsuá* 古仔紙 (Taiwanese; a kind of Chinese joss paper 金紙, smaller and curled) to clean the space, the stool and himself. He also uses the smoke from the incense burner to wash his hands and face. He then sits on the stool, closes the eyes, and silently waits for the deity to come. Sometimes it takes as long as a quarter hour. When the deity enters him, Gong's upper body starts shaking more and more violently until he assumes the pose that identify the descended god.

His assistant immediately holds up the incense burner, and his head is almost buried in smoke. It is obvious that incense plays an important role in the séances, particularly when the deity comes and leaves. It seems to bridge the two worlds together, secular and sacred, and the smell calms Mr. Gong's souls. When he is completely entranced and possessed by the deity, he gives a shout. The burner-assistant immediately bends and bows with clasped hands, and sings (he has already identified the deity): "We sincerely welcome your visit, the Greatest Lord Mo (or other deity). Please open the séances!" Gong stands up and leans forward to the altar table. He breathes in the smoke again, waits until he is ready, and starts chanting "celestial words" 天言 (a rhythmic language which

no one can understand). The first client comes in.

For each individual, the encounter includes three parts: inspection, diagnosis and treatment. After stating the patient's basic information and problem, the assistant lights joss papers, and moves up and down in front of the patient, giving the deity access to examine the inside of the body. Gong is stationary, his eyes are closed, and there is the noise of his fingers are drumming on the surface of the table, which relates to the inspection that the deity is making. Different deities have different styles. For example, the Medicine Emperor may also ask to examine the tongue and pulse (if the question is about health), and Royal Lord Bai frequently asks questions about daily life.



Figure 8 The assistant holds up the incense burner, and Gong is breathing the smoke. Royal Lord Mo has descended; he can be identified by Gong's right elbow curved in a clenched fist gesture. The woman with the mask is one of the assistants in charge of transcribing herbal formulas.



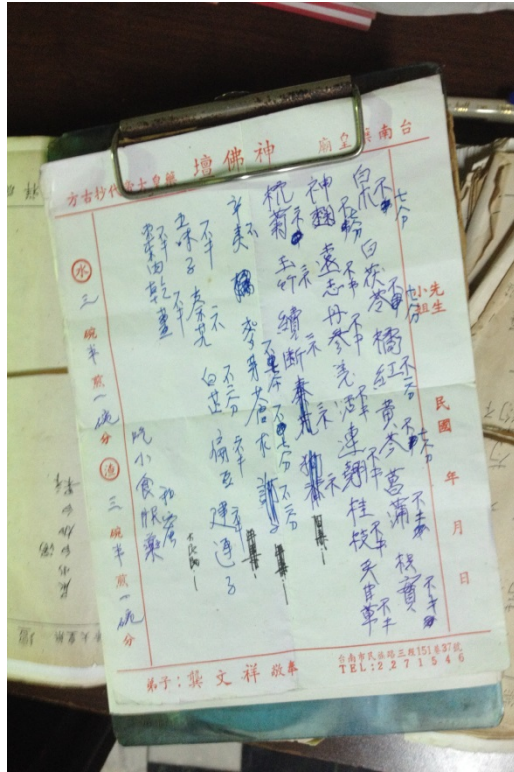


Figure 9 The patient brought the previous formula to Medicine Emperors. The strikethrough refers to subtracted and added materials based on current condition and needs. (God and Buddha Altar, Oct. 12, 2014.)

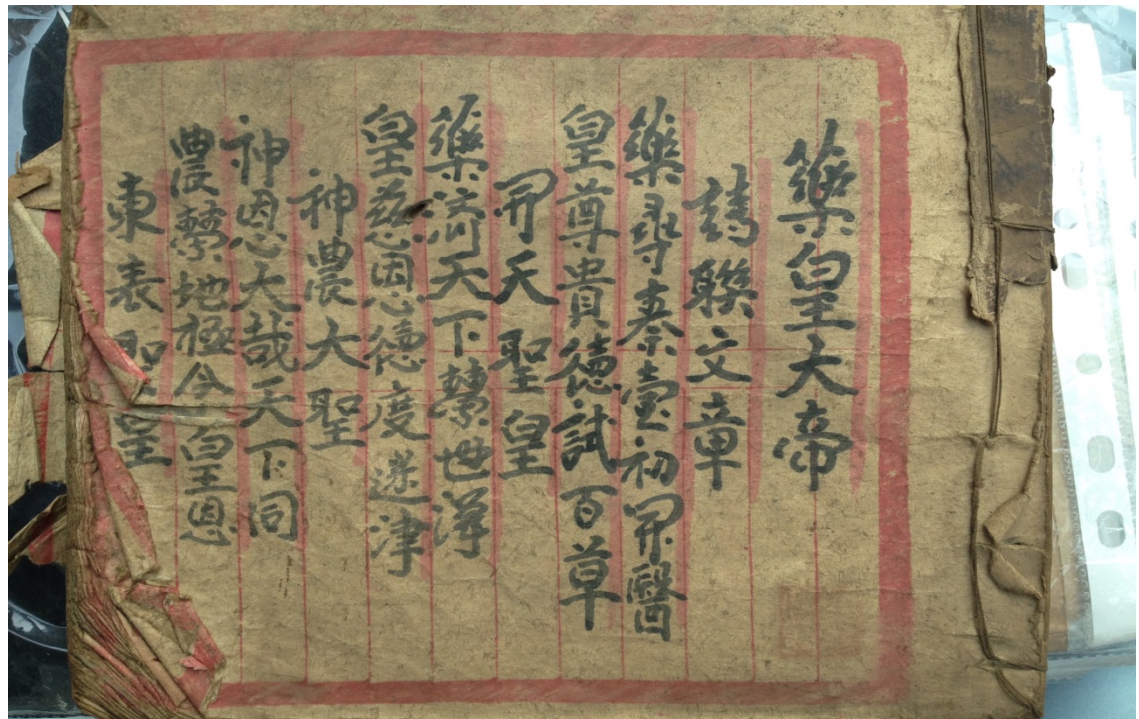


Figure 10 The Medical Book of the God and Buddha Altar.

After the inspection, the deity explains the diagnosis problem and outlines the treatment plan. As it is hard to understand the “celestial words,” Gong’s son translates and interprets for the visitors, sentence by sentence. Mostly, the problems and diseases are caused by a static *qi*, inadequate energy, or offending spirits. There usually are two basic treatment plans: exorcism or medical formulas. Smaller problems can often be healed at the Altar by the power of the deity, the Command flags 令旗, the spells and the talismans. For individuals with more complex difficulties, the deity requires an exorcism, such as a *buyun* 補運 (to replenish fortune) or *jigai* 祭改 (to change luck). Sometimes, Gong is invited to visit hospitalized patients and summon protective guardians to protect them, or to visit residences to purify a space.

When an herbal formula is given, often by the Medicine Emperors, the female assistant steps forward, listens, and carefully writes down the names and quantities of the ingredients to be included. Usually, there are fifteen to twenty kinds of herbs in a single formula. Some patients have bring the previous prescription to the Medicine Emperors so that, based on current conditions and needs, the gods can subtract or add materials 加減方. People can obtain the medicine from any traditional pharmacy; the Altar does not order or fulfill the prescriptions. Yoshimoto Shoji believes “divine formulas” amount to economic cooperation between spirit mediums and traditional drugstores. The pharmacists check each ingredient’s property and the combined function, and sometimes modified them to ensure drug safety.<sup>173</sup> During my fieldwork, I found some spirit mediums working with local apothecary shops, which usually are run by their family

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<sup>173</sup> Yoshimoto Shoji 吉元昭治 1989a, pp. 112-113.

members or close friends. The reason the Altar does not provide pharmaceuticals, Gong assured me, is that he has full confidence in the Medicine Emperor and his prescriptions.

The medical book, passed down from Gong's father, who compiled the formulas that the Medicine Emperors granted to him, is a source of pride and confidence for the Altar. Gong and the others believe it makes the Altar unique. The book includes five parts: for adults (100 formulas), for children (60 formulas), for eye disease (90 formulas), and for external problems (such as bruises and ulcers, 60 formulas) and "ancient formulas" 舊醫方 (talismans). The first few pages of each part contain an introduction (some are in rhyme) praising the Emperor's power, and teaching morality and ways to maintain fortune and health. It looks simply like any other medical book that I have collected from other temples, but they often use divination lots to select the answers. (see Chapter 3). In certain situations, the Medicine Emperor has asked the female assistant to check certain assertions in the book as if it were a dictionary or reference book.

The observation that some formulas revealed at the séances differ from any in the book suggests that the Altar relies on oral rather than written prescriptions. It is obvious that oral modes remain dominant. The relationship between oral and written dimensions in the Altar begins to make sense under the hypothesis that the medical book stands as a symbol of specialty, referring to the localized medical beliefs as well as to reliable treatments.

It is not usual to find other cases like the Altar. Many temples offer only simple herbal liquids or prescriptions; these contain usually two or three kinds of common ingredients for their patients, part of shared popular knowledge of Chinese medicine.

Some spirit mediums are cautious and cagey around each other, and whenever they

feel threatened. An exaggerated example happened when I visited Mr. Huang, a mouthpiece of the Great Immortal Caofei 曹飛大仙 who has opened two “clinics”: one is affiliated with a public temple, and the other is on the first floor of his house. My friend, who has a good rapport with him, assisted me in contacting him before I came. When I arrived at his house with my video recorder and camera, however, he rejected my interview request (but allowed me to stay and watch). Although in trance, he was alert and very much aware of what I did and what was going on around him. His wife even moved to guard the door. Three people were waiting for their appointments in the living room, and started asking me about my education, my background and my age. Mr. Huang looked indifferent, but I sensed that he had heard all the conversations.

Next day, I visited the other “clinic” affiliated with the temple without appointment, as I thought events in the temple were public. The séance was in progress, but the door was closed. I finally went in along with the last client, who allowed me to stay with her. The entranced medium (Mr. Huang) unexpectedly faced me and said, “I know you... your age is... you were born in... We are honest and true to ourselves, all medicine is safe.” I was not surprised at his abrupt statement but shocked by the feeling of threat, which continued until I noticed that all the formulas prescribed during the séances were delivered to a drug store that was owned by his sister.<sup>174</sup>

It turns out to be understandable why certain spirit mediums become anxious when a stranger (like me) appears. Serving as a medium and purposely selling medicine and drugs, the medium can run the risk of going to jail. Instances of such violations often are found in newspapers or on television broadcasts. For Gong and the Altar, these people are

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<sup>174</sup> Fieldwork in Tainan city, November 17 and 18, 2014.



frauds who fake their abilities for personal gain. The boundary between law and medical tradition, however, can be a fuzzy one. Just a few months ago, a spirit medium in Kaohsiung city was arrested because the formulas he prescribed during séances contained Chinese medical drugs 中藥材, such as *tianma* 天麻 (gastrodia), *duzhong* 杜仲 (eucommia), *danggui* 當歸 (Chinese angelica) and *gancao* 甘草 (licorice root) that violated “folk arrangements for health care” 民俗調理 recognized and organized by the Department of Chinese Medicine and Pharmacy, Ministry of Health and Welfare. The medium insisted that he did not perform any medical service (it was the deity!), he did not charge any person, and everyone knew that he was not a “doctor.” Eventually, he was convicted of a violation of the Physicians Act 醫師法 and sentenced to six months in jail, which can be commuted to a fine of NT\$ 180,000 (about US \$5,800).

### **Conclusion**

This chapter focuses on spirit mediums practicing healing with materia medica. By reviewing historical records and studying contemporary mediumship, I have learned that the “wizard tradition” in Taiwan influences and can be influenced in ways that create or add significance where there was none before.

Instead of sophisticated doctrines, hermeneutics, and the orthodox upper-class religious tradition, spirit mediums play a significant role in popular religion, closer to the everyday life of its followers than official religions. Throughout those exciting stories, spirit mediums are in touch with a world full of deities and spirits, personalized and characterized as friends, superiors, guardians, as well as local hooligans, ruffians, or members of the mafia. Sometimes, they seem to be human beings taking care of believers,

undertaking their affairs, and putting forward plans and executing them. People find them attractive and plausible as part of their lives.

I believe that popular religion, in Taiwan and elsewhere, in a way, operates through men's original self-fulfilling quest for legends, ritual, and beliefs. For example, it was said that the temple initially was called "*Pangu* Medicine Emperor Temple" 盤古藥皇廟, but there was no actual record to prove this was indeed the truth. Nevertheless, I came to learn that the beliefs of the Medicine Emperor and Medicine King are two separate systems and communities. Legends and stories enable a cultural group to share and keep their identity. Elaborated stories strongly personify the deities, explain the world around us, and deliver meaning for our existence.

Stories that are interesting and easily told quickly spread and convert new members. Transmitting belief is a fundamental part of popular religion. Although the government has banned folk medicine for decades, it has survived as popular religion, taking advantage of the latter's value.

The figure of the Medicine Emperor stands just at the borderland between religions and medicine. Formula that a deity grants is a medicine that people believe has power over meaning. It is not a mere placebo. Nor can I judge their ingredients by biomedical criteria. Popular knowledge of medicine is deeply rooted, and human motivations transmute it into a religious form.

## CHAPTER 5

### PERFORMANCE, SYMBOLS, AND THE RITUAL WITH DRUGS

The theatre is so to speak the most human and universal art of all, the one most commonly practiced, i.e. practiced not just on the stage but also in everyday life.  
——Bertolt Brecht<sup>175</sup>

This chapter focuses on *yaochan* 藥懺, the popular rite of medical repentance. It is performed for those who died of disease. In many Daoist and popular religious rites in Taiwan, such as that of merit (*gongde* 功德), which accumulates merit for the dead to send them to a better next life, and that of “Attacking the Fortress” (*dacheng* 打城), releasing and saving the dead from the abyss by breaking the fortress of hell. This chapter concentrates on the symbolic use of drugs and medicines in the rite, and how popular religion simplifies the complexity of life into actions that common people can understand easily.

#### **Yaochan and Local Society**

*Yaochan* is the abbreviation of *Yaoshi baochan* 藥師寶懺 (“Ritual of Precious Repentance for Medicine Masters”; sometimes “for the Medicine Master Buddha” 藥師佛 or “for the Medicine King” 藥王). People believe that due to the compassion and the blessings of the Medicine Masters, the deceased has made a full recovery from his

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175 Bertolt Brecht, *Brecht on Theatre: The Development of an Aesthetic*. Edited and translated by John Willett (New York: Hill and Wang, 1992 [1957]), 152.

sickness and is able to start his journey to the Western Pure Land (*xitian* 西天) or to the world of immortals for a better rebirth. We are not entirely clear about the origin of *yaochan*. It could have been influenced by the cult of the Medicine Buddha (*yaoshifo* 藥師佛), adapted and transmitted by Daoist healers, and, interacting and blending with local customs and beliefs, that popular priests practice in vernacular rituals.

As in many other religions, in Mahayana traditions (the common form of Buddhism in East Asia) the spiritual causes of illness and the explanations of the healing process as spiritual growth spread cultic worship. Many sutras and scriptures deal with disease and illness by identifying a variety of remedies, such as simple surgical procedures or herbs, foods, and medicinal potions. Their teachings also encourage devotees to worship Buddhas or bodhisattvas associated directly with medicine and healing as saviors who rescue people from their insufferable circumstances.<sup>176</sup>

One of the supreme beings is Bhaisajyaguru, the “Medicine” or “Healing” Buddha, known for alleviating suffering and restoring health to both individuals and the nation. According to Suzuki Yui, the worship of the Medicine Buddha first developed in Central Asia during the late 3rd century, and was transmitted to China along one of the Silk Routes during the early 4th century.<sup>177</sup> Numerous material evidences of the Medicine Buddha cult in China, such as paintings of Bhaisajyaguru and his Lapis Lazuli Pure Land

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<sup>176</sup> See Pierce Salguero, “Introduction,” *Translating Buddhist Medicine in Medieval China* (Philadelphia: University of Pennsylvania Press, 2014), 1-22; also see Fan Jiawei 范家璋, “Wei Jin Nanbeicao Sui Tang shiqi de yixue” 魏晉南北朝隋唐時期的醫學 [Medicine in Wei, Jin, Northern and Southern, Sui and Tang Dynasties], in *Zhongguoshi xinlun: yiliaoshi fence* 中國史新編: 醫療史分冊 [New Perspectives on Chinese History: History of Health Care], ed. Research Group of the History of Health and Healing (Taipei: Linking Publishing, 2015), 151-193.

<sup>177</sup> See, for example, Suzuki Yui, *Medicine Master Buddha: The Iconic Worship of Yakushi in Heian Japan*. (Leiden: Brill, 2012), 7,

(the Western Pure Land of Amitabha Buddha), have been found at Buddhist sites such as Longmen 龍門 and Dunhuang 敦煌.<sup>178</sup> They show that this Buddha had a faithful following during the Sui (r. 581–618) and Tang (r. 618–907) dynasties. From China, the cult reached the Korean peninsula during the early 7th century, and later became a dominant force in Japanese Buddhism.<sup>179</sup>

The Medicine Buddha cult in China was reshaped and modified over time to be acceptable to people at the grass roots. Its liturgies alternated with Daoist and popular liturgies; we do not know which was the original one. For example, the method of “making the banners and lamps for prolonging life span” 幡燈續命法, one of the most important rites in the cult of Medicine Buddha, was actually very similar to the Daoist ritual of “extending life” 延命儀軌, which also included hanging banners and lighting lamps to bring light to gloomy hells; it was performed during the Great Yellow (or Golden) Register Retreat 黃籙、金籙齋儀. The Buddhist concept sought to liberate people from the cycle of rebirth and enable them to live without hindrance. On the other hand, people devoted to Daoism were interested in the Great Way of Transcendence, and believed that rigorous self-cultivation led to longevity and ultimately to immortality.<sup>180</sup>

Scholars have different opinions on whether Buddhism or Daoism originated the Medicine King. Fa Lin 法琳, a Buddhist monk during the Sui and Tang dynasties, in his

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<sup>178</sup> See Nagai Shin'ichi, “Chūgoku no Yakushizō” 中國の藥師像 [Chinese Figures of Medicine Buddha], *Bukkyō geijutsu* 佛教藝術, 159 (1985), 54-55.

<sup>179</sup> Gorai Shigeru 五來重. “Yakushi shinkō sōron: Yakushi nyorai to shomin shinkō” 藥師信仰總論: 藥師如來と庶民信仰 [The Cult of Medicine Buddha: Bhaisajyaguru and Popular Belief], in *Yakkushi shinkō* 藥師信仰, ed. Gorai Shigeru (Tōkyō: Yūzankaku 雄山閣, 1986), 3-12.

<sup>180</sup> Fu Nanzi 傅楠梓, “Zhonggushiqi de yaoshi xinyang” 中古時期的藥師信仰 [The Cult of Medicine Buddha in Medieval China] (M.A. thesis, Hsuan Chuang University 玄奘大學, Taiwan, 2000), 81.

*Bianzheng lun* 辯正論 insisted that Buddhism was the initiator,<sup>181</sup> while modern scholars such as Mochizuki Shinko 望月信亨 and Xiao Dengfu 蕭登福 have argued for a Daoist origin, mentioning its relation with the primitive worship of Light.<sup>182</sup> We may never know the answer——maybe it does not matter——but these interactions among Buddhism, Daoism and popular religion have shown the diversity and variability in forms and functions rather than an essential identity.<sup>183</sup>

*Yaochan*, an important rite involving the Medicine Buddha, combines Confucian ritual tradition, Daoist confession of sins, and Buddhist views of repentance. It appeared in Chinese history as early as the Northern and Southern dynasties (A.D. 420–589) and flourished during the Tang dynasty (A.D. 618–907). Those concepts, related to Mahayana Buddhist traditions such as prolonging life span 續命, confessing sins 懺罪, dispelling disasters and removing calamities 消災除難, gained currency during that time, and a number of repentance texts written by Buddhist experts as well as support from the government upgraded repentance rites. Some, such as *Lianghuang baochan* 梁皇寶懺 (“Precious Repentance for the Emperor Liang”), *cibei sanwei shuichan* 慈悲三昧水懺

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<sup>181</sup> See *The Taishō Tripitaka* 大正新脩大藏經, 52: 548b.

<sup>182</sup> Mochizuki Shinko, *Bukkyō kyōten seiritsu shiron* 佛教經典成立史論 (Kyōto: Hōzōkan, 1946), 415–416; also see Xiao Dengfu 蕭登福, *Daojiao shuyi yu mijiao jianji* 道教術儀與密教典籍 [Daoist Ritual and Esoteric Buddhist Texts] (Taipei: Xinwenfeng, 1994) and *Nanbei doujing jinzhū jinyi* 南北斗經今註今譯 [Contemporary Commentary and Translation of Scriptures of Northern and Southern Dippers] (Taipei: Xingtiangong Foundation, 1999).

<sup>183</sup> Many minor examples also could be found, such as the interdependence among Medicine Buddha’s twelve guardians, the twelve Chinese zodiac signs and the twelve Earthly Branches 地支 (see Xiao Dengfu 蕭登福, *Daojiao yu fujiao* 道教與佛教 [Daoism and Buddhism], Taipei: Dongda, 1995, 186–205), and the relationship between the concepts of judgment in the ghost world 冥界審判 from Buddhism and from Daoism (see Fu Nanzi 傅楠梓, “Zhonggushiqi de yaoshi xinyang” 中古時期的藥師信仰, 81–111).

(“Compassionate Samadhi Water Repentance”), *dabei chan* 大悲懺 (“Great Compassion Repentance”), including *yaochan*, became popular and still are used widely today.<sup>184</sup>

The rite of *yaochan* usually includes two parts: litany chanting and ritual practice. The earliest example of the former, *Yaoshizhai chanwen* 藥師齋懺文 (“Litany of the Medicine Buddha Retreat”) was written by Emperor Wen of Chen 陳文帝 (r. 522–566) and was influenced by the esoteric Buddhist scripture *Guanding bachu guozui shengsi dedu jing* 灌頂拔除過罪生死得度經 (“Scripture of Consecration of Eliminating Faults and Transcending Life-and-Death Spoken by the Buddha”). This scripture states that the main purposes of repentance were to “dispel calamities and avoid disasters,” “get over the diseases,” “extend the life,” and “receive fortune and fame.” To fulfill those purposes, one must follow the Buddhist views of repentance, confess sins with a heart truly contrite, and recite the Buddha’s name.<sup>185</sup> It is apparent that Chinese rites of repentance aimed not only at resolving suffering but also looked for benefits in the secular world.

For the latter, according to the early Dunhuang document *Yaoshi daochang wen* 藥師道場文 (Text for a ritual directed to the Medicine Buddha),<sup>186</sup> one first eulogizes the Medicine Buddha 讚佛; second, expresses sincerity, describes the austere dignity of the sacred space, and invites the Medicine Buddha to come; third, worships the Three Bodies

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<sup>184</sup> Shi Darui 釋大睿, “Zhongguo zaoqi chanzui sixiang zhi xingcheng yu fazhan” 中國早期懺罪思想之形成與發展 [The Concept of Repentance in Early China], *Chung-Hua Buddhist Studies* 2 (1998), 313-337.

<sup>185</sup> “The Litany for the Retreat of Medicine Buddha,” in *Guang hongming ji* 廣弘明集 (“Expanded Collection of Spreading the Light of Buddhism”), 28, in *The Taishō Tripitaka* 大正新脩大藏經 52 (Tokyo: Taisho Issaikyo Kankokai), 334.

<sup>186</sup> *Dunhuang baozang* 敦煌寶藏, 111 (Taipei: Xinwenfeng), 289b-291a.

of Medicine Buddha (the dharma body 法身, the reward body 報身, and the transformation body 化身) and various Buddhas from the ten directions 十方諸佛; fourth, makes offerings to all Buddhas of Three Lifetimes 三世諸佛 and all living beings, confessing all sins, and taking refuge in the Three Jewels 三寶 (Buddha, Dharama, and Sangha); fifth, vows to follow the Way of the Buddha 佛道; sixth, worships all Buddhas of Three Lifetimes again; and finally, worships the Three Bodies of the Medicine Buddha again, transferring the merits of these acts to all living beings. These practices align with the goals outlined above.

Medical repentance calls attention to self-comprehension, exposure of sins, confessions and vows physically and spiritually, but ordinary people are usually drawn more by the secular advantages than by spiritual doctrine. It is very common to hear people say that worship with a sincere heart leads to success 心誠則靈. It is therefore not surprising that many local ritual practices directed toward the Medicine Buddha do not include classical Buddhist or Daoist teachings.

In recent years in Taiwan, *yaopu* 藥普 (“Medical Salvation”) has begun appearing in the general ceremony of Universal Salvation 普度, the salvation of universal love, concerning all beings including deceased ancestors and even ghosts (souls that their families did not lay to rest). One or two banquet tables are filled with a number of packages of Chinese medicine or medicinal drugs in small dishes, and several medicine cooking-pots with a lot of incense in the spout are set out as part of the feast (typically scheduled on the closing day of the Buddhist salvation ceremony or the Daoist *jiao* 醮





Figure 11 Medical Salvation in the Spectacle of the Feast. Left: The Ritual to Plant Fortune for Universal Salvation 普度植福法會 in the temple Pujidian 普濟殿, August 18, 2014 (Popular Religion, Tainan City). Right: The last evening of the Offering Ceremony in Hai'an gong 海安宮, November 29, 2014 (Daoist Ritual, Tainan City).

Offering Ceremony);<sup>187</sup> these symbolically cook medicinal decoctions for those spirits whose demise was caused by disease and were not properly laid to rest. This is very similar to the popular rite of *yaochan*. When I asked one of the temple's staff about the details, he answered "I don't know. One day a god sent down the order. We just followed it."<sup>188</sup>

Such free implementation is a distinguishing feature of popular religion, found everywhere. Details of *yaochan* may differ from one region to the next; if there is any single identifying characteristic linking diverse *yaochan* practice, it is the intention to pray for people who died of disease. The funeral ceremony, Daoist *Yinyang jiao* 陰陽醮 ("Offering Ceremony for Worlds of the Shades and the Living"),<sup>189</sup> the popular ritual *qianshui zhuang* 牽水狀 [轉] ("Pulling the Souls from Water") have included the rite of *yaochan*. In the next two sections, I will examine the popular rite of *yaochan* in the ritual of "Attacking the Fortress" 打城, compare its litany text which may have been adapted from a Daoist text of medical repentance, and discuss the variation differences between the two.

The "Pulling the Souls from Water" ritual was first held in 1845 to commemorate the victims who died in a natural disaster when a tsunami took tens of thousands of lives in Kouhu Township 口湖鄉 (Yunlin county 雲林). Since then, it has been performed

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<sup>187</sup> For more detail about Universal Salvation, see Fabrizio Pregadio ed., *The Encyclopedia of Taoism*, 792-795.

<sup>188</sup> Interview, *Puji* Palace 普濟殿, Tainan, August 18, 2014.

<sup>189</sup> The Daoist Offering Ceremony usually is designated to benefit the world of the Living 陽世, but in some situations temple committees one or three days of ritual for the World of the Shades, worshipping restless ghosts and the dead to benefit the deceased. If the *Yang* Offering is a three-day ceremony, the *Yin* ritual is usually only one day; if the *Yang* Offering is five days, the *Yin* ritual would be one or three days.

annually in the township on the eighth day of the sixth lunar month to commemorate that catastrophic event. Local residents gather together with baskets of offerings on carrying poles (*tiaofandian* 挑飯擔). By night, they light up the water with lanterns offering blessings to the suffering souls. Rotating waterwheels made of paper are released into the river symbolizing suffering souls finding their way ashore. During the ceremony, participants successively shuffle through a line of waterwheels and touch them as a means to comfort the suffering souls. In 2010, the Ministry of Culture of Taiwan registered this festival as a National Intangible Cultural Heritage.

### **Ritual Performance and Symbolic Activity**

*Yaochan* is one of the rites in the sequence of any ritual for the dead meant to restore their health and pave their way to a better rebirth. That, however, does not mean that all death rituals contain *yaochan*; that depends on the petitioners or the temple committee. *Yaochan* is closely tied to the overall symbolism of the ritual. Therefore, it is misleading to discuss it outside the larger context.

“Attacking the Fortress” (*dacheng* 打城) clearly illustrates the *yaochan* rite, because it is the most common popular ritual in Taiwan related to the souls of the deceased who return to the world, harass the living, and cause various forms of disharmony. It also interacts in many ways with Buddhism and Daoism.

People believe that the souls of the deceased (ancestors or relatives) tortured in the fortress for those who died in tragic circumstances (a place of painful imprisonment in the underworld) are dangerous if not rescued. The solution is to seek the help of a popular ritual master to destroy the fortress, rescue the anguished souls from the netherworld, and

send them to the Pure Land for a better rebirth. Before they can go to to the Pure Land, their bodies must be purified and cleansed of diseases and sins. This is the function of *yaochan*.

The basic sequence of the “Attacking the Fortress” ritual is: (1) “Inviting the Gods” (*qingshen* 請神), sometimes also called “opening the altar” (*kaitan* 開壇); (2) “Calling the Souls” (*zhaohun* 召魂); (3) “Worship via Penitence” (*baichan* 拜懺); (4) “Travelling the Roads” (*xinglu* 行路); (5) “Divining for the Edict of Pardon” (*bu shezhi* 卜赦旨); (6) “Exiting the Fortress” (*chucheng* 出城); (7) “Medical Repentance” (*yaochan* 藥懺; sometimes vulgarly called *chiyao* 吃藥, “taking medicine”); (8) “Offering Food” (*baifan* 拜飯); (9) “Crossing the Bridge” (*guoqiao* 過橋); and (10) “Sending Off the Departed” (*songwang* 送亡).<sup>190</sup> *Yaochan* is the seventh step in the ritual.

The popular ritual master<sup>191</sup> installs the souls in human figurines, places these in a paper model of the fortress, and then liberates the souls by performing a military-style assault on the fortress. After leading the souls—in the figurines—out of the fortress, he prepares “medicine” for them; freed from pain and suffering, they are bathed and fed, and then continue their journey to the Western Pure Land (by burning), or take up residence

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<sup>190</sup> See Lu Lizheng 呂理政, *Chuantong xinyang yu xiandai shehui* 傳統信仰與現代社會, 147-206; Chen Xincong 陳信聰, *Youming dedu: yishi de xiju guandian. Tainanshi Dongyuedian Dacheng yishi fenxi* 幽冥得度: 儀式的戲劇觀點. 台南市東嶽殿打城儀式分析 [Released the Netherworld: From the Perspective of Ritual Theater. An Analysis of the Ritual of Attacking the Fortress in Dongyue Temple, Tainan City] (Taipei: Tangshan, 2001), and Peter Nickerson, “Attacking the Fortress,” 117-123.

<sup>191</sup> For more detailed discussion about the difference between a Daoist priest (*daoshi* 道士) and a ritual master (*fashi* 法師), see Kristofer Schipper, “Vernacular and Classical Ritual in Taoism,” *The Journal of Asian Studies* 45, no. 1 (1985), 21-57. Although scholars have spent hours arguing about who is a *daoshi* and who is a *fashi*, as Nathan Sivin has argued in his *Health Care in Eleventh-Century China*, 93-94, I simply use the term “popular ritual master” referring to those who practice popular ritual instead of Daoist liturgy.

in more pleasant regions of the underworld 地府. The salvation of the deceased becomes the means by which the maladies of the living (caused by the resentment of the imprisoned dead) are cured.

The location where “Attacking the Fortress” takes place is important. The Temple of the Eastern Peak, a center of sacred geography, enshrines the Emperor of the Eastern Peak 東嶽大帝, the God of Mount Tai 泰山. The souls of the dead rested under Mount Tai; sick people made pilgrimages to the mountain to beg for longer lives. Therefore, from antiquity onward, the cult of the Eastern Peak Emperor has had two facets: one is imperial, as a giver of immortality; the other sees the god as head of the bureaucracy that processes the dead. The temple in Tainan was founded in 1673. Folklore tells that Zheng Jing 鄭經 (1642–1681), the eldest son of Koxinga (Zheng Chenggong 鄭成功 and grandson of the pirate-merchant Zheng Zhilong 鄭芝龍 (1604–1661), ordered this temple built to improve his reputation and social standing. Zheng’s soldiers worshiped the Eastern Peak Emperor for his ability to heal disease, and expel plague demons and evil spirits who caused it. Many of them carried ashes from the temple’s incense burners in small bags worn around their necks as amulets.

In the main halls of the temple, a large statue of the Eastern Peak Emperor sits on the central axis. Along the sides of the hall are the Immortal Gentleman Pengzu 彭祖仙翁, Lord Gan Luo 甘羅公子, the Realized Man Celestial Physician 天醫真人, his Ox-Head and Horse-Face jailers 牛頭馬面, the Seventh and Eighth Masters 七爺八爺, the Officer of Merits 功德司爺, and the Officer of Expedited Reporting 速報司爺. In the inner courtyard, the middle hall is dedicated to the Earth Treasury Bodhisattva 地藏

菩薩 (Ksitigarbha) along with other deities such as the Venerable Protector of the State 護國尊者 (Venerable Rathapala), Master Zhu Kuang 朱匡翁 (Divine Physician for Variola/Smallpox), the Judges of the Ten Courts of the Underworld 十殿閻君, Generals Xie and Fan 謝范將軍, and the Generals who Seize Souls 催魂攝魄將軍. In the rear hall, the Great Emperor of the Netherworld 酆都大帝 is in the middle of the altar, accompanied with the Goddess of Birth and Fertility 註生娘娘 and the City Wall God 城隍爺. All of these deities govern the souls of the dead.<sup>192</sup>

The following is a case observed in 2014 at the Eastern Peak Temple 東嶽殿, Tainan city, conducted by the red-head ritual master Lin Douzhi 林斗枝 (1938–2016).<sup>193</sup> The petitioner was a Mr. Xu from Kaohsiung city, who seemed preoccupied and lethargic. His wife had taken him to a spirit medium, who told them that they should commence the ritual "Attacking the Fortress" because Xu's dead brother had not gone to the Pure Land. A spirit medium present at the temple stood by Xu as a consultant, and helped him as necessary.

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<sup>192</sup> There are thirteen temples worshipping the Eastern Peak Emperor in Taiwan. Some temples are entitled "Eastern Peak" but actually worship the Earth Treasury Bodhisattva. This is true of the earliest one located in the Central Western District of Tainan city, where I conducted my research.

<sup>193</sup> Master Lin died in December, 2016. He was the proprietor of the Sincerity Altar 誠心壇 in Tainan city. He belonged to the *Liushan* 閩山 sect, of the vernacular exorcistic tradition. During my fieldwork, I videotaped three performances of "Attacking the Fortress" at the Eastern Peak Temple. I also have three interviews with Master Lin Douzhi (September 10, October 23 and 30, 2014) and other popular rituals conducted by him, such as "Cultivating the Flowers in the [Life] Garden" 入花園梗花 in the Tainan *Lady of Linshui Temple* 臨水夫人廟 and the healing ritual "Chopping the Skin Snake" 斬皮蛇 [Shingles] at his private altar. One of my aims was to understand the red-head tradition and its role in everyday life. Matsumoto Koichi 松本浩一 has uncovered the details of Master Lin's lineage, see his "Tainan Lin hōshi no houn girei: Hongtou hōshi no girei to bunken no dentō" 台南林法師の補運儀礼: 紅頭法師の儀礼と文献の伝統 [Bu-Yun Ritual of Lin fa-shi in Tainan City: Traditions of a Red-head Daoist's Ritual and Text], *Toshokan jōhō Daigaku kenkyū hōkoku* 図書館情報大学研究報告 18, no. 1 (1999), 11-28; and "Tainan Lin hōshi no Dacheng girei" 台南林法師の打城儀礼, *Shakai bunka shigaku* 社会文化史学 40 (1999), 90-108.

Before the prelude to “Attacking the Fortress,” the petitioner Xu was asked to prepare an incense burner and a paper figurine of the Medicine King with yellow cap, black face and purple gown. After negotiation, as the spirit medium suggested, the Medicine King’s paper figurine was replaced by Xu’s family tutelary deity, a small statue of the Royal Lord Zhang 張府王爺. Sacrifices and offerings were displayed on the table: two sets of *sansheng* 三牲 (“the three animal sacrifices,” one set cooked, the other was raw); four kinds of fruits 四果; small red glutinous rice balls (Mandarin: *tangyuan* 湯圓; Taiwanese: *âng-înn* 紅圓); a cupcake-like pastry (Mandarin: *fagao* 發糕; Taiwanese: *huat-kué* 發糰); spirit money; and wine.

The ritual master arranged a pot of herbal medicine on the charcoal burner next to the statue of the god. Twelve herbal drugs were cooked in it: Dried Tangerine Peel 陳皮, Cassia Twig 枝枝, Largehead Atractylodes Rhizome 白朮, Licorice Root 甘草, Common Flowering Quince Fruit 木瓜, Chinese Thorowax Root 柴胡, Baical Skullcap Root 黃芩, Dahurian Angelica Root 白芷, Tall Gastrodia Tuber 天麻, Phellodendron (bark) 黃柏, Lophatherum Herb 淡竹, and Fineleaf Schizonepeta Herb 荊芥. These drugs, commonly used in Chinese medicine, were chosen by Master Lin or a drugstore he patronized (often near the temple), which delivered them at the specified time. A long stick of incense was inserted in the mouth of the pot, representing respect and propriety. It was burnt during the ritual.



In front of the statue of Royal Lord Zhang was a bowl full of twelve duck eggs with twelve names of Chinese herbal drugs written on the eggshells in red. The pronunciation of “duck” 鴨 in Taiwanese, *ah*, is identical to that of “suppress” 壓 or “detain” 押,” both of which implied “suppressing the evil [disease]” 壓煞. These ritual duck eggs were meant to convey a sense of the healing power of the Medicine King.



Figure 12 The Ritual Duck Eggs.

Before the *yaochan* (or “taking medicine”) rite, the soul of the dead was successfully installed in a paper figurine<sup>194</sup> which was placed inside the fortress. After “worshipping

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<sup>194</sup> After inviting the Gods and calling the souls, Xu was required to throw divination blocks to ensure that the soul of his brother had been installed in the figurines. When he did not get a positive response, Master Lin’s assistant changed the inquiries over and over again, such as “is it because of what prepared sacrifice offerings you are not satisfied?” and “is it because of the date and the location you don’t like?” The problem had to be solved, otherwise the ritual could not be completed. Xu’s counselor, the spirit medium, offered to be possessed by the soul in order to resolve the problem. The assistant rejected this, however, because they had another ritual after this one and the petitioners already were waiting. The negotiation failed and they decided to take a break. A richly bejeweled woman came to the assistant, asked for details, and expressed her intention to have a *dacheng* 打城 ritual; however, Master Lin’s schedule was full that day. The assistant started to complain to me about the low-cost ritual market. Master Lin later solved the problem. It was not Xu’s brother, but rather his dead father,



via penitence” and “traveling the roads,” the ritual master (and the presiding deity and his retinue) had reached the courts of the underworld, where they secured final permission for the release of the souls of the deceased. While “exiting the fortress,” the ritual master tore open the front wall of the fortress and removed the soul figurines handed to him by Xu. The ritual master took a rolled-up grass mat, twirled it in the air, struck the ground once in the center and then four more times in each of the four compass directions, and then directly thrust it at the now dilapidated fortress, knocking it off the altar onto the floor behind.

With the petitioner still standing and holding up the souls/ figurines, the ritual master took up the pot of herbal medicine that had been simmering in front of the statue of Royal Lord Zhang. One by one, he held up each figurine and dipped its mouth in the medicine/decoction so that the soul could drink it, thus healing any internal illnesses it might have had. He then took a rolled-up piece of joss paper, dipped it in the pot, and then daubed the medicine all over the head and body of the figurine in order to cure any external illness. The figurine was then returned to Xu. After this, the ritual master addressed the souls as a group: “Are your heads okay now? Are your eyes okay now? Are your noses okay now? Are your mouths okay now?” and so on. After each question, those holding up the figurines answered loudly in unison: “Okay!”

The ritual continued to “offering food,” “crossing the Bridge” (a traditional Chinese bench, symbolized the Naihe Bridge), and finally moved to the temple’s furnace. The officiant burned the soul figurines, spirit money, the formal statement (*shuwen* 疏文, and

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making the disturbances; a ritual of merit had to be performed for him. Xu eventually got a positive answer, and the ritual resumed. This interlude was recorded on October 30 2014.

other items, such as paper clothing and shoes, houses made of paper and framed with bamboo, and paper representations of sedan chairs for the deceased's ascent to the Western Paradise. After a final chant to send the souls on their way, the ritual master returned and "closed" the gods' altar (just as he initially had "opened" it), had the food offerings gathered up, and waited until the petitioner settled his account with the ritual assistant. Then the ritual came to a close.

### **The Medical Repentance Litany Texts**

The medical repentance litany text Master Lin used in the "Attacking the Fortress" ritual is called *The Precious Scroll of Medicine Master Buddha, of the Most High, Exalted-name Lingbao Tradition* 太上鴻名靈寶藥師佛寶卷. This probably is borrowed, adapted and modified from the *Lingbao* Daoist scripture *Precious Litany of Penitence to the Medicine Masters, with the Most High, Exalted-name Lingbao Tradition* 太上鴻名靈寶藥師寶懺. Master Lin, however, has no connection to the Daoist *Lingbao* priesthood. His Sincerity Altar 誠心壇, founded in 1954, is subordinate to the sect of Xu Jia 徐甲, the Red-head *dharma* of Nanchang 南廠紅頭法, in the Tainan area. The altar was originally private, designated for "practicing healing and benefiting the world" 行醫濟世 by order of Guanyin Buddha, the Lin Family's tutelary deity.

I received the Daoist version of the text from Yingchuan 穎川道壇, the oldest and the most famous Daoist altar in Taiwan.<sup>195</sup> Its version was included in Ōfuchi Ninji's 大

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<sup>195</sup> I particularly appreciated the help of the Daoist priest Liao Zhiwei 廖志偉. His kindness and enthusiasm made my fieldwork more feasible and easier. Master Liao is an apprentice to Chen Rongsheng 陳榮盛. Master Liao is in charge of Chen's lineage altar *Yingchuan*.

淵忍爾 *Chinese Religious Rites*.<sup>196</sup> Daoists also include the *yaochan* rite when they perform the "Attacking the Fortress" ritual. The following is the program of a three-day Yellow Register Retreat (*huangluzhai* 黃籙齋),<sup>197</sup> part of the Daoist merit ritual for the dead, also provided by the Daoist Yingchuan Altar, in which the "Attacking the Fortress" is included (its rites are underlined):

#### DAY 1

1. Starting Up the Drum 起鼓
2. *Lingbao* Announcement 靈寶發表
3. Invocation 啟白
4. Scripture Recitation: *Scripture of Salvation* 度人經, three *pin* 品 (“volume”)
5. Raising Curtain to Hang the Placard 揚簾掛榜
6. Precious Repentance of Three Primes 三元寶懺
7. Opening a Road in the Darkness and the Salvation for Crossing the Passes  
開通冥路暨拔度路關  
(Noon Offering 午供)
8. Dispatching the Writ of Pardon 放赦
- 9. Attacking the Fortress 打城**
10. Dividing the Lamps and Rolling Up the Curtain 分燈捲簾

#### DAY 2

11. Land of the Way 道場
12. Recitation of Litanies: *Precious Litanies of Nine Obscurities* 九幽寶懺
13. Presenting the Memorial 拜表  
(Noon Offering 午供)
14. Dispatching the Writ of Pardon 放赦
15. Nocturnal Invocation 宿啟

#### DAY 3

16. Renewed Invocation 重白
17. Recitation of Litanies: *Precious Litanies of Nine Obscurities* 九幽寶懺  
(complete all volumes)
18. Universal Salvation 普度

<sup>196</sup> Ōfuchi Ninji 大淵忍爾, *Chūgokujin no shūkyō girei. Dōkyō hen* 中國人の宗教儀禮 [Chinese Religion and Ritual] (Tōkyō : Fūkyōsha, 2004), 188-189.

<sup>197</sup> Since the Ming dynasty, the Yellow Register Retreat has been widely performed at all levels of society. See Edward Davis, *Society and the Supernatural in Song China*, 227-236 and Fabrizio Pregadio ed. *The Encyclopedia of Taoism*, 501-502.

19. Sending Off the Dispatched Lads 合符童子科
- 20. Precious Repentance for Medicine King 藥王寶懺**
21. Summoning the Celestial Souls and Bathing 召魂沐浴
22. Audience Visit and Issuing the Mandate 參朝給牒
23. Untying the Knots 解結
24. Persuading Morality 勸嫻
25. Filling the Treasury 填庫
26. Becoming Pregnant for Ten Months 十月懷胎
27. Salvation Through Refinement 煉度宗旨
28. Practicing Filial Piety 行孝, Mulian's Rescue of His Mother 目連救母,  
Yousheng Fighting a Tiger 友生打虎
29. Crossing the Bridge 過橋
30. Thanksgiving and Settling the Seat 謝壇安位

There are several sections of the Yellow Register Retreat (such as “Dispatching the Writ of Pardon,” “Summoning and Bathing the Celestial Souls” and “Crossing the Bridge”) used in the popular ritual "Attacking the Fortress". It is possible that the popular ritual borrowed from the Daoist one to create its own microcosm.

Slight variations arise from the characteristics of Daoism and popular religion: in the Yellow Register Retreat, the officiant smashes the medical pot. He throws it to the ground at the end of the *yaochan*, symbolizing that the deceased has fully recovered and no longer needs medicine. There is no such act in the popular ritual of "Attacking the Fortress". Master Lin explained that the destruction is dispensable. The Daoist *yaochan* is performed in front of the altar of the Three Realms 三界壇, absent from the popular *yaochan*. There is no spirit medium in Daoist merit rituals. In one of the “Attacking the Fortress” performances that I videotaped, the ritual master used an unknown twig, dipping it into “holy water” in a small bowl to purify the ritual space. He answered my question with an embarrassed laugh: “. . . I should use *furong* 芙蓉草 (crossostephium leaf), but lately I cannot find any, so I have just replaced it.”

Due to limited time or budget, Daoist priests may omit some canonical rites in the sequence, but adjustments and renegotiations of the contents are restricted. My fieldwork made it clear that, although any Daoist priest can go to any Eastern Peak Temple and conduct “Attacking the Fortress” for a client, while performing it he is no longer a Daoist priest. He is a popular ritual master performing a popular ritual. When performing popular rites, a Daoist does not wear a Daoist robe or cap, or use specifically Daoist liturgy; otherwise he would be criticized.

Moreover, in Taiwan today, anyone can declare himself or herself a Daoist. The *Wanfazongtan* 萬法宗壇 ordination certificate that identifies an individual qualified to be a Daoist is on sale on the web site of the Bureau of the Great Realized Man Descended from Han Dynasty 嗣漢大真人府, whose founder Zhang Meiliang 張美良 claims to be the true successor of the 63rd Celestial Master Zhang Enpu 張恩溥. A certificate costs NTD 3,000 (about USD 100).

One popular [red-head] ritual master was especially generous in allowing me to watch him in action and to ask for instruction. He considered most popular ritual masters to be frauds, including his own healing methods and arts (*fashu* 法術). He described Daoist priests as Erudites (*boshi* 博士, a person who in imperial times was appointed a teacher), and popular ritual masters as artisans (*jiang* 匠, a status below that of a farmer). By comparing a rite in both Daoist and popular ritual, we may shed some light on the complexity of various titles such as “red-head Daoist” 紅頭道士, “popular Daoist” 民間道士, or whatever a man calls himself. This is what lay people have taught me about how they understand and distinguish religious activities in everyday life. Essentially, they are

concerned with categories only so far as they determine cost; what they care about is what ritual is efficacious.

In the texts of Daoist and popular medical repentance rites, the contents resemble each other, but they differ in length and content. Their differences reflect the characteristics of popular religion and Daoism, and fulfill the needs of the local people and local society.

The full Daoist text, *Precious Litany of Penitence to the Medicine Masters, with the Most High, Exalted-name Lingbao Tradition* 太上鴻名靈寶藥師寶懺, can be divided into five sections. The first section directs the lighting of the candles and incense and the invitation of various deities to descend upon the altar, including the Supreme Ultimate and Perfectly Realized Celestial Worthies of the Three Treasures 無上至真三寶天尊, the Emperor of Azure and Dark of the Eastern Pole 東極青玄上帝, the Sage Emperors Shennong and Fuxi 伏羲神農聖帝, and so on, and then it explains why the teachings of the Celestial Worthy Taiyi who Relieves Suffering 太乙救苦天尊, merit pursuit:

At that time, the benign Worthy said: “I saw the millions of the people in the earth below suffering through numerous misfortunes caused by evil ghosts. The deceased ancestors and parents were involved in disasters and crises. Plagues and other epidemic diseases were rife. People were infected, suffered severe diseases, and died. No medicine was effective. The dead souls were polluted by filthy *qi* which would not dissipate. The sins and crimes the dead committed while living made it impossible to avoid condemnation. If you do not serve the Medicine Master, how can they be released?”

爾時，慈尊言，吾見下土兆民，多有凶禍，邪鬼所害，先亡祖考尊親，以致災殃，或瘟災瘟氣疫癘流行，眾生染著，致生惡疾，淹延未癒，服藥喪亡，死魂染惹穢氣未消，生前故誤之罪，死後難逃，若不奉行藥師，何能超度。<sup>198</sup>

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<sup>198</sup> Ninji Ofuchi, *Chūgokujin no shūkyō girei. Dōkyō hen* 中國人の宗教儀禮, 438.

Worshippers should “sincerely comply with the scriptures and registers of the Cavern Mystery, obey the general regulations and the qualifications of the authentic immortals” 謹按洞玄經籙簡章真仙品格,<sup>199</sup> set up the ritual of the lights, and ignite the forty-nine divine lamps to brighten the netherworld.” It continues:

At that time, the benign Worthy said: “If there are good men and devout women, [They should accumulate merit,] first for heaven and earth, second for the emperors and kings, third for parents, fourth for all living beings, fifth for their blood relatives, and sixth for themselves. One should accumulate merits from birth, from one year old, ten, twenty, thirty, forty, fifty, until one hundred or one hundred twenty years old; from the seventh year, fourteenth, twenty-first, twenty-eighth, thirty-fifth, forty-second, and forty-ninth day and the seven-hundredth day (?); from the *xiaoxiang* ritual 小祥 (funeral ritual held one year after parents’ death), the *daxiang* ritual 大祥 (funeral ritual held two years after parents’ death), repeating the cycle for endless anniversary of a death.

爾時天尊言，若有善男子，若有信女人，一為天地，二為帝王，三為父母，四為眾生，五為血屬，六為己身，爰從受生已來，至于今日，自一歲或一十二三十四五五十乃至百歲百二十歲，必欲預修，還將一七二七三七四七五七六七七七百日期年小祥大祥，週而復始，乃至永年忌辰。

Accumulating merits should follow the [correct] sequence: First of all, creating images for worship; second, transcribing scriptures, setting up forty-nine long banners for forty-nine people’s purification rituals, installing a ritual space, inviting the Venerable Master’s image as well as ritual masters and Daoist priests, incense fires and the knowledge, and lighting forty-nine divine lamps to brighten all the heavens. From [the inhabitants of] all ten directions and the three realms, illuminated by this light, request reincarnation [for the dead parents]. The lamps are called the “Three-layer Tower.”

所造功德，依次而作，第一造像，第二寫經，建造四十九長旛，即設四十九人齋，安置道場，請師尊像，并及法師道士，香火知識，燃點四十九光神燈，照耀諸天，十方三界乘光托化，其燈名曰三層臺。<sup>200</sup>

To worship the Medicine Master throughout life is to accumulate merit, in order to

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<sup>199</sup> Ibid, 438.

<sup>200</sup> Ibid, 438-40.

release the dead souls from purgatory. Lamps and lights play a main role in this prologue, brightening up not only heaven, but also the netherworld. The next four sections all focus on describing the lamp tower. Although the scripture previously said that there are three layers of the tower, elsewhere in the text there are four: “the first splendid lamp sends down light on all things” 第一華燈垂普照, and the second, third, and fourth layers of the lamp tower “provide light for the whole ritual” 第二層燈普供養. the third layer of the lamp also provides all things with lights 第三層燈普供養, and the fourth layer of the lamp still provides all things with lights. 第四層燈普供養,<sup>201</sup> The scripture repeatedly portrays the prevalence of suffering as the work of sinful spirits, resentful and unsettled, causing plagues and other diseases.

The popular text used by ritual master Lin Douzhi, *The Precious Scroll of Medicine Master Buddha of the Most High, Exalted-name Lingbao Tradition* 太上鴻名靈寶藥師佛寶卷, has four sections. The first section is the prologue, which is similar to the Daoist text, except that it changes some names and characters of the deities. For example, among the gods it invites to descend upon the altar, the Supreme Ultimate and Perfectly Realized Celestial Worthies of the Three Treasures 無上至真三寶天尊 becomes Supreme Ultimate and Perfectly Realized Three Treasures 無上至真三寶, the Emperor of Azure and Dark of the Eastern Pole 東極青玄上帝 becomes the Lord Lao of Azure and Dark of the Eastern Pole 東極青玄老君. The “Celestial Worthies” are not gods, but direct emanations of the ineffable Way, which only initiated Daoists are supposed to worship.

The next three sections, which supplement the first paragraph of the Daoist text on

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<sup>201</sup> Ibid, 440



the three layers of the tower (the first layer of the Daoist text is not included), briefly illustrate the misfortunes and sufferings in the world caused by plagues, diseases, filthy spirits, and ghosts.

Since each section in the popular text is derived from the first paragraph on the lamp tower of the Daoist text, the coherence is not easily apparent, and the content is quite repetitive. The popular text's value is not for instruction but for performance. What popular devotees believe is not a doctrine, but a life—and the space, surroundings, music, and ritual performance. There is no single meaning to which everyone subscribes.

The popular ritual "Attacking the Fortress" practiced in the Temple of the Eastern Peak takes from about half an hour to two hours; Master Lin usually attacked the fortress two to four times a day, and sometimes even more often, from six o'clock in the morning to the evening. This was particularly true during the seventh month of the Chinese calendar, when the spirits of the dead return to their families. He thus needed to respond to any unexpected results of the liturgy. For instance, if the souls of the dead are not willing to leave the fortress, Master Lin and his assistant have to figure out the reason. The symbolic meanings and implications of the banners, lamps, the Celestial Worthy or the Venerable Worthy, do not matter at all.

### **Conclusion**

This chapter has presented the rite of *yaochan* 藥懺 in popular religious and Daoist death rituals and has discussed its meaning for the dead and for the living. Its ritual performance represents symbolically the journey from purgatory to the Pure Land of souls with the highest merit.

As Peter Nickerson has noted, the healer's use of transactional or mediating symbols serves to "link the inner experience of the subject with the objective structure of the rite."<sup>202</sup> Ritual performance works because of its symbolic position. On the one hand, it can transform the worldview or the symbolic categories that define the experiences of that patient. On the other hand, its symbols or metaphors provide a language with which the patient can express, understand, and transform the personal or interpersonal conflicts underlying his or her illness. In the *yaochan case*, the patients are not only the dead but also their living relatives. Both are healed at the end of the ritual.

The sound of the chant that assists the deceased in moving on to the Pure Land, owing to its visceral impact, affects the sensibility of the participants. This performative and dramaturgical aspect of ritual healing, as Desjarlais has suggested, is the best way to understand how ritual performances "engage participants and evoke emotional responses."<sup>203</sup>

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<sup>202</sup> Peter Nickerson, "Attacking the Fortress," 122, referring to the work of Robert Desjarlais, Desjarlais, Robert. *Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalaya* (Philadelphia: University of Pennsylvania Press, 1992), 207.

<sup>203</sup> The ideas come from ritual performance theory, especially Desjarlais's notion of "symbolist positions" which derives from French structuralists and American semiotic analyses of curing rites. See Robert Desjarlais 1992, pp. 206–209. Nathan Sivin's notions of popular therapy in his *Health Care in Eleventh-Century China* also inspire this chapter in many ways.



Figure 13 The Ritual of “Attacking the Fortress.” The paper-made fortress is on the right-hand table, while the left table held the Medicine King's figure, the medical pot, and other ritual materials. (October 30, 2014. Dongyue Temple. Tainan city. Red-head ritual master Lin Douzhi 林斗枝).



Figure 14 The medical pot with a large incense stick in the spout and a paper figurine of the Medicine King. (October 30, 2014. Dongyue Temple, Tainan city)



Figure 15 The popular text, The Precious Scroll of Medicine Master Buddha, of the Most High, Exalted-name Lingbao Tradition 太上鴻名靈寶藥師佛寶卷 has four sections. (October 30, 2014. Dongyue Temple, Tainan city)

## CONCLUSION

The Balinese cockfight has rules behind rules behind rules.  
You get to its meaning by a restless engagement with  
all of these rules and their possible interactions.  
—Peter Brooks<sup>204</sup>

This study is an ethnography by a native daughter. My fieldwork was prompted by personal curiosity. It began with a secret herbal formula received from an old relative, and led me to ask who prescribed it, and how local people understood it.

In the spring of 2014, I visited that relative in her village. This was the beginning of my project. By the time my fieldwork ended in the summer of 2016, I had studied 166 temples, traveled hundreds of miles mainly in southwestern Taiwan, and met and interviewed more than 200 people. My data collection is full of miscellaneous information because daily life is varied. I knew that however long I conducted this study, I would not get anywhere near all the available information and sources. The more deeply my fieldwork goes, the less complete it is.

Let me cite Clifford Geertz again with approval:

Believing, with Max Weber, that man is an animal suspended in webs of significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of laws but an interpretive one in search of meaning.<sup>205</sup>

This study looks to those webs as men themselves looked for analytical ideas.

Geertz points out to us that groups of people communicate, formulate public rules of

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<sup>204</sup> Peter Brooks, "Semiotics and Thick Description," in *Interpreting Clifford Geertz: Cultural Investigation in the Social Sciences*, ed. Jeffrey C. Alexander, Philip Smith and Matthew Norton (NY: Palgrave MacMillan, 2011), 11.

<sup>205</sup> Clifford Geertz, *The Interpretation of Cultures* (New York: Basic Books, 1973), 5.

conduct, and develop expectations. These acts of communication have various complex feedback relationships resulting in the formulation of new rules of conduct, new expectations and new forms of communication. This study intends to keep the interpretation as closely tied as possible to the concrete public world of everyday life in Taiwan.

As a result, although my research is based on materials collected during field research, I use a wide range of sources to augment them, including government archives, local gazetteers, Chinese medical works, canonical and liturgical texts, temple records, diaries, private writing, and works of literature. My aim is not to find the essence of national societies, civilizations, great religions, or whatever can be summed up and simplified in a typical culture. It is explication I am after, construing cultural expressions that on their surface are enigmatic.

The topic of this study is popular healing and its interaction with local people. Two research concepts explored in this study are **synthesis** and **hybridity**. On the one hand, it has been observed that patients seek solutions, taking all the accessible therapies into consideration. As discussed in Chapter 1, a local gentleman, Zhang Lijun's, recorded experience of treating an eye disease involved several healers: Chinese medicine physicians, a public doctor, family members, friends with knowledge of Chinese medicine, Buddha, a soul of the dead, and a Daoist ritual master. Because nothing relieved the pain in his eyes, Zhang tried all the treatments he could think of. There is no hierarchy or authority superior to the body of the sufferer. Its treatment is a synthesis of all available therapies. This story took place in Taiwan in 1909, and things have not changed much in the present day.

On the other hand, the actual situation is more complicated. Besides biomedicine and scientific Chinese medicine, popular healing plays a great role in day-to-day health care in Taiwan. The interaction between religion and medicine leads to a hybrid and diverse health care system.

Many therapies involve both religion and medicine, and are difficult to distinguish from one another. For example, Chapter 3 discusses a temple's healing services, drawing upon herbal drugs, divination lots and corresponding medicinal prescriptions, and affiliated traditional drugstores; Chapter 4 provides a case study of a private temple in Tainan city. There the spirit medium, when possessed by the Medicine Emperor, can practice medicinal healing and prescribe herbal formulas; Chapter 5 concentrates on the symbolic use of drugs and medicines in the popular rite of medical repentance, *yaochan*, which is performed for those who died of disease and can be found in Buddhism, Daoism and popular religion.

The hybridity of popular healing, where popular religion and popular medicine overlap, gives a tension to simplify the complexity of life into actions——still complicated——that common people can understand easily. Popular religion is religious activity in which anyone in any social status can participate, differing from the professional rites of worship by Buddhist and Daoist clergy and other institutional religions. Since the 1980s, when Taiwan speedily and successfully developed from an agricultural ex-colony to a highly-industrialized nation, popular religion has served to intensify Taiwanese identity. Society has become far more open, far more “Taiwanese,” and far more materialistic and modern. With government support, popular religion has become part of Taiwan's cultural dynamic, a fully embedded cultural system. (Chapter 2)

Popular medicine, which I explore in the work of unlicensed local Chinese medicine practitioners, is widespread, and is accepted by most people, although the government has issued regulations and laws to promote the integration of Chinese medicine and to ban most practices of popular medicine. In Taiwan today, obtaining accreditation——attending modern medical school, passing the two-stage national examine and receiving an official license——is supposed to be mandatory for all Chinese medicine practitioners. In order to make a living, many popular medicine practitioners may go underground, hide in rural areas or elsewhere, or proclaim a god has commanded them to practice. It is obvious that people have their own criteria to define what “Chinese medicine” is.

(Chapter 2)

Both popular religion and popular medicine are parts of most people’s everyday life, rooted in their experience, part of their accumulation of knowledge. Some popular Chinese medicine practitioners work with popular religion, and some popular religious practitioners possess enough basic knowledge of medicine to diagnose patients, prescribe a simple formula, and create popular drugs. Both proclaims that they are favored by a god.

It is a world, to quote Michael Strickmann, “inhabited by perilous beings personifying breath and semen——phantom panting, demonized gasps, spectral sighs, lurking halitosis, walking nightmares, marauding wet-dreams, galloping nocturnal omissions.”<sup>206</sup> These spirits cause various diseases, spiritually and physically. Great gods, tutelary deities and supreme lords control life and afterlife, save individuals from disaster

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<sup>206</sup> Michael Strickmann, *Chinese Magical Medicine* (Stanford: Stanford University Press, 2002), 73.

and disease, and support them with health and wealth. Daoist priests, ritual masters, spiritual mediums and popular drug healers, in the name of a divinity, practice exorcism to expel evil spirits, and use medicine and herbal drugs to cure people. They are united, sharing a common boundary——although that boundary is often blurred and indistinct. People receive, perceive and disseminate health care, as a forever changing, adapting and transformative process.

Many studies of popular religion in Taiwan have focused on the cults and festivals of certain deities, such as Mazu and Martial Lords; many researches on health care systems have drawn what concepts they use from a narrowly defined, systematic approach strategically woven to produce a result, such as Arthur Kleinman's theoretical framework of Taiwan's health care systems. (Chapter 1) Little attention has been paid to the relationship between popular healing and local people.

In this study, I have brought the often-overlooked role of ordinary people to the forefront, and questioned the ways they receive, perceive, set in motion, and spread the processes of health care. It aims to contribute to a new perspective on healing and medicine, a new understanding of popular religion, its hybridity and inclusivity, and a new basis for the further development of studies of popular health care.

During my fieldwork, I found many people who are neither orthodox nor ignorant. They make use of rituals but are ignorant of teachings about them; they disregard religious doctrines. They pursue efficacy, whenever they can find it. All the lines are blurred. It is such people who have given popular healing vitality and strength.



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