

2022 年度
【博士後期課程】

早稲田大学大学院文学研究科
専門科目 文化人類学コース

入学試験問題
※解答は別紙（横書）

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Anthropologists understand that the experiences of illness and health are inherently social, and anthropological perspectives can help us to better understand religion and the health of communities and the public. Anthropology clarifies the various ways in which religious worldviews and practices shape social and cultural understandings of health and wellbeing.

Many belief systems and religious traditions hold deeply rooted ideas of health and wellbeing, as in notions of *qi* (life force), *shalom* or *salaam* (harmony or wholeness), and *salus* (health, welfare, or wellbeing; also the root word of “salvation”). These ideas are often expressed in practices that relate to food and purity laws, and in rituals enacted by religious specialists such as traditional healers or faith healers. Belief systems also give rise to many faith-inspired organizations that relate to health, such as healing centers, clinics, and hospitals. Religion can thus be seen as a “social determinant of health” (Idler 2014) – though anthropologists will think less of determinants and more of mutable social orders and worldviews.

Of particular interest to anthropology is the impact of differing understandings of health in religious traditions upon health-seeking and caregiving practices, including views on the reach and significance of science itself. Increasingly, in the context of biomedicine, for example, this has led anthropologists to examine the tensions and dissonances between patients and physicians that result from contrasting value systems and relations of power, differing views on boundaries of identity and experiences of the body, and competing or hybrid cosmologies.

Anthropologists have also been involved in attempts to bridge differences between public policy and private behavior, and have examined the ways in which community and shared rituals influence physical or mental health. Epidemiologists, critical medical anthropologists, and scholars of health policy all study disparities in the quality of health care and social inequalities that influence public health issues.

Certain challenges in the anthropological study of religion, health, and wellbeing must be grappled with, for they affect what one studies and how one draws conclusions. The first challenge is definitional. Anthropologists have undermined any claim that we can readily define religion. It appears in so many guises, encompasses so many varieties of phenomena, and is so bound up with particular cultural patterns of history, language, discourse, thought, and action that no final definition is possible (Asad 2006); indeed, no common view exists on what constitutes religion. It is thus crucial to be aware of how one defines it and what the *limits* are of one’s chosen definition.

A second issue is interdisciplinarity. Religion, health, and wellbeing are comprehensive themes poorly grasped from any one disciplinary perspective alone. Yet anthropologists need to ascertain what they are looking for. This means paying some attention to what congruent disciplines, such as comparative religion (Barnes 2011) or social psychology (Koenig, King, and Carson 2012; Pargament 2013), teach about religion, health, and wellbeing.

A third issue familiar to anthropologist is translation: cross-cultural shifts of meaning in the use of language affect how one understands religion in relation to health. Consider the Basotho notion of *bophelo*, a single concept that encapsulates both the religious and the health dimensions of human life (Germond and Molapo 2006). The very separation of the terms “religion” and “health” appears false, and to insist on separating them is to violate the Basotho understanding, a kind of betrayal in translation. Another example in a different context is the long and complex interaction between Chinese and Western views on religion, health, and wellbeing (Barnes 2005).

The final issue is complexity. Anthropologists seek to unpack the layered complexity of living human systems and avoid reductionist social science. Human communities are not static objects of study or predictable in how they evolve and form. This means paying attention to emergent, adaptive, and unpredictable patterns of human community and culture as they change over time and between places, which applies par excellence to the way in which religion, health, and wellbeing interact.

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文化人類学

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