

Comparative Philosophy of Religion 3

Karen R. Zwier
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Miracles: An Exercise in Comparative Philosophy of Religion



Springer

Comparative Philosophy of Religion

Volume 3

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This book series publishes works of comparative philosophy of religion—works that are religiously inclusive or diverse, explicitly comparative, and critically evaluative. It serves as the primary publishing output of The Comparison Project, a speaker series in comparative philosophy of religion at Drake University (Des Moines, Iowa). It also publishes the essay collections generated by the American Academy of Religion’s seminar on “Global-Critical Philosophy of Religion.” The Comparison Project organizes a biennial series of scholar lectures, practitioner dialogues, and philosophical comparisons about core, cross-cultural topics in the philosophy of religion. A variety of scholars of religion are invited to describe and analyse the theologies and rituals of a variety of religious traditions pertinent to the selected topic; philosophers of religion are then asked to raise questions of meaning, truth, and value about this topic in comparative perspective. These specialist descriptions and generalist comparisons are published as focused and cohesive efforts in comparative philosophy of religion. Global-Critical Philosophy of Religion is an American Academy of Religion seminar devoted to researching and writing an undergraduate textbook in philosophy of religion that is religiously inclusive and critically informed. Each year the seminar explores the cross-cultural categories for global-critical philosophy of religion. A religiously diverse array of essays for each seminar are published along with a set of comparative conclusions.

Karen R. Zwier • David L. Weddle
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Editors

Miracles: An Exercise in Comparative Philosophy of Religion

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Preface

How different the world is on the eve of 2021 (when I first wrote this preface).

How different is The Comparison Project (TCP) as well. What began in 2012 as a lecture and dialogue series in comparative philosophy of religion now includes photo-narrative projects about lived religion,¹ annual interfaith youth leadership camps, monthly “meet my religious neighbor” open houses, and guides to, resources about, and digital stories by religious communities and practitioners throughout greater Des Moines. Over time, what was once peripheral came to occupy the center, displacing the lecture and dialogues series. In 2019, we decided to pause the series for the sake of programming in interfaith literacy and leadership. In 2020, COVID-19 forced us to pause the rest of it, moving what we could “online.”

As the world now begins to glimpse life after COVID-19, so do we foresee a revitalized lecture and dialogue series. In fact, the surprising successes of “ZOOM” programming under COVID-19, alongside the steady growth of a worldwide network of “global-critical philosophers of religion,”² not to mention Springer’s enduring commitment to a publishing series in comparative philosophy of religion, buoy hope in a reimagined, “hybrid” lecture and dialogue series, with lectures, leadership, and participation from those who cannot attend in person. (In fact, as I now edit this preface some 18 months after first writing it, we are in the thick of planning a resumed lecture and dialogue series for the 2022–2023 and 2023–2024 academic years on transhumanism, immortality, and religion.)

This volume is yet another source of hope, the culmination of the series’ programming from 2017 to 2019. As TCP’s director enjoyed a sabbatical year, Karen Zwier took the reins, choosing the topic of miracles and inviting David Weddle to co-direct, together with whom the series was crafted and lecturers were selected.

¹In 2017, TCP released a photo-narrative about lived religion in Des Moines, Iowa (*A Spectrum of Faith: Religions of the World in the Heartland of America*, Drake Community Press); in 2020, about lived religion in Beijing in collaboration with Minzu University of China (*Religions of Beijing*, Bloomsbury). In 2021, TCP began a photo-narrative project about lived religion in the KwaZulu-Natal region of South Africa in collaboration with University of KwaZulu-Natal.

²For information about this group of scholars, visit <https://globalcritical.as.ua.edu>.

With Karen's specialization in the philosophy and history of science and David's in the history and philosophy of religion, they complemented and contrasted each other well, as is clear in their comparative conclusions to this volume.

The design of this series and volume is much like the preceding two.³ Choose a topic that is interesting to our local audiences and important for comparative philosophy of religion, refining that topic through a set of investigative questions. Invite scholars to lecture on the topic from the perspective of different religious traditions, texts, and thinkers. (All the lecturers for the 2017–2019 series contributed essays for this volume.) Arrange for local dialogues and special events as well.⁴ Finally, compare over the content of the series, raising philosophical questions of meaning, truth, and value about the topic in comparative perspective.⁵ (I note, therefore, that the “comparative philosophy of religion” aspect of the project in general and this volume in particular usually “comes at the end,” i.e., in the comparative philosophical conclusions.) Little did we know, when the topic of miracles was chosen, how fitting it would end up being for the world of 2020.

As is also the case for the preceding series, none of this would have been possible without generous funding, the sources of which I thank here: Drake University's Center for the Humanities, Drake University's Principal Center for Global Citizenship, the Medbury Fund, Humanities Iowa, the Des Moines Area Religious Council, Cultivating Compassion: The Dr. Richard Deming Foundation, and the Slay Fund for Social Justice. I am also deeply grateful to those who served TCP during the years of this series, especially associate director Leah Kalmanson, student research assistant Anoushe Seiff, administrative assistant Monique Rodriguez, and advisory board members Bradley Crowell, Dr. Richard Deming, Mary Gottschalk, Annique Kiel, Erin Lain, Ted Lyddon-Hatten, Matthew Mitchell, Sarai Rice, Renee Sedlacek, and Tony Tyler. Finally, I thank the two anonymous reviewers of the volume for their incisive and thorough feedback.

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 David L. Weddle
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³After an exploratory year in 2012–2013, TCP pursued the topic of ineffability from 2013 to 2015 (subsequently published as *Ineffability* in 2017 Knepper & Kalmanson, 2017) and the topic of death and dying from 2015–2017 (subsequently published as *Death and Dying* in 2019 [Knepper et al., 2019]).

⁴For the 2017–2019 series, these community events included a workshop on *A Course in Miracles*, a creative non-fiction reading by cancer survivors from Above+Beyond Cancer, and an interfaith dialogue about “miracles and medicine.”

⁵For more detail about these methods, see the Preface to TCP's first volume, *Ineffability* (Knepper & Kalmanson, 2017).

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Chapter 8

Miracle as Natural: A Contemporary Chinese American Religious Healer



Kin Cheung

Abstract I apply the Buddhist and Chinese religious understandings of miracles as natural events to a contemporary Chinese American religious healer who employs Buddhist spells, *qigong*, and a range of Chinese medical arts to successfully treat conditions such as a golf-ball-sized cancerous tumor, a balance and memory disorder, and stroke-induced facial hemiparesis. In doing so, I build upon the work of anthropologists and historians to do comparative philosophy on the theoretical categories of and boundaries among miracles, the natural, the supernatural, healing, and religion. I engage with Morton Klass' point on the ethnocentric presuppositions of such categories; Susan Sered's attention to the political nature of strict binaries as opposed to more flexible continuums; Robert Campany's distinction between ontological and epistemological miracles, where the latter uncovers the hidden wonders in the *natural* world; and Helen Tilley's polyglot therapeutics, which are marked by oscillation between, and the simultaneous holding of, contradictory or incommensurable ontologies. I argue that the category of natural miracle allows reimagining of the above categories and their neat delineations.

8.1 Introduction

I came to this project at the invitation of my colleague Leah Kalmanson, the co-editor of the first volume in this publication series and one of the two series editors. She thought my father's use of *qigong* (also romanized as *chi kung* 氣功; Japanese: *kikō* 気功) and Buddhist chants to heal conditions such as a golf-ball-sized cancerous tumor, chronic back pain, and a dislocated jaw would be a fitting topic for The Comparison Project's Lecture Series on miracles. Before her framing, my father and I have never thought of his healing as miraculous. Neither would his students

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and patients use the term miracle. However, at the suggestion of this volume's co-editor, Karen Zwier, I now see that a comparative approach examining his healing as a *natural* miracle is a productive exercise in the philosophy of religion.

I begin by providing an overview of the Chinese terms usually translated as “miracle” or “miraculous,” putting it into the context of Chinese religious and Buddhist terminology for miracles. This discussion involves an examination of the appropriateness of the categories of natural and supernatural in these contexts. Then, I provide detail on the type of healing my father performs for his community of family, students, and patients. I end with reflections on what it means for his religious healing to be a natural miracle, and how that is helpful in reconsidering the boundaries between religion and healing.

8.2 Chinese, Chinese Religious, and Buddhist Terminology

The Chinese terms for “miracle” include *qiji* 奇跡, *shenji* 神跡, and *shengji* 聖跡. The term *ji* means “traces”—literally “footprints”—of the strange or uncanny, divine or spiritual, holy or sacred. The adjective “miraculous” is typically translated as *shenqi* 神奇 (divine and uncanny), *shengong* 神功 (amazing powers), or *miaoshou* 妙手 (wondrously-skilled hands, a term used mainly to describe miraculous healers). There are also numerous four-character idioms that are used to describe miracles of healing (*lingdanmiaoyao* 靈丹妙藥, *mianshouhuichun* 妙手回春, *shengsirougu* 生死肉骨, *zhuoshouchengchun* 著手成春). These overlap in meaning with Chinese terms for wonders, wonder-making, magic, superhuman, and supernatural. However, the distinction between natural and supernatural is problematic in Chinese contexts.

In Chinese religions and Chinese cosmology, the term *ganying* 感應 (sympathetic resonance) is fundamental to explaining how the universe operates. The two words that make up this term, *gan* (stimulus) and *ying* (response), indicate an ontology of “continuous flux [that] is conceived in terms of the cyclic progression or interaction of the five phases (*wuxing* 五行), the *yinyang* 陰陽 binary (Sharf, 2002, p. 79; Wang, 2000, p. 6), and the primordial vital energy (*qi* 氣) that constitutes” everything in the universe (Ho, 2017, p. 1126). Therefore, in a world without transcendent divinities outside of or separate from the world, miracles have to be understood as “natural responses in a world of interdependent order” (Ho, 2017, p. 1134).

Daoist, Buddhist, and popular or folk religious tales are replete with descriptions of incredible events and feats. Daoist *xian* 仙 (immortals or transcedents) are able to fly, predict the future, and wield spells and talismans. These are natural insofar as the Daoist program is a way for ordinary human beings to obtain these supernormal or supermundane abilities if they follow the regimen of a special diet, engage in alchemic practices, and receive support from other *xian*. The most commonly touted supernormal—*exceeding* the normal—ability is extreme longevity or immortality.

Supermundane refers to other realms, which *xian* can travel to and reside in.¹ *Xian* are often presented as engaging with the natural world in a natural way. For instance, the ninth-century Daoist text *Shenxian Ganyu Zhuan* “offers many variations on the hoary themes of chance encounters with miracle workers and unintended visits to other-worldly paradises” and provides stories of Daoists assisting “those in financial or physical distress” through pedestrian and practical means (Halperin, 2013, p. 21).

In his translation and study on Buddhist miracle tales from early medieval China, Robert Campany provides a useful distinction between miracles in an ontological and epistemological sense. The events in these tales

are also, *from both protagonists’ and implied readers’ points of view*, presented as surprising, shocking, paranormal, and strange—as interruptions of the ordinary, normally apparent everyday course of things. As a rough, preliminary characterization we might say that these events as depicted in such texts are “miracles” not in an ontological sense (“nature” does not get “suspended”) but in an epistemological one: they alert characters in the stories and hearers and readers of the stories to the existence of beings, places, and states of affairs normally hidden from their view. (Campany, 2012, p. 15n58, emphasis in the original)

I follow Campany in using this distinction to discuss natural miracles. I will add that these miracles point to events that are normally inaccessible. However, with proper training and practice, miracles, especially the case of miraculous healing, naturally occur.

The *Gaoseng Zhuan* is a sixth-century collection of biographies of eminent Buddhist monks. This text, along with similar collections that followed, classifies the biographies into ten categories, such as translators, exegetes, meditators, fund-raisers, and proselytizers (Kieschnick, 1997, p. 8–9). This gives a sense of the various roles that Buddhists played in order to support Buddhist institutions. The editor of the first of these collections had a category reserved for *shenyi* 神異 (thaumaturges or divine workers). Editors of later collections of biographies renamed this category *gantong* 感通 (spiritual resonance). John Kieschnick explains that this change stems from the compiler’s turn to *Dazhuan*, a commentary on the *Yijing* (*I Ching*) or *The Book of Changes* attributed to Confucius. The term *gantong* is taken from the phrase “when stimulated [*gan*], it penetrates [*tong*],” in which sages observed “patterns in natural phenomena that allowed them to understand the workings of the universe” (Kieschnick, 1997, p. 100–101). In other words, these were “monks who evoked spontaneous responses from Nature” (Kieschnick, 1997, p. 100).² Note the similarity between the aforementioned sympathetic resonance

¹“Daoism represents the celestial realm as different systems of ‘heavens,’ usually arranged hierarchically. In several cases, these domains are not only the residences of deities, but also correspond to degrees of priestly ordination and to inner spiritual states, and are associated with revelations of teachings and textual corpora” (Pregadio, 2020).

²Nature here is capitalized to draw attention to the Chinese term *ziran* 自然, which is also translated as self-so, or what-is-so-of-itself, and in the context of Daoism, spontaneity. This points to the problem of assuming a monolithic conception of both the natural and nature. See Gleason (2017) on “the politics that follow from a theory of Nature that is uniform, homogenous, and unchanging” (Gleason, 2017, p. 573).

and spiritual resonance. Kieschnick follows the work of distinguished scholars of Buddhist history (Étienne Lamotte) and Chinese history (Joseph Needham) in his awareness of the problems with using the term “supernatural” for the Chinese context. “Unlike the Judeo-Christian model of miracles based on the notion of the supernatural, the Chinese model for miracles was based instead on the idea of ‘resonance’” (Kieschnick, 1997, p. 97). I return to this issue at the end of this section. The tales of such wonder-workers or spiritual resonances circulate widely. My father is aware of abilities associated with these eminent monks, such as Fotudeng’s ability to predict outcomes of military battles and bring a dead prince back to life with Buddhist spells.³

Discussion of miracles in the Chinese Buddhist context often include testimony to the efficacy of prayer to the most popular bodhisattva in not only China, but all of East Asia: Guan(Shi)yin 觀(世)音 (or Kuan-yin, Japanese: Kannon, Korean: Gwan-eum 관음, Vietnamese: Quán Âm, Sanskrit: Avalokiteśvara).⁴ Known as the goddess of mercy or compassion, her name in Chinese literally means “observer of (worldly) sounds.” Thus, prayers are much more commonly directed to her than any other buddhas or bodhisattvas. Chün-Fang Yü provides examples of miraculous recovery from disease that pilgrims attribute to Guanyin (Yü, 2007, p. 1244).

Going outside the Chinese Buddhist context, Japanese Buddhist texts and *set-suwa* 說話 (explanatory tales) provide not only examples of miracles, but also practices and techniques that facilitate or open oneself to them. For example, “wakefulness, prayer, pilgrimage, training of the memory—all of these are known methods through which a devotee might seek a miraculous sign” (Eubanks, 2011, p. 11). In her work on Buddhist textual and material culture in medieval Japan, Charlotte Eubanks writes, “miracles are not aberrations. They are, rather, instances in which the core workings of the world are revealed in a sudden and (miraculously) observable fashion” (Eubanks, 2011, p. 12). Furthermore, these explanatory tales “relay numerous accounts of miracles associated with the reading, memorization, worship, and circulation of Buddhist scripture, thereby validating the accuracy of the teachings those scriptures contain, displaying the efficacy of the sutras (both as abstract teachings and as concrete objects)” (Eubanks, 2011, p. 12). I will add to this the efficacy of using Buddhist texts for healing, specifically the recitation of *dhāraṇī* (spells). As will be detailed below, this is a central practice in my father’s religious repertoire. Since Buddhist texts make abundantly clear the power of chanting Buddhist spells and petitions to buddhas and bodhisattvas, it is only natural (in the sense of occurring as a matter of course) for wondrous healing to happen.

Miracles in Indian Buddhist texts are categorized in the “standard threefold typology” of “miraculous display of superhuman powers (*iddhi-pāṭihāriya*), the miraculous display of telepathy (*ādesanā-pāṭihāriya*), and the miraculous display of instruction [in the dharma] (*anusāsanī-pāṭihāriya*)” (Fiordalis, 2010, p. 386).

³It is no coincidence that religious adepts, Buddhist and Daoist ones (see Halperin, 2013), are depicted in tales interacting with political leadership. This reflects historical reality in how political and religious institutions both vie for power and also support and legitimate each other.

⁴See Yü (2007).

David Fiodalis notes that miracles in Buddhist texts are sometimes dismissed by contemporary readers because of two reasons. First, the Buddha himself criticized the display of these powers in order to proselytize, but this dismissal is problematic because he uses these powers in skillful ways.⁵ Second, by definition of being supernatural, miracles break with natural laws and therefore do not fit into a Buddhist framework, but Fiodalis points out that this ignores the value of studying them to understand Buddhism. Rupert Gethin adds, “[t]he attempt to marginalize the practice of miraculous powers in the earliest Buddhist texts must be considered a feature of Buddhist modernism, and related to the late nineteenth- and early twentieth-century preoccupation with recovering a historical Buddha congenial to the rationalist and ethical sensitivities of certain Buddhist apologists” (Gethin, 2011, p. 223). These apologists conveniently ignore both the superhuman aspects of the Buddha mentioned in early Buddhist texts, and inconveniently *human* aspects, including his displays of rage, illness, aging, and death from eating spoiled pork (Guang, 2005, p. 7–13).

Gethin notes, “the ability to perform miracles is an extension of the practice of *dhyānas* [meditation involving progressive trance states] rather than a consequence of awakening” (Gethin, 2011, p. 219). The abilities to turn oneself or others invisible, walk through walls and mountains, walk on water, fly, read other people’s minds, see into past lives, and heal can all be obtained, by Buddhists and non-Buddhists alike, through cultivation practices. Therefore, *pāṭihāriya* or Buddhist miracles are “natural expressions of the extraordinary power of the mind” (Gethin, 2011, p. 217). Though Fiodalis is correct to translate *iddhi* as “superhuman powers,” another good translation is simply “accomplishments.”

After this brief survey of worldviews in Asian contexts, I will now give more attention to the in/appropriateness of using the term “supernatural” in Asian and Buddhist contexts. Some authors describe “visits from supernatural Buddhist sages, ecumenically minded, gilt Daoist immortals” as “consensual hallucination” (Berger, 2001, p. 161). It is often unclear whether this was done casually or advisedly. Some “scrupulously avoided the word ‘supernatural,’” but may not have given explicit reasons for doing so (Kieschnick, 1997, p. 96). The authors mentioned above explain why it is inappropriate. Luis Gómez finds the term to be an “expedient short hand” and thus need not be excised from the discourse on Buddhist texts (Gómez, 2010, p. 542n39). Nevertheless, he rarely uses “supernatural” and prefers the terms “wonder” and “wonder-making” over “miracles,” “magic,” or “thaumaturgy” in order to highlight the mystery, “awe-inspiring, unusual (though natural) and extraordinary” in Buddhism (Gómez, 2010, p. 513).

The anthropologist Morton Klass provides a survey of the term “supernatural” in the context of the “definitional daisy chain” in historical efforts to define the term religion (Klass, 1995, p. 17). Klass explains previous attempts do not define “religion” but merely pass the work on to another term, such as “sacred,” “holy,” “divine,”

⁵There are monastic regulations against boastful displays. I thank the editors in pointing out that the Buddha’s displays were not boastful.

“culture,” “symbol,” or “supernatural.” The field of religious studies periodically returns to this problem of defining religion because the process of grappling with it is a fruitful one.⁶ In this essay, I follow the “operational definition” that Klass offers: “Religion in a given society will be that instituted process of interaction among the members of that society—and between them and the universe at large as they conceive it to be constituted—which provides them with meaning, coherence, direction, unity, easement, and whatever degree of control over events they perceive as possible” (Klass, 1995, p. 38). The emphasis is on how religion provides values and meaning, explains what is ontologically real, and offers some sense of agency in an uncertain world.

Klass’ operational definition avoids loaded terms mentioned above, especially “supernatural,” which Klass convincingly argues is ethnocentric. He provides a fascinating example from his field work among South Asians in Trinidad. The farmers there rent their land from a landlord and make offerings to a deity of the field. Klass says an outsider (including past influential anthropologists) who employs the term “supernatural” unreflexively would take the deity to be supernatural because it falls outside the modern materialist worldview, whereas this outsider would think of the landlord as perfectly natural. However, some of the farmers whom Klass has encountered have never seen or interacted with the landlord, have only paid rent through an intermediary party, and have vague notions that if rent is not paid, this mysterious force will take away the land. For such farmers, the deity is perfectly natural because they or their neighbors have experienced poor harvests after failing to make adequate or proper offerings. Klass therefore suggests that the farmers would categorize both the deity and the landlord as natural. Perhaps, though, Klass can go even further and posit that the farmer might see the landlord as supernatural. Regardless, Klass then provides a hypothetical. What if the farmer has a son who takes a course on anarchism and is convinced of anarchist tenets that challenge any *natural* right to land ownership? “In principle, it is therefore a denial of the existence of landlords in a proper (natural) universe. Dare we term the landlord a supernatural entity, from the son’s perspective? Dare we not?” (Klass, 1995, p. 30). Therefore, applying the category of “supernatural” from one person (anthropologists, scholar, etc.) to another already assumes a division that may not apply to the worldviews of the subject.

Susan Sered notes that in investigations of the supernatural, anthropologists are more comfortable addressing epistemological questions than ontological ones. She concludes that the natural and supernatural binary is restrictive and not useful, suggesting instead the use of a continuum. She writes,

[i]f, however, we reject binary constructions and see the notion of the supernatural as part of a shifting lexicon that helps us to make sense out of the experiences and stories that comprise our work, we can begin to think in terms of a series of continuums. One such continuum might have to do with the extent to which various cultures recognise or acknowledge spheres that are different or distinct from the “natural.” (Sered, 2003, p. 217)

⁶See Campany (2003), Smith (2004), and Arnal and McCutcheon (2012).

Sered highlights the political value judgments involved in employing the dichotomous label “natural/supernatural,” which “supports embedded hierarchies found in related dualisms such as West/the rest, Christian/pagan, true/false, and superior/inferior,” as well as science/religion and modern/pre-modern or primitive, etc. (Dempsey, 2008, p. 4). Sered offers yet another way to think of the “supernatural”: in terms of “enhanced natural” rather than “not natural” (Sered, 2003, p. 218). Sered does not reject the use of supernatural completely, but advises a different way to approach it as a theoretical category. I read Klass not as advocating for the elimination of the term entirely, but as warning users to make explicit the framework that is being imposed on the subject of study when this “expedient shorthand” is employed.

8.3 Case Study of a Contemporary Healer

After examining the lexical landscape around miracles in Chinese and Buddhist contexts, providing distinctions between ontological and epistemological miracles, and calling attention to the issues surrounding the category of “supernatural,” I can now give detail on a contemporary religious healer in order to explain how his healings are examples of natural miracles.

Seng Kan Cheung is a 66-year-old Chinese American who uses a wide-ranging repertoire of Chinese medical arts and religious healing techniques on his family, students, and patients in the New York metropolitan area. I have mentioned that he is my father and have written elsewhere on the methodological issues of conducting research and producing scholarship on close family members (Cheung, [forthcoming](#)).⁷ This was an unexpected area of research for me and only began when I acted as interpreter and translator for an interview conducted with my father by a colleague. Since my father does not speak English, he does not have direct access to review what I write here, nor does he have much interest in doing so.

Cheung completed a grade school education in China before the Chinese Communist Party took most of his generation out of schools in the 1960s. Although he reads at roughly a sixth-grade level, he has been able to teach himself Chinese medical arts because of the abundant books, television shows, and radio programs to which he has access in the Chinatowns of New York City, where he spent three decades of his life. His background in self-cultivation practices started as a child with *baguazhang* 八卦掌 (Eight Trigram Palm) and Yang style *taijiquan* 楊氏太極拳 (also T'ai chi) martial arts instructors in China. At age 43, he learned *Zhineng Qigong* 智能氣功 (Wisdom Healing Qigong) from his brother-in-law's brother. He learned to use electric acupuncture machines from a co-worker who used to be a

⁷For a variety of examples of how such academic work could take shape besides ethnography, see the Special Issue “Jewish Feminists and Our Fathers: Reflections across Gender and Generations” in *Bridges: A Jewish Feminist Journal*, especially Alpert and Levitt (2009). For a transcript of a formal interview I conducted with a colleague on the aspects of his healing most related to Buddhism, see Cheung and Pierce Salguero (2019).

medical doctor in China. Cheung learned herbal formulas from another co-worker who trained in Shaolin Temple, a Chinese Buddhist institution internationally renowned for their martial arts, though also famous for their medical arts throughout Chinese history. He makes his own healing liniment and uses the moxa he gathers from local parks for moxibustion.

He pursued healing because he grew up with stomach pains that still bother him today. Carl Jung's "wounded healer" trope deals specifically with psychological injury, but it is not difficult to extend this to physical injury, especially when emotional and mental wounds can manifest themselves somatically and vice versa (Daneault, 2008; Sedgwick, 1994). Henri Nouwen (1972) argues it is precisely the wounded and the suffering who are able to heal others effectively. It is understandable that someone with health issues would fervently pursue knowledge of healing arts. Cheung's concern over his reputation as an effective healer leads to minimizing his own health issues in front of students and patients, but not his family. He became a community healer in 2012 when he began to heal not just himself and his relatives, but also students, and later patients. Patients mainly come to his home to receive treatment, while students visit because they are interested in learning religious practices to heal themselves and others. These are not precise categories, as individuals shift roles. Both groups call my father *zhanglaoshi* 張老師 (teacher Cheung), or more rarely, master Cheung, because the title teacher in Chinese holds significantly more respect and honor than its English equivalent (see Figs. 8.1 and 8.2).

His first student experienced a case of miraculous healing. She had suffered from a golf-ball-sized cancerous tumor on the back of her neck that affected her sleep for decades. She had little recourse due to the minute probability of a successful removal given its location near her central nervous system. Cheung used *qigong* to heal it in



Fig. 8.1 Cheung (front, center) training students at his home. (Photo by author)



Fig. 8.2 Cheung using *qigong* to heal a family friend in New Jersey. (Photo by author)

2 weeks. Over a dozen friends of this first student were so impressed by her recovery that they have sought to become Cheung’s patients and students, forming the core of his community of healing. She continues to be his most loyal student and vocal publicist. As mentioned, I have never heard him or any of his students or patients use any of the three main Chinese terms for miracles to describe his practice and results. I have, however, occasionally heard his first student use the term *miaoshou* (miraculous), literally wondrously-skilled hands—used for physicians, especially surgeons—to describe his wonder-making.

Other examples of healing successes include the chronic back-pain of a middle-age male truck-driver, the dislocated jaw of a teenage girl, a balance disorder and memory troubles of an elderly woman. Cheung is particularly proud of the last instance. In recounting this episode, he emphasizes how American doctors who examined this patient in the hospital had no clue what was medically wrong with her from the contemporary bio-medical paradigm. He visited her in the hospital to give treatments of *qigong* and used what he calls his *diliugongneng* 第六功能 (sixth-sense, literally sixth-function). It took control over his hands such that he involuntarily moved his fingers in order to provide acupressure manipulation on her ears. That night she had a dream that a worm came out of her ear. She woke up to a small object falling out of her right ear. Before treatment, she could not walk up stairs on her own and had difficulty remembering things like phone numbers. Doctors posited that some bacteria might be affecting her brain and wanted to do more testing. The day after Cheung’s treatment, her balance and memory issues went away, and she left the hospital.

What he calls his “sixth-sense” is an ability developed a few years after he started a Chan (禪, Japanese: *zen*, Sanskrit: *dhyāna*) Buddhist sitting-meditation practice.

It started with the involuntary movement of his hands, by means of which he gave himself acupressure during sitting meditation. Prior to this ability to involuntarily move his hands, he used *qigong* practice for a different type of involuntary movement—that of his hips and the swaying of his arms to cultivate *qi*, a response that is acknowledged as normal in Wisdom Healing Qigong. Thereafter he experienced involuntarily walking in circles or figure-eight patterns while swinging his torso (sometimes in a bowing motion) when passing by Buddhist temples in Carmel, New York and Kyoto, Japan. Though related to these involuntary movements of his feet and torso, his more recent involuntary hand movements are a separate phenomenon. He describes this sensation as a sixth-sense that perceives where to perform acupressure on himself or patients. In both cases, however, he senses compulsion to move and allows himself to follow through with that sensation. Yet, at any time he can regain control and stop moving if desired. Another way to describe the sensation is as being nudged or pushed, though able to resist or push back.

This raises the question of agency in this aspect of his healing. He describes the involuntary movement as *his* sixth-sense. Does he consider himself healing on the behalf of deities who temporarily occupy his body or hands? Regarding his use of Buddhist spells to heal, my colleague and I asked, “Are you using the buddhas to empower your therapies, or are you teaching people to tap into the buddhas to heal themselves?” (Cheung & Pierce Salguero, 2019, p. 245). We wanted to know if he believes himself to be “an intermediary, or a facilitator,” in other words, to what degree is he either a *conduit* of healing or the *source* of healing (Cheung & Pierce Salguero, 2019, p. 246)? In response, he answered both. At first, I thought he did not understand the question or I was unable to translate the question sufficiently to express our desire to get a description of his practice. I recall being frustrated—both at the moment of our interview and later transcribing a recording of it—at how he responded by providing “prescriptive possibilities for practice” (Cheung & Pierce Salguero, 2019, p. 250). Even after I framed the question in another way, he repeated his answer that these were two viable ways to heal.

Upon reflection, the academic distinction between the descriptive and prescriptive is one that my colleague and I imposed on our research subject. I still am interested in the distinction between praying to deities, in which it is the buddhas or bodhisattvas performing the miracle, and chanting spells, in which the power comes from the sounds of the spell (that are performed in a ritually proper manner since many of these spells are Chinese transliterations of Sanskrit words that he and other users do not understand and therefore must pronounce correctly). As a healer, Cheung’s concerns are with the various avenues towards and possibilities for healing. He is not concerned with neat and tidy explanations. He is interested in the results. Though his answer may initially be perplexing, it points to other categories

that are more clearly distinct in theory than in practice, such as the boundaries between religion and healing.⁸

8.4 Religion and Healing

Thus far, I have only mentioned examples of Cheung's healing successes. During the question and answer segment after my presentation at Drake University on my father, who along with my mother was in attendance, someone asked what his success rate is (see Figs. 8.3, 8.4, and 8.5). His answer was around 80% (Cheung, [forthcoming](#)).

Among the cases in which he has not been completely successful is an elderly female patient with leukemia. In this case,

When the temporary relief provided by *qigong* was not the result of remission he was looking for, he prescribed to his patient a Buddhist ritual practice of *fangsheng* 放生. This life release practice is typically performed inside or near a Buddhist temple or monastic complex. Small animals such as fish, turtle, crabs, or birds are bought by the patron in order to release into the "wild." These animals usually return or are caught to repeat this process. This monetary donation, which then supports the Buddhist institution and the spread of Buddhist teachings, helps generate good karmic returns.... His innovative take on this practice, which he participates in and prescribes to his students and patients, is spurred by his working class material conditions. Instead of paying a few dollars per goldfish, the least expensive live animals typically sold, he advocates a practice of buying brine shrimp eggs to incubate and hatch, then release into a local body of water, not near Buddhist institutions. The cost paid per life released drops significantly to fractions of pennies per brine shrimp. He prescribed the release to take place on the birthday of Guanyin, the Buddhist bodhisattva of compassion, during an auspicious hour. (Cheung, [forthcoming](#))⁹

This example shows the multiple etiologies of disease in Cheung's worldview, which includes karmic forces and deities. When he elaborated on his answer to the aforementioned question by my colleague about whether he was using deities to empower his healing practices or teaching his students to heal themselves, he explained,

⁸See Barnes and Sered (2005) for the landscape of religion and healing in America. See the 2017 special issue on Buddhism and Healing in *Asian Medicine* 12 (1–2) edited by C. Pierce Salguero and William McGrath. See Lucy Bregman (2019) on the complicated engagement between religion and medicine in a Christian context in an essay from the second volume of the series of publications on comparative philosophy of religion arising from The Comparison Project. See Harrison (2012) on the relationship between science, religion, and healing between Europe and China through an examination of a Catholic nun.

⁹These are the two sentences elided from the corresponding extract above: "Superficial criticism of this practice as greedy attempts by monastics to extract money from lay adherents ignores the rich history of Buddhist engagement with economics and business matters (Brox and Williams-Oerberg, 2016; Schopen 2004). However, ecological criticisms of this disruption to biodiversity as an act of biological invasion deserve more attention (Everard et al. 2019; Liu et al. 2012)" (Cheung, [forthcoming](#)).

Fig. 8.3 The author at Drake University during a presentation on Cheung for The Comparison Project. (Photo by, and with permission from, Leah Kalmanson)



Fig. 8.4 Cheung and his wife at the presentation. (Photo by, and with permission from, Leah Kalmanson)

Fig. 8.5 Cheung using *qigong* to heal an audience member after the presentation. (Photo by author)



there are different types of disease. When it's cold outside, that causes disease. Going outside, falling can cause injury. Bad eating and drinking habits or lack of rest can cause disease. These maladies are easy to heal. But for some diseases, even though America has good scientific knowledge, there is no cure. These are due to karmic causes, perhaps from a previous life or an action earlier in this life, such as murder or unethical behavior. Those need the buddhas' and bodhisattvas' help to heal, and so one needs to chant *sūtras* and *dhāraṇī* [spells]. (Cheung & Pierce Salguero, 2019, p. 245)

Distinguishing between these explanations of instances of disease is not his intent. Nor may it even be possible to acquire such knowledge. For his own stomach pains, he ascribes the etiology to malnutrition growing up and the imbalance of the five phases in his astrological chart (Hinrichs & Barnes, 2013).

Historians of Chinese medicine and African medicine have useful terms I will borrow to describe holding not only multiple explanations of disease but also larger understandings of the body, healing, and the universe. Marta Hanson uses the term “medical bilingualism” to emphasize “the ability not only to read in two different medical languages but to understand their different histories, conceptual differences, and ... potential value for therapeutic interventions in the present” (Hanson, 2015; see also Hanson, 2010). I will push her term further to suggest that in instances when the ability to *translate* across medical languages becomes difficult or near impossible (analogously to translating poetic or comic effect), we have examples of incommensurable paradigms of health, due to their different underlying conceptions of the body and universe. Helen Tilley uses the term “polyglot therapeutics” to challenge simplistic notions of hegemonic scientific progress because such notions “open the door to diagnoses and descriptions that oscillate between worlds of meaning and unsettle sharp boundaries around what is real and unreal, true and false, effective and ineffective” (Tilley, 2020).¹⁰

¹⁰For examples of such oscillations and the continuum of natural to supernatural (as mentioned by Sered) in the South Indian religious (Hindu) context, see Dempsey and Raj (2008).

Returning to Cheung, I want to make explicit that his prescription for life-release to his patients and students does not indicate an attribution of moral guilt, though it does presuppose karmic etiology. A person's actions may be the seeds/causes that lead to later fruits/effects of disease (in their current life or future lives), yet that person does not automatically deserve moral blame for such disease. Buddhist moral theory does not aim "to establish a calculus of utility through which to assess actions, nor to assign responsibility, praise or blame"; rather, its purpose is to alleviate suffering (Garfield, 2015, p. 282). Debate on the appropriateness of interpreting karmic forces to justify blaming the victim has engaged Buddhists with other Indian religious-philosophical systems, and there is still ongoing contention among Buddhist traditions. Although some Buddhists have interpreted karma as deterministic fate, others argue against this as a justification of status quo and the continued suppression of marginalized groups—women oppressed by patriarchy, the poor, and the sick or disabled. The latter response understands karma by attending to the present decisions to be made in order to relieve suffering and cultivate compassion (King, 2009, p.162–164). A popular use of the deterministic interpretation by some Chinese Buddhists is to attribute cancer to bad karma (Wu, 2019, p. 127). However, the problem with such simplistic explanations is the difficulty in reconciling this understanding of karma with the central Buddhist tenet of non-self. Such debates on karma within Buddhism and among other religions continue to be productive religious labor (Bronkhorst, 2011).

Cheung believes that *luanfen* 緣分 (karmic affinity) plays a role in healing. This is not a purely Buddhist notion; it also involves Chinese sympathetic resonances. The efficacy of treatment is influenced by the karmic and astrological five phases relationship between healer and patient. A cynical interpretation sees this as a convenient excuse to explain away instances when Cheung fails to heal: he and his patient simply were not compatible in the relevant cosmological respects. However, Cheung also applies this understanding when he himself seeks treatment, looking for more karmically or astrologically compatible doctors. He also uses healing amulets from Buddhist temples and talismans to compensate for astrological imbalances.

The wide range of conditions that Cheung is willing to treat is a sign of his confidence in his repertoire, which is not limited to his own abilities to administer *qigong* and other Chinese medical arts or to the strength of his meditation practice. He calls on the assistance of the Medicine Buddha, Cundi Buddha Mother, and Guanyin. He also employs the *Great Compassion Mantra*, which can be chanted or inscribed on cups and vessels for water to be stored, which is a process that transforms it into medicine. By using the *Great Compassion Mantra*, he shows that he heals not just to feed his own ego (though as his son, I notice an inflation since 2012) but also out of deep awareness and sympathy for other people's suffering.

Returning to the notion of miracles or wonder-making, I note that although Cheung does not use such terms of praise for his own work—even speaking

publicly about it is boastful behavior that he considers distasteful¹¹—he graciously accepts the adulatory label of miraculous (*miaoshou*) by his first student. In one Buddhist context, it is a rhetorical move for Chan and Zen masters never to explicitly claim that they are enlightened, though nevertheless to expound profusely on the enlightenment experiences of other masters, thereby implicitly showing their intimate knowledge and level of attainment (McRae, 2003). Is it possible there is a parallel between the (false?) modesty of meditation masters and Cheung?

The more likely reason is simply that Cheung does not consider such healing to be miraculous in the supernatural sense. Why label something as uncanny when his goal, especially to his students, is to teach them techniques to heal themselves and others? As mentioned above, such labelling also does not fit with the Chinese religious and Buddhist worldviews in which he operates. Since I choose to call his healing a type of natural miracle (analogously to the arguments of scholars of Chinese religions and Buddhism mentioned above), I wish to address the question of what exactly the category of natural miracle adds to this case in particular and to the comparative philosophy of religion more generally.

Above, I highlighted Cheung's efficacy with regard to the neck tumor and balance disorder, both of which eluded "conventional" western bio-medical experts. However, I do not present Cheung's healing of his mother-in-law from stroke-induced facial hemiparesis as miraculous, though to the medical professional who gave his mother-in-law a poor prognosis, it may be considered as such. He performed this healing with an electric acupuncture machine over the period of a few months, without *qigong* or spells (the practice of which he developed after this episode).

There is something important here to emphasize. There are different consequences to labeling Buddhist chants, *qigong*, and Chinese medical arts as "miraculous healing" or "religious healing." I use the latter term, "religious healing," to stress how religion is intricately interwoven with healing, often spreading through it. Cheung expounds on karma and other Buddhist tenets to his students and patients. To frame *qigong* "as a healing meditation with unremarkable ontological commitments or an esoteric religious ritual ... is a political decision" (Cheung, forthcoming).¹² To call the efficacy of Chinese medical arts "miraculous" is extremely problematic because that exemplifies Sered's point on the hierarchical political and value judgment in binaries. It paints Chinese medical arts as less than or other than some constructed "real" medicine. The typical binaries are traditional/homeopathic/alternative/complementary medicine versus western/allopathic/bio/"evidence-based" medicine.

The problem with "evidence-based" is that precisely at debate is what could and should be considered evidence. Proponents of a monolithic, "real" medicine rule

¹¹ Nevertheless, he agrees to do so for the sake of knowledge and to spread good karma (Cheung & Pierce Salguero, 2019, p. 242–243, 250).

¹² "See Palmer (2007) for a history of *qigong*, including its modern creation and how the Chinese Communist Party initially presented it as a practice backed by science, then claimed *qigong*'s later developments—such as Falun Gong—to be a superstitious evil cult" (Cheung, forthcoming).

out data that do not conform to the presupposed paradigm of an ethnocentric,¹³ “scientific” standard that is produced from oft-touted, double-blind, randomized control trials. A double-blind study would mean *the healer* does not know whether they are administering healing or not to research subjects. Even if researchers were to have people who were unaware of the difference between Buddhist spells or nonsense chant one or the other, these chanters would have to direct the sounds to subjects who are possibly in need of healing. Without even considering the karmic factors involved in each individual’s healing through spells (which is needed to take into account the Buddhist paradigm of healing), the conscious connection between the chanter and the receiver muddles the double-blind standard. Either it is not double-blind, or the trial is conducted without the mechanism of healing (in the Buddhist worldview). Whether this conscious connection or interaction is called karma, *qi*, intention, compassion, or resonant bond, it cannot be tested by double-blind randomized experiments.

William Bengston and David Krinsley tried to do so by injecting mice with cancer and then having skeptical volunteers lay their hands on the mice to heal them. When they initially conducted the experiments four different times in different locations, they found that *belief* in the power of laying hands was irrelevant to the astoundingly high (87.9%) remission rate. These experiments have been repeated by others with similar results. Write Bengston and Krinsley, “None of the experimental healers were believers, though as the experiments progressed, they clearly hoped that their mice would live. Despite the attachment they felt toward their mice, most could be considered at least fairly strong skeptics” (Bengston & Krinsley, 2000, p. 362). In other words, the attachment that researchers developed towards their research subjects may have influenced the healing of these subjects. Visible markers of cancer developed in the mice after injection, inciting concern by lab assistants who were observing the mice, hence eliminating the double-blind element.

Conscious awareness of another sentient being’s disease in the proximity of the diseased may trigger unexplained healing. Rather than deploying “intention,” Bengston and Krinsley prefer to label the mechanism as a “resonant bond” formed between volunteers and mice. This bond is said to be formed from shared experiences by the experimental and control groups and also influenced by the awareness of the experimenters. Amy Vickers interprets this and similar studies as evidence of compassion as the mechanism of healing, using this to explain her *reiki* 靈氣 practice,¹⁴ which involves direct touch or simply hovering the hands a few inches

¹³ I use ethnocentric here to emphasize the genealogy of western bio-medicine’s development from Greek medicine. Greek and western bio-medical uses of the pulse in contrast to Chinese medicine is illuminating. Kuriyama (1999) argues the western, bio-medical interest in measuring beats-per-minute indicates a Greek obsession with an “objective,” quantitative number. In contrast, Chinese descriptions of the pulse, which use “subjective,” qualitative adjectives such as slippery, rough, hollow, lazy, soft, or flooding, indicate a Chinese worldview in which words and language do not fully capture reality.

¹⁴ See Stein (2019) for a genealogy and history of this transnational practice. Note the Japanese *ki* in *reiki* is the same Chinese characters as *qi*. *Rei* means luminous.

above the body without making physical contact (Vickers, 2014). Attempts to “record” healing information from energy healers show some healing above baseline. However, researchers conclude that “some ‘information’ may be lost in the process of recording and delivering the energy, compared to when it is delivered directly by healers” (Beseme et al., 2018, p. 6). Ultimately, double-blinding and randomizing removes the mechanism of healing.

Using the term “miraculous” as a descriptor for Chinese medical arts may also relegate it to the realm of belief or faith. This is similar to the problem with dismissing Chinese medical arts as a placebo effect. The placebo moniker has especially been applied to acupuncture.¹⁵ However, research on placebo effects point to the fault lines and cracks in the paradigm and worldview of “mainstream” medicine. This is precisely the impetus to avoid a quick dismissal of any treatment as placebo. Rather, the unexplainable (*only* from the western bio-medical paradigm) efficacy of placebo *effects* (multiple and varied) is exactly what warrants deep investigation (Benedetti, 2014).

Fabrizio Benedetti has contributed considerably to the western, bio-medical understanding of placebos by proposing that some placebo effects are the results of expectation, reward, and conditioning responses that release chemicals in the brain and body. Yet, the change in the subtitle of his monograph, *Placebo Effects*, over three editions is telling. The 2008 first edition’s subtitle “Understanding the Mechanisms in Health and Disease” was dropped for the 2014 second edition, then changed to “Understanding the Other Side of Medical Care” in the 2021 third edition, which has more focus on the therapeutic ritual and social aspects of healing. Although I grant that expectation, reward, and conditioning provide explanatory power, reducing placebo effects to neurological chemicals is inadequate in understanding the mechanisms involved in healing. Benedetti notes that therapeutic ritual interactions lead to psychobiological factors, which in turn cause healing. However, claiming that placebo effects are results of belief or mental states misses the point (pun intended) that acupuncture and acupressure manipulates *qi*, a psycho-physical force. What needs explanation is precisely the relationship between the mental and the physical.¹⁶

Directly addressing the work of Benedetti on placebo and dopamine release, Veronica de Jong and Cory Harris write, “Neither clinical trials nor neurobiology, for example, has managed to explain how and why red placebos stimulate whereas blue ones calm, four placebos work better than two, or sham interventions can perform on par with successful drugs and operations” (Jong and Harris, 2016, p. 4). They make these statements in the introductory chapter of the edited volume *Placebo Talks: Modern Perspectives on Placebos in Society*, which goes beyond neuroscience to add perspectives from the social sciences and humanities.

¹⁵ See the debate between Colquhoun and Novella (2013), Wang et al. (2013).

¹⁶ This is not limited within the patient but extends to *qi* exchange between healer and patient, as acupuncturists literally sense the proper spot for insertion on the patient’s body through their fingers. *Qigong* employs intra- and inter-personal exchange of *qi* between individuals and the cosmos.

Ted Kaptchuk represents a middle ground between Benedetti's neurological reductionism and Jong and Harris's irreducibly social processes. Trained as an acupuncturist, Kaptchuk is a pioneer in placebo research. In his attempt to address the ethical problem of deception in placebo research, his studies found that *patients who were told they were taking placebos still reported higher rates of healing* (Kaptchuk et al., 2010). In a later comparative analysis of Navajo healing ceremonies and acupuncture, Kaptchuk used the language of the "neurobiological correlates" of ritual interactions and the "environmental cues and learning processes [that] activate psychobiological mechanisms of healing" (Kaptchuk, 2011, p. 1856), thereby appearing to explain away ritual via reductionism. However, in a section on "limitations" at the end of that publication, Kaptchuk admits his "essay is, at least partially, guilty of reductionism," asking "[b]ut will reductionist neuroscience ever tell us the whole story?" (Kaptchuk, 2011, p. 1856). He ultimately concludes that putting research on placebos and ritual studies into conversation with one another will help both areas.

Although Kaptchuk employed randomized control trials, the aforementioned work of Bengtson points to the limitations of such standards of bio-medical research. Bengtson and Moga write, "even in double-blinded studies, the clinician's knowledge of the range of possible treatments may be transmitted to the patient and influence placebo efficacy, and even variation in the personality of the investigator can produce variation in the strength of the placebo effect" (Bengtson & Moga, 2007, p. 326). One of Kaptchuk's findings in his comparative analysis relevant to Cheung's case is that "[d]ifferent healers can have different effects on patients even when they perform an identical prospectively defined precise scripted interaction" (Kaptchuk, 2011, p. 1856). In other words, simply replacing one religious healer with another does not reproduce similar healing results. Cheung's worldview of karmic affinity in healing explains what Kaptchuk cannot: why different individuals and relationships lead to different healing outcomes.

Daniel Moerman applies theory from the anthropology of religion and ritual studies to analyze placebos and medicine not only to point out the *incredible* findings about placebos (e.g. *the doctors'—not patients'—beliefs* impact the efficacy of medication), but also to explain the power underlying both the ritual of medical professionals dressed in white uniforms prescribing pills and the ritual of the patient taking this form of medicine deemed effective by their community (Moerman, 2002). He challenges explanations that use conditioning by calling attention to how research on classical conditioning is conducted on dogs and rats, not humans. Moerman argues the mechanism of expectation proposed by Benedetti is better captured by the transfer of knowledge or, better yet, the creation of meaning. Moerman suggests healing happens through a "meaning response" that incorporates psychological, social, and cultural factors.

This section's discussion may seem to have started with the assumption that there are neat delineations among Buddhist chants, *qigong*, Chinese medical arts, religious healing, and western bio-medicine. The payoff in framing Cheung's healing as a natural miracle is to reimagine the theoretical categories of and boundaries among miracles, the natural, the supernatural, healing, and religion. I have applied

Klass' point on the ethnocentric presuppositions of such categories, Sered's attention to the political nature of strict binaries as opposed to more flexible continuums, Campany's distinction between ontological and epistemological miracles in which the latter uncovers the typically hidden wonders in the *natural* world, and Tilley's polyglot therapeutics of oscillation between and simultaneous holding of contradictory or incommensurable ontologies¹⁷—all to one contemporary healer and his community.

8.5 Conclusion

This essay started with a discussion of terminology. It is important to turn attention to the Chinese religious and Buddhist historical context of the miraculous and the natural in order to better explain the case of a contemporary Chinese American religious healer. The authors mentioned above have their respective interests and goals. Kieschnick's examination of biographies and Campany's study of miracle tales are directed towards understanding history—not to establish the veracity of the purported miracles but to show how such texts explain the social values and worldviews of specific agents: the authors, editors, circulators, and consumers of these texts. Eubanks is interested in texts as material objects. I am interested in comparative philosophy.

How much does the Buddhist textual and Asian context of miracles actually apply to Cheung? I am not making the argument that he necessarily has read those texts, though he has read others influenced by those worldviews. Instead, I argue that understanding would be incomplete and inadequate without taking these contexts into consideration. I also presented here how Asian contexts have an alternative to supernatural miracles. I made the case for natural miracles in religious healing, much of which involved framing *qigong* as religious. I will repeat again that religious healing is not a complete picture, or a clear and neat container, if Cheung's use of Chinese medical arts is also considered. Even the adjective "Chinese" does not capture his repertoire completely since he employs spells written in Devanagari, Japanese talismans, and transnational systems of healing such as *reiki* (see Fig. 8.6).

Cheung's eclectic repertoire does not indicate the integration of competing etiologies. Similarly, hospitals in Shanghai and Beijing employ acupuncture (understood through a paradigm of *qi* manipulation) and Chinese herbs (understood through a paradigm of the five phases¹⁸), in conjunction with western bio-medical interventions. However, the presence of Chinese and western medical wards within the same hospitals does not entail their integration, which is still being argued for,

¹⁷Plural, including contradictory, narratives are readily found in Buddhist texts and in religion more generally. See Cho and Squier (2016).

¹⁸The shape and color of herbs inform how they are used to generate or control other phases to treat over-active and under-active viscera associated with the phases.



Fig. 8.6 Cheung's altar in his home in New Jersey. (Photo by author)

especially at the theoretical level (Guo & Han, 2016; Wang & Zhang, 2017). Hanson ascribed medical bilingualism to Youyou Tu after the latter was awarded the 2015 Nobel Prize in Physiology or Medicine. Tu's attention to herbs mentioned in a fourth-century Daoist text led to the isolation of artemisinin as a novel way to treat malaria. Yet, international recognition only came decades after her successful treatment of malaria when western medical experts finally understood the bio-chemical mechanisms of her treatment and were therefore able to fit it into a western-medical paradigm. This is an imbalance of power in terms of legitimation. Will integration mean subsuming local medical paradigms under the hegemonic western bio-medical one, or a creation of a new paradigm that does not disregard incommensurable findings or leave out what cannot be translated (e.g., the rest of the medical interventions in that Daoist text)? When Ignaz Semmelweis presented data on how the implementation of hand-washing with strong antiseptics saved a significant number of lives, his medical colleagues in nineteenth-century Europe did not follow his advice. Although they did not doubt the evidence of decreased deaths, they were working within the miasma and contagion theory of disease that could not make sense of the mechanism of hand-washing. It was not until after Semmelweis died that the germ theory of disease was accepted by his medical community and his recommendation practiced. What does the evidence of Cheung's healing show? Can such healing be explained in the "mainstream" medical paradigm? What is the next paradigm of disease and healing?

As Campany and Eubanks explain, natural miracles reveal the normally hidden *li* 理 (principles) or *wen* 文 (patterns) of the world. Cheung does not consider his abilities supernatural as he is confident his students and anyone else who wishes to learn will be able to heal. Nevertheless, his students continue to learn from him because of his supernormal efficacy. In Cheung's Chinese religious and Buddhist worldviews, the hidden principles and patterns of the world include the transferability of *qi* between individuals and the power of buddhas and bodhisattvas to overcome karmic causes of disease. Does this translate into what western biomedicine, especially through recent research on placebo effects, may consider empirically undetectable influences of the mind on the body?¹⁹ Tilley writes, "The truth of the matter is that 'traditional medicine' sparks the most controversy when its advocates insist on the idea that people can occupy different 'conceptual realities' and bodily 'modes of existence' at one and the same time" (Tilley, 2020). This is also the case with religious healing and natural miracles. Such polyglot therapeutics serve as an invitation for more critical reflection that looks at the history and anthropology of medicine, science, and religion in order for comparative philosophers to revisit and reimagine theoretical categories.

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¹⁹I thank the editors for raising this question in a slightly different way and related questions.

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